# NEVADA STATE
# BOARD OF PHARMACY

## BOARD MEETING

## December 6-7, 2023

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

Please do not remove the book from the meeting room.

# Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521
(775) 850-1440 • FAX (775) 850-1444
Email: Pharmacy@pharmacy.nv.gov • Web Page: bop nv.gov

Date Posted: November 21, 2023

AGENDA

◈ PUBLIC NOTICE ◈

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, December 6, 2023, at 9:00 am. The meeting will continue, Thursday, December 7, 2023, at 9:00 am if necessary or until the Board concludes its business. Pursuant to NRS 241.023(1)(c) the meeting is being conducted by means of remote technology. The public may attend the meeting via live stream remotely or at the following location:

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

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

Please Note:

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

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

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

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

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

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

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

## ◈ CONSENT AGENDA ◈

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

3. Approval of the October 11-12, 2023, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

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

A. Next Science, LLC – Jacksonville, FL
B. Synapse Health, Inc. – Skokie, IL
C. Wellstart Medical, LLC – Mesa, AZ
D. Wellstart Medical, LLC – Port St. Lucie, FL

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

**Background Check Not Required by Law.**

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

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

E. Amring Pharmaceuticals Inc. – Berwyn, PA
F. AVEO Pharmaceuticals, Inc – Boston, MA
G. Beaver-Visitec International, Inc. – Waltham, MA
H. Catalent Pharma Solutions, LLC – San Diego, CA
I. Coloplast Corp. – Ontario, CA
J. Creekwood Pharmaceuticals LLC – Parsippany, NJ
K. Dechra Veterinary Products, LLC – Overland Park, KS
L. DJO, LLC – Fort Worth, TX
M. Elanco Clinton Laboratories – Clinton, IN
N. Elevar Therapeutics, Inc. – Fort Lee, NJ
O. Geodis Logistics, LLC – Edwardsville, IL
P. InvaGen Pharmaceuticals, Inc. – Fall River, MA
Q. IVERIC Bio, Inc – Cranbury, NJ
R. Ivy Animal Health, Inc – Lenexa, KS
S. Linde, Inc – Glendale, AZ
T. Linde, Inc. – Magna, UT

U. Linde, Inc. – Wilmington, CA
V. Linde, Inc. – Pittsburg, CA
W. Mindray North America – Mahwah, NJ
X. Nordent Manufacturing, Inc. – Elk Grove Village, IL
Y. Salter Labs – El Paso, TX
Z. Strand Health Group, LLC – Las Vegas, NV
AA. Vygon USA – Lansdale, PA

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

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

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

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

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

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

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

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

BB. Kuehne + Nagel, Inc. – DFW Airport, TX
CC. Kuehne + Nagel, Inc – Durham, NC
DD. Medline Industries, LP – Hammond, LA
EE. Septodont Inc. – Lancaster, PA

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

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

FF. Northern Nevada HOPES – Reno, NV
GG. PAM Health Rehabilitation Hospital of Henderson – Henderson, NV
HH. 986 Pharmacy #8021 – Las Vegas, NV

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

II. Cure 4 The Kids Foundation – Las Vegas, NV
JJ. OrthoPro of Carson City, Inc – Carson City, NV
KK. Pure Medical Equipment – Las Vegas, NV

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

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

LL. Angel's Pharmacy – Titusville, FL
MM. BioPlus Specialty Pharmacy Services, LLC – Chandler, AZ
NN. Scripts Rx Pharmacy, LLC – Houston, TX
OO. Zeal SP, LLC – Pittsburgh, PA

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

PP. Affinity Surgery Center, LLC – Las Vegas, NV

4.9 Request to Engage In The Practice Of Pharmacy At A Site Other Than A Licensed Pharmacy – Non-appearance **(FOR POSSIBLE ACTION)**

QQ. Raquel Lynn Whitworth
RR. Melanie S. Riggs
SS. Ana Franceska Ordanez
TT. Joanne M. Dominguez
UU. Kurt Kaleb
VV. Diana Beth Quach
WW. Kathryn Dao
XX. Deanna Marie Damiano
YY. Emily J. Hightower
ZZ. Tanya Marie Stone
AAA. Jason Sean Yee

4.10 Recommended Denial of Registration/Licensure Due To Material Omissions On Application – Non-Appearance **(For Possible Action)**

BBB. Patrick Sather
CCC. Devyn Hagarty
DDD. Kenva Calloway

## ◈ REGULAR AGENDA ◈

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

| | | |
|---|---|---|
| A. | Ajumobi Agu | (22-535-CS-S) |
| B. | Eric Tingley | (22-465-RPH-S) |
| C. | Smith's Pharmacy #348 | (20-217-PH-S) |
| D. | D. Mahender Nath | (20-217-RPH-S) |
| E. | Maninder Singh Herr | (21-147-CS-S) |
| F. | Sharron Thompson | (21-183-S) |
| G. | Joanna Reyes | (22-447-CS-S) |
| H. | CVS Pharmacy #5811 | (19-046-PH-S) |

I. Heidi Wickham (19-046-RPH-A-S)
J. Adalberto Garza (19-046-RPH-B-S)
K. Matthew Okeke (19-013-CS-S)
L. Morgan Towler (23-424-PTT-S)
M. CVS Pharmacy #5113 (19-132-PH-S)
N. Arash Khosh (19-132-RPH-S)
O. Kristin Hestdalen (19-228-CS-S)
P. Plus One Pharmacy (21-189-PH-S)

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

    A. CPAP LV – Las Vegas, NV
    B. Southwest DME, Inc. – Las Vegas, NV

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

    A. Capital Care Pharmacy, LLC – Las Vegas, NV

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

    A. Quality Compounding Rx of America – Las Vegas, NV

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

    A. Seven Hills Pharmacy, LLC – Sharonville, OH

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

    A. Covetrus North America, LLC – Phoenix, AZ
    B. Strive Pharmacy – Gilbert, AZ
    C. Wickliffe Veterinary Pharmacy – Lexington, KY

11. Application For Out Of State Wholesaler License (NRS 639.233) – Appearance – **(FOR POSSIBLE ACTION)**

    A. Eclipse Meds, LLC – Fort Worth, TX

12. Application for Nevada Wholesaler License (NRS 639.233) – Appearance – **(FOR POSSIBLLE ACTION)**

    A. LifePro Medical Supplies – Las Vegas, NV

13. Application for Nevada Warehouse License – Appearance **(FOR POSSIBLE ACTION)**

    A. Metro Logistics, Inc. – North Las Vegas, NV

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

    A. Brian Stanley Bogdanowicz

15. Application for Pharmacist Registration Reinstatement – Appearance (**FOR POSSIBLE ACTION**

    A. Aurora Bejto

16. Application for Pharmacist Registration Renewal (NRS 453.226) – Appearance **(FOR POSSIBLE ACTION)**

    A. Tooraj Bereliani
    B. Morris Ghadishah
    C. Melanie Joe
    D. Bahram Samouha
    E. Pasang Sherpa

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

    A. David Espinosa
    B. Camilo Murillo

18. Discussion on Audit by Casey Neilon Pursuant to NRS 218G.400 for Fiscal Year Ending June 30, 2022 – **(FOR POSSIBLE ACTION)**

◈ Workshop ◈

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

    A. **Amendment to Nevada Administrative Code (NAC) 453. The proposed amendment adds Zuranolone to the schedule IV controlled substances list.**

◈ Public Hearing ◈

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

A. **Amendment to the Nevada Administrative Code ("NAC") 453.** The proposed amendments concern the process by which persons apply to the Board to obtain a certificate of registration to dispense controlled substances, pursuant to NRS 453.226, and provide other matters properly relating thereto. (LCB File R197-22)

B. **Amendment of Nevada Administrative Code (NAC) 639. Administrative Fine in Lieu of Disciplinary Action.**
The proposed amendment clarifies the circumstances when the Board may assess an administrative fine pursuant to NRS 639.2895 in lieu of taking formal disciplinary action against a holder of a certificate, certification, license, or permit issued by the Board. With respect to minor violations, the proposed amendment further limits the amount of the fine that could otherwise be imposed pursuant to NRS 639.2895. (LCB File No. R057-23)

C. **Amendment of Nevada Administrative Code (NAC) 639.694: Administrator required.** The proposed amendment to NAC 639.694 will allow for an inventory of certain durable medical equipment to be stored at a licensed hospital and provided to patients upon discharge from the hospital. (LCB File R058-23)

D. **Amendment of Nevada Administrative Code (NAC) 639.XXX: Assembly Bill No. 156 (2023) – An Act Relating to Substance Use Disorders.** This law requires the Board to adopt regulations related to: (a) The requirements to register with the Board to engage in the activity authorized by this section; and (b) Establishing a protocol for the actions authorized by the bill. (LCB File R059-23)

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

22. Executive Secretary Report:

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. Licensing Activities Report
F. Citations & Fines issued pursuant to NRS 632.2895
G. State Opioid Meeting

23. Date and Location of Next Scheduled Board Meeting:

January 17-18, 2024 – Las Vegas, NV

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

25. Adjournment

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

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

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

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

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# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206, Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

MINUTES

October 11-12, 2023

BOARD MEETING

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

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

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

Board Members Present:

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

Board Staff Present:

| | | | |
|---|---|---|---|
| Dave Wuest | Yenh Long | Shirley Hunting | Gus Vanderdonck |
| Brett Kandt | Peter Keegan | Gregory Zunino | Darlene Nases |
| Joe Dodge | Darla Zarley | Leo Basch | Kenneth Scheuber |
| Sophia Long | | | |

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

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

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

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

2. Public Comment October 11, 2023, 9:00 AM

There was no public comment.

◈ CONSENT AGENDA ◈

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

3. Approval of the September 6-7, 2023, Board Meeting Minutes (**FOR POSSIBLE ACTION)**

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve September 6-7, 2023, Board Meeting minutes.

Second: Wayne Mitchell

Action: Passed unanimously.

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

A. HealthDyne Pharmacy – Lakeland, FL
B. Prism Medical Products, LLC – Elkin, NC
C. Prism Medical Products, LLC – Fresno, CA
D. Sunrise Respiratory Care, Inc. – Irvine, CA
E. VasoCare, LLC – Baton Rouge, LA

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

**Background Check Not Required by Law.**

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

Applied Medical Distribution Corporation – Middletown, NY

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

F. AirLife – Grand Rapids, MI
G. Almaject, Inc. – Morristown, NJ
H. Altor BioScience, LLC – Culver City, CA
I. Applied Medical Distribution Corporation – Irvine, CA
J. BioHorizons Implant Systems Inc. – Birmingham, AL
K. BioLineRx USA, Inc. – Waltham, MA
L. Carl Zeiss Meditec, Inc. – Dublin, CA
M. Catalent Greenville, Inc. – Greenville, NC
N. Catalent Greenville, Inc. – Greenville, NC
O. Chewy Wholesale, LLC – Goodyear, AZ
P. Chewy Wholesale, LLC – Pittston, PA
Q. Coloplast Corp. – Ontario, CA
R. Diamond Animal Health, Inc. – Des Moines, IA
S. DJO, LLC – Vista, CA
T. GlaxoSmithKline LLC – Durham, NC
U. Luye Pharma USA, Ltd. – Princeton, NJ
V. Medivant Healthcare – Phoenix, AZ
W. MidAmerica Pharmaceuticals LLC – Oak Park, IL
X. Mobius Therapeutics, LLC – St. Louis, MO
Y. Omnivium Pharmaceuticals, LLC – Rahway, NJ
Z. Philips Healthcare Informatics, Inc. – Pleasanton, CA
AA. PMI Branded Pharmaceuticals, Inc. – Allegan, MI
BB. Respironics Logistics Services, LLC – Mt. Pleasant, PA
CC. Sagent Pharmaceuticals, Schaumburg, IL
DD. UPS Supply Chain Solutions, Inc. – Woolwich Township, NJ
EE. ViiV Healthcare Company – Durham, NC
FF. VYGAAN Pharmaceuticals, LLC – Skillman, NJ
GG. Westmed Inc. – Tucson, AZ

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

HH. Actelion Pharmaceuticals US, Inc. – Titusville, NJ
II. ARS Pharmaceuticals Operations, Inc. – San Diego, CA
JJ. Bristol Myers Squibb – Devens, MA
KK. McKesson Medical-Surgical Inc. – Orlando, FL

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

LL. Amatheon Animal Health, LLC – Miami, FL

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

MM. CVS TN Distribution, LLC – Knoxville, TN

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

NN. Dentsply LLC – York, PA
OO. RxSight, Inc. – Aliso Viejo, CA

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

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

PP. Akron Pharma Inc. – Hauppauge, NY
QQ. Elanco US Inc. – Elwood, KS
RR. MFG TPL – High Point, NC
SS. MR Unlimited LLC – Brenham, TX

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

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

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

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

TT. All Westcare Pharmacy – Las Vegas, NV
UU. ER at North Las Vegas, an Extension of Valley Hospital – North Las Vegas, NV
VV. Genoa Healthcare LLC – Las Vegas, NV
WW. Prime Care Pharmacy – Las Vegas, NV

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

XX. Prism Medical Products, LLC – Las Vegas, NV

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

YY. Curexa – Gilbert, AZ

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

ZZ. CarelonRx Pharmacy, Inc. – Tucson, AZ
AAA. Chewy Pharmacy, LLC – Pittston, PA

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

4.9 Recommended Denial of Registration/Licensure Due to Material Omissions in Application – Non-Appearance **(FOR POSSIBLE ACTION)**

BBB. LeeAnn Carlos
CCC. Jonathan Mukendi
DDD. Rikki Ramirez

Rolf Zakariassen and Jade Jacobo recused themselves from Agenda Item 4MM due to their employment.

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

Board discussion ensued.

Sophia Long, Senior Deputy Attorney General for the Attorney General's Office, provided recommendations on how to proceed with a motion due to the recusals.

Board Action:

Motion: Krystal Freitas moved to approve Consent Agenda with the exception of 4MM and 4UU.

Second: Jade Jacobo

Action: Passed unanimously.

Board Action:

Motion: Krystal Freitas moved to approve Consent Agenda Item 4MM.

Second: President Park

Action: Passed unanimously (Jacobo and Zakariassen recused).

Board Action:

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

Second: Rolf Zakariassen

Action: Passed unanimously (Freitas recused).

◈ REGULAR AGENDA ◈

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

D. James Eells, MD (19-081-CS-S)

Bridget Kelly appeared as counsel on behalf of Dr. James Eells.

Dr. James Eells was not present for the hearing.

Gregory Zunino, Senior General Counsel for the Nevada Board of Pharmacy, prosecuted the case against Dr. Eells alleging unlawful furnishing of dangerous drugs at Hangover Rescue, a medical practice providing IV hydration treatments to patients.

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

The proposed stipulated penalties for Dr. James Eells, Certificate of Registration No. CS22639, are the following: 1) pay a fine of $1,500 for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and investigative costs.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Dr. James Eells as presented by Mr. Zunino.

Second: Rolf Zakariassen

Action: Passed unanimously.

P. Raymond Graber (23-340-CS-N)

Lyn Beggs appeared as counsel on behalf of Raymond Graber.

Raymond Graber was present for the hearing via Zoom.

Peter Keegan, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding a guilty plea to a misdemeanor for possession of cocaine.

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

The proposed stipulated penalties for Raymond Graber Certificate of Registration No. CS27126 are the following: 1) CS27126 is suspended for a period of five years but the suspension is stayed and is placed on probation for the duration of the stayed suspension subject to the following terms: a) shall maintain attendance in the substance abuse counseling with random uranalysis; b) Respondent Graber's counseler shall submit quarterly

reports detailing Graber's progress, attendance, and urinalysis results; and c) Upon receipt of substance abuse counseling attendance and negative urinalysis attributed to Respondent Graber's misdemeanor sentencing and shall receive credit toward the five year probationary period. 2) Respondent Graber shall pay a fine of $2,000 for the violations; 3) Respondent Graber shall pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and 4) Respondent Graber acknowledges this Stipulation and Order constitutes as public discipline that is reportable to the National Practitioner Data Bank.

Ms. Beggs clarified that Mr. Graber has not pled guilty and if he complies with the terms of the court, his charges will be dismissed, and no conviction will be entered. This occurred in 2022 where he ceased practice and self-reported and went to work on his substance abuse issues. He is currently practicing and will be transferring into a PRN program to help with his recovery.

Board discussion ensued.

Ms. Beggs requested a recess to discuss with Mr. Graber the proposed amendment to the Stipulation and Order for an appearance before the Board for a reinstatement.

The Board recessed the meeting.

Ms. Beggs confirmed that Mr. Graber is amicable to the amendment to the Stipulation and Order.

The Board discussed and addressed the approval of Mr. Graber's controlled substance registration renewal.

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

Raymond Graber

Board Action:

Motion: Richard Tomasso moved to approve Raymond Graber's renewal application for his Controlled Substance Registration No. CS27126.

Second: Jade Jacobo

Action: Passed unanimously.

The Board continued back to the disciplinary hearing of Mr. Graber.

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

P. Raymond Graber (23-340-CS-N)

Board Action:

Motion: Richard Tomasso moved to approve the Stipulation and Order for Raymond Graber as presented by Mr. Keegan with the amendment to include that he shall appear before the Board for reinstatement.

Second: Jade Jacobo

Action: Passed unanimously.

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

O. Edward Victoria (23-113-CS-S)

Brent Resh appeared as counsel on behalf of Edward Victoria.

Edward Victoria appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt, General Counsel for the Nevada Board of Pharmacy, prosecuted the case regarding multiple violations against Dr. Victoria for prescribing controlled substances related to chronic or acute pain.

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

The proposed stipulated penalties for Edward Victoria Certificate of Registration No. CS15199 are the following: Certificate of Registration No. CS15199, is suspended for a period of two (2) years pursuant to NRS 453.241(a). The suspension is stayed, and Respondent is placed on probation pursuant to NRS 639.255(1)(b) subject to the following conditions: 1) Respondent shall accept this Stipulation and order as public reprimand; 2) Respondent shall pay a fine of $5,000 for the violations; 3) Respondent shall pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; 4) Respondent shall establish and put into practice all policies and procedures to ensure that controlled substance prescriptions complies with the provisions of NRS 639.23507 and all applicable regulations; and 5) Respondent shall comply with all federal and state regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against him while on probation.

Jade Jacobo inquired on what occurred with his charges at the Nevada Board of Medical Examiners as it was not provided to the Board.

The Board tabled the hearing so that the appropriate disciplinary documents can be provided.

E. Delta Drugs (20-168-PH-S)

Ayesha Medhi and Lucas Morgan appeared as counsel on behalf of Delta Drugs.

Gregory Zunino prosecuted the case regarding Delta Drugs' sale and delivery of dangerous drugs and/or controlled substances to consumers in Nevada prior to being licensed in Nevada.

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

The proposed stipulated penalties for Delta Drug License No. PH04105 are the following: 1) pay a fine of $5,000 for the violations; and 2) pay $1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Mr. Morgan commented that the pharmacy has been fully licensed since 2019 and has been active and in good standing, and they were only unlicensed for a short period of time.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Stipulation and Order for Delta Drugs as presented by Mr. Zunino.

Second: Krystal Freitas

Action: Passed unanimously.

R. Michael Brinkmann (22-237-CS-S)

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

Peter Keegan prosecuted the case regarding Mr. Brinkmann's self-administration of hydromorphone injections without a valid prescription and dispensed controlled substances without a valid Nevada dispensing practitioner's registration.

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

The proposed stipulated penalties for Michael Brinkmann Certificate of Registration No. CS02213 are the following: 1) CS02213 shall be revoked for a period of one year. Respondent shall obtain an evaluation for substance use disorder and comply with any and all recommendations set forth by Evaluator/Practitioner. The evaluation must be returned to the Board. Upon expiration of the one year revocation, Respondent may apply to the Board of a Certificate of Registration to Dispense Controlled Substances; 2) Respondent shall pay a fine of $7,500 for the violations; 3) Respondent shall pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this

matter; and 4) Respondent acknowledges this Stipulation and Order constitutes as a public record of discipline reportable to the National Practitioner Data Bank.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order for Michael Brinkmann as presented by Mr. Keegan.

Second: Rolf Zakarriasen

Action: Passed unanimously.

O. Edward Victoria (23-113-CS-S)

The Board returned to the disciplinary hearing for Edward Victoria.

Brett Kandt presented the charges against Dr. Victoria by the Nevada Board of Medical Examiners.

Board discussion ensued.

Board Action:

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

Second: Krystal Freitas

Action: Passed unanimously.

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

Mobility Prosthetics and Orthotic Services (23-089-S)

Sekhar Mohanty, Owner, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan provided background regarding a citation and fine against Mobility Prosthetics and Orthotic Services due to unlicensed practice.

Mr. Mohanty provided a statement to the Board.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to uphold the citation and fine against Mobility Prosthetics and Orthotic Services.

Second: Krystal Freitas

Action: Passed unanimously.

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

C. Phil Chen, DO (23-016-CS-S)

Phil Chen appeared and was sworn in by President Park prior to answering questions and offering testimony.

Sean Kelly appeared as counsel on behalf of Dr. Chen.

Brett Kandt prosecuted the case regarding Dr. Chen who failed to timely renew his controlled substance registration and prescribed controlled substances on an expired registration.

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

The proposed stipulated penalties for Dr. Phil Chen Certificate of Registration No. CS19806 are the following: 1) pay a fine of $5,000 for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

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

Second: Rolf Zakariassen

Action: Passed unanimously.

H. Mona Matar, RPH (22-370-RPH-S)
I. Walgreens Pharmacy #04755 (22-370-PH-S)

Mona Matar appeared and was sworn in by President Park prior to answering questions and offering testimony.

William Stilling appeared as counsel on behalf of Mona Matar and Walgreens Pharmacy #04755.

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

Gregory Zunino prosecuted the case regarding a misfill where Ms. Matar pulled a pediatric dose of Energix B, a hepatitis B vaccine, for an adult patient.

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

The proposed stipulated penalties for Mona Matar Certificate of Registration No. 20104 are the following: 1) pay a fine of $1,000 for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

The proposed stipulated penalties for Walgreen's Pharmacy #4755 License No. PH01383 are the following: 1) pay a fine of $1,000 for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Ms. Matar provided a statement to the Board on how this occurred.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order for Mona Matar and Walgreen's Pharmacy #4755 as presented by Mr. Zunino.

Second: Rolf Zakariassen

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

Board discussion ensued.

Action: Motion carries.

A. Itzel Casian, PTT (22-401-PTT-A-S)
B. Osvaldo Hernandez, PTT (22-401-PTT-B-S)

Casian and Osvaldo Hernandez failed to appear.

Brett Kandt prosecuted the cases alleging Ms. Casian and Mr. Hernandez falsely represented that they were high school graduates on their pharmaceutical technician in training applications.

Mr. Kandt called Shirley Hunting, Board Coordinator for the Nevada Board of Pharmacy, as a witness.

Shirley Hunting appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Hunting testified as to service of the Notice of Intended Action and Accusation against Ms. Casian and Mr. Hernandez.

Mr. Kandt requested admission into evidence of Exhibit 1, documenting service of the Notice of Intended Action and Accusation for Ms. Casian and Mr. Hernandez.

Mr. Kandt called Kristopher Mangosing, Assistant Board Coordinator for the Nevada Board of Pharmacy, as a witness.

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

Mr. Mangosing testified as to service of the 21-day Notice of the Hearing for Ms. Casian.

Mr. Kandt requested admission into evidence of Exhibit 2, documenting the service of the 21-day Notice of the Hearing for Ms. Casian.

President Park admitted Exhibits 1 and 2 into the record.

Mr. Kandt commented that Respondent Hernandez filed an Answer to the Board regarding the allegations filed against him.

Mr. Mangosing was called as a witness.

Mr. Mangosing testified as to service of the 21-day Notice of the Hearing for Mr. Hernandez.

Mr. Kandt requested admission into evidence of Exhibit 3, documenting the service of the 21-day Notice of the Hearing for Mr. Hernandez.

President Park admitted Exhibit 3 into the record.

Mr. Kandt requested the Board make Findings of Fact consistent with paragraphs 1-3 of the Notice of Intended Action and Accusation and find that respondents were properly notified of the hearing.

Board Action:

Motion: Jade Jacobo moved to make Findings of Fact consistent with paragraphs 1-3 of the Notice of Intended Action and Accusation and find that Respondents Osvaldo and Hernandez were properly notified of the hearing.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law consistent with paragraphs 4-7 and find Respondent Osvaldo and Hernandez guilty of Count One.

Second: Krystal Freitas

Action: Passed unanimously.

Mr. Kandt proposed the following discipline for Itzel Casian's Certificate of Registration No. PT27604 is revoked/cancelled and cannot petition for reinstatement for a period of one year.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to revoke/cancel Itzel Casian's Certificate of Registration No. PT27604, and she cannot petition for reinstatement for a period of one year.

Second: President Park

Action: Passed unanimously.

Mr. Kandt proposed the following discipline for Osvaldo Hernandez Certificate of Registration No. PT27243 is revoked/cancelled and cannot petition for reinstatement for a period of one year.

Board Action:

Motion: Richard Tomasso moved to revoke/cancel Osvaldo Hernandez Certificate of Registration No. PT27243, and he cannot petition for reinstatement for a period of one year.

Second: Krystal Freitas

Action: Passed unanimously.

Q. Genoa Healthcare LLC (20-022-PH-S)

William Stilling appeared as counsel on behalf of Genoa Healthcare LLC.

Jeannie G. Barrett, Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

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

Gregory Zunino prosecuted the case regarding allegations that Genoa, as pharmacy owner, is responsible for the acts of an employee pharmacist who misfilled a prescription for alprazolam; the alprazolam was delivered and ingested by a minor causing patient harm.

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

The proposed stipulated penalties for Genoa Healthcare LLC License No. PH03981 are the following: 1) pay a fine of $1,000 for the violations; and 2) pay $500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order for Genoa Healthcare LLC as presented by Mr. Zunino.

Second: Gener Tejero

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

Action: Moton carries.

21. Executive Secretary Report:

A. Financial Report
B. Issuance of Temporary Licenses and Registrations
C. Change of Address Business List
D. Meetings with Other Health Care Regulatory Boards
E. Licensing Activities Report
F. Citations & Fines issued pursuant to NRS 632.2895
G. 2024 Board Meeting Calendar

Dave Wuest, Executive Secretary for the Nevada Board of Pharmacy, provided the Executive Secretary Report to the Board's satisfaction.

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

Gregory Zunino provided the General Counsel Report to the Board's satisfaction.

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

J. Justine Stanevich, PT (22-041-PT-S)
K. Justine Stanevich, PT Order to Show Cause (20-135-PT-S)

Justine Stanevich appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan prosecuted the case for 20-135-PT-S an Order to Show Cause against Ms. Stanevich.

Mr. Keegan requested Exhibits 1-3 be entered into the record.

President Park admitted Exhibits 1-3.

Mr. Keegan provided background on the Order as she was not compliant with her Order.

Ms. Stanevich commented that she lost her job, so she was focused on her living situation.

Board discussion ensued.

The Board tabled the disciplinary hearing for 20-135-PT-S, so to hear the allegations against Ms. Stanevich regarding Case No. 22-041-PT-S.

Mr. Keegan prosecuted the case where Ms. Stanevich added three refills of Albuterol Sulfate HFA 108 inhaler to a family member's prescription which she was not authorized to do so.

Peter requested Exhibits 1-7 be entered into the record.

President Park admitted Exhibits 1-7.

The Board questioned Ms. Stanevich about the events that occurred with this case.

Board discussion ensued.

Mr. Keegan clarified the motion was for the Order to Show Cause against Ms. Stanevich for Case No. 20-135-PT-S.

Board Action:

Motion: Richard Tomasso moved to revoke Justine Stanevich Certificate of Registration No. PT18958 for a period of two years. If she requests reinstatement, she must comply with the terms of the Order in 20-135-PT-S.

Second: Jade Jacobo

Action: Passed unanimously.

Mr. Keegan recommended a motion be made for 22-041-PT-S since it's a separate case against Ms. Stanevich.

Board Action:

Motion: Jade Jacobo moved to make findings of fact consistent with paragraphs 1-17 of the Notice of Intended Action and Accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to make conclusions of law consistent with paragraphs 18-26 of the Notice of Intended Action and Accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to find Justine Stanevich guilty of Counts 1-3 in the Notice of Intended Action and Accusation.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to award the attorney fees and costs of $1,013.83 on the basis that they were reasonable, necessary, and actually incurred.

Second: Krystal Freitas

Action: Passed unanimously.

Board Action:

Motion: Jade Jacobo moved to make the following: 1) Respondent Stanevich must comply with the Order in previous case against her in Case No. 20-135-PT-S; and 2) Respondent must pay $1013.83 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Second: Krystal Freitas

Action: Passed unanimously.

F. Shahin Banayan, RPH (20-191-RPH-S)

This matter was continued to a future Board meeting.

G. Walgreens Pharmacy #10783 (20-191-PH-S)

This matter was continued to a future Board meeting.

L. Walgreens Pharmacy #9844 (22-096-PH-S)

This matter was continued to a future Board meeting.

M. Kerry Otero, RPH (22-096-RPH-S)

This matter was continued to a future Board meeting.

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

This matter was continued to a future Board meeting.

Public Comment October 11, 2023, 2:08 PM

There was no public comment.

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

Board Members Present:

Helen Park Krystal Freitas Wayne Mitchell Rolf Zakariassen

Richard Tomasso Jade Jacobo Gener Tejero

Board Staff Present:

| | | | |
|---|---|---|---|
| Dave Wuest | Yenh Long | Shirley Hunting | Gus Vanderdonck |
| Brett Kandt | Peter Keegan | Gregory Zunino | Darlene Nases |
| Joe Dodge | Darla Zarley | Kenneth Scheuber | Leo Basch |

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

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

Call to Order and Roll Call – Establishment of Quorum

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

Public Comment October 12, 2023, 9:00 AM

Holly Pivo wanted to recognize that October 12 is "Women's Pharmacist Day", so she appreciates all the women pharmacist on the Board and the public for their service.

◈ WORKSHOP ◈

Thursday October 12, 2023 – 9:00 am

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

A. **REGULATIONS relating to Governor Lombardo's Executive Order 003-2023. Changes in these Regulations streamline and clarify licensing requirements while ensuring public safety; and providing other matters properly relating thereto.**

**Executive Order 003-2023**

**SECTION 1**
Every executive branch department, agency, board and commission shall undertake a comprehensive review of the regulations subject to its enforcement. On or before, May 1, 2023 each department, agency, board and commission shall provide a report to the Governor's office detailing how the regulation subject to its enforcement can be streamlined, clarified, reduced or

otherwise improved to ensure those regulations provide for the general welfare of the State without unnecessarily inhibiting economic growth.

**SECTION 2:**
As part of its report, every executive branch department, agency, board and commission shall provide a list of not less than ten (10) regulations recommended for removal, ranking them in descending order of priority.

Dave Wuest presented background on the workshop item.

President Park opened the floor to public comment.

Liz McMenamin from the Retail Association of Nevada commented that she is in favor of the changes and has recommendations that the industry would like to share with the Board.

President Park closed the floor to public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed regulation Executive Order 003-2023.

Second: Wayne Mitchell

Action: Passed unanimously.

B. **Amendment to Nevada Administrative Code (NAC) 453.** The proposed amendments relate to controlled substances adding synthetic cannabinoids to the controlled substances listed in Schedule I.

Darla Zarley, Grant and Project Analyst for the Nevada Board of Pharmacy, presented background on the workshop item.

President Park opened the floor to public comment.

There was no public comment.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to adopt the proposed regulation for Amendment to Nevada Administrative Code (NAC) 453 relating to controlled substances adding synthetic cannabinoids to the controlled substances listed in Schedule I.

Second: Wayne Mitchell

Action: Passed unanimously.

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

B. Daisy de Guzman

Daisy de Guzman appeared and was sworn in by President Park prior to answering questions and offering testimony.

Brett Kandt provided background on the appearance and presented the disclosure and the discipline history for Ms. De Guzman where she was accused of receiving monetary gifts from a private MRI company.

Ms. De Guzman provided what she intends to do at the practice and commented that she is unsure if she has the job since she applied for the job a few months ago.

Board discussion ensued.

Ms. De Guzman commented that she would only need Schedules III-V only.

The Board addressed both her controlled substance application and her dispensing practitioner registration in one motion.

Board Action:

Motion: Jade Jacobo moved to approve controlled substance application and dispensing practitioner registration application for Schedule III-V only for Daisy De Guzman pending positive opening inspection and conditions of quarterly inspections at the facilities cost for a period of one year if she is hired for the position.

Second: Krystal Freitas

Action: Passed unanimously.

16. Application for Dispensing Practitioner Registration – Appearance (**FOR POSSIBLE ACTION**)

B. Daisy de Guzman

This item was addressed in Agenda Item 15B.

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

Daiichi Sankyo, Inc. – Basking Ridge, NJ – Background Check Not Required - Manufacturer (NAC 639.593(7)(d))

Richard Campbell appeared as counsel on behalf of Daiichi Sankyo, Inc.

Sarah Kimble (Assistant General Counsel), Richard Muskus (Associate Director of Distribution), and Joseph Foust (Senior Director of Trade Management and Distribution Operations) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Dave Wuest requested a Letter of Authorization for Ms. Kimble to speak on behalf of the company.

Mr. Wuest provided background on the application and their discipline disclosures.

Ms. Kimble clarified the events that occurred with the disclosures and steps taken to ensure that it will not happen again.

Mr. Wuest questioned their business model and the type of products that they plan to provide in Nevada.

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

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve out-of-state wholesaler application for Daiichi Sankyo, Inc.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. BioPlus Specialty Pharmacy Services, LLC – Las Vegas, NV

Stephanie Kowlessar, Managing Pharmacist, and Elvin Montanez, Chief Operating Officer, appeared and were sworn in by President Park prior to answering questions and offering testimony.

President Park disclosed that she knows Ms. Kowlessar but can participate fairly and without bias.

Peter Keegan provided background on the application and commented that Ms. Kowlessar is the new Designated Representative which the Board was presented her new application.

Mr. Keegan questioned BioPlus Specialty Pharmacy Services about their corporation which was in Florida, and requested documentation of their Florida Corporation.

The Board questioned the business model and how they will mitigate fraudulent products in their business market.

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

Board Action:

Motion: Krystal Freitas moved to approve Nevada Pharmacy application for BioPlus Specialty Pharmacy Services, LLC.

Second: Rolf Zakariassen

Action: Passed unanimously.

B. Mesa Ridge Pharmacy – Mesquite, NV

Samuel Wilde, Owner and Managing Pharmacist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Peter Keegan provided background on the application and questioned Travis Jackman's role with the pharmacy.

Mr. Wilde answered that Mr. Jackman's role is part-owner and is more of a financial role.

The Board questioned Mr. Wilde on when he intends to open the pharmacy and his business model.

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

Board Action:

Motion: Rolf Zakariassen moved to approve Nevada pharmacy application for Mesa Ridge Pharmacy.

Second: Wayne Mitchell

Action: Passed unanimously.

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

A. Matthew Dulin

Matthew Dulin appeared and was sworn in by President Park prior to answering questions and offering testimony.

Gregory Zunino provided background on the application and his disclosure regarding selling marijuana.

Mr. Dulin clarified the events that occurred with his disclosure and the actions taken against him.

Board discussion ensued.

Board Action:

Motion: Richard Tomasso moved to approve the Pharmacist Registration by Reciprocation application for Matthew Dulin.

Second: President Park

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

Action: Motion Carries.

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

A. 1st Choice Pharmacy – Holiday, FL

Joseph Bishay, Managing Pharmacist, and George Hanna, Owner, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Joe Dodge, Nevada Board of Pharmacy Inspector, provided background on the application and questioned Mr. Bishay's experience at the pharmacy and with sterile compounding, the Florida Board of Pharmacy's inspection results, and their compounding questionnaire.

Mr. Bishay answered Mr. Dodge's questions.

Board discussion ensued.

Mr. Dodge recommended if the Board decided to approve the application that the approval is dependent on Board staff's inspection of the location.

Board Action:

Motion: Jade Jacobo moved to approve the out-of-state compounding pharmacy application for 1st Choice Pharmacy pending Nevada Board of Pharmacy inspection of location at the company's expense.

Second: Krystal Freitas

Action: Passed unanimously.

B. Strive Pharmacy – Gilbert, AZ

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

Partell Specialty Pharmacy – Las Vegas, NV

Gener Tejero recused himself from this matter.

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

Dave Wuest provided background on the application and commented that the applicant did not do the recommendations as requested by the Board during their last Board appearance.

Mr. Wuest requested a Letter of Authorization for Mr. Whitehouse to speak on behalf of the company.

President Park did not feel comfortable going forward with the application as recommendations were not addressed as requested by Board staff.

President Park asked Mr. Whitehouse if he would like to table the application to work on the recommendations as requested by the Board.

Mr. Whitehouse requested that the Board proceed with the application.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to deny the Nevada compounding pharmacy application for Partell Specialty Pharmacy to do sterile compounding.

Second: Richard Tomasso

Action: Passed unanimously.

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

A. Med-Plus Pharmacy, Inc. – Covina, CA

Carlos Cruz, Vice President of Government Affairs, and Flynn Lew, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Gregory Zunino requested a Letter of Authorization for Mr. Cruz and Mr. Lew to speak on behalf of the company.

Gener Tejero returned to the Board meeting at 11:30 AM.

Mr. Zunino provided background on the application and questioned the business model and their disciplinary history.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the out-of-state pharmacy application for Med-Plus Pharmacy, Inc.

Second: Krystal Freitas

Action: Passed unanimously.

B. Seven Hills Pharmacy, LLC – Sharonville, OH

This matter was continued to a future Board meeting.

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

A. BPI Labs, LLC – Largo, FL

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

Joe Dodge provided background on the application and questioned the results of the FDA inspection, the Florida Board of Pharmacy inspection, and the products that they plan to ship into Nevada.

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

Board Action:

Motion: Jade Jacobo moved to approve the out-of-state outsourcing facility application for BPI Lab's, LLC.

Second: Rolf Zakariassen

Action: Passed unanimously.

B. OurPharma LLC – Fayetteville, AR

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

Joe Dodge provided background on the application and questioned their FDA inspection results, the Arkansas Board of Pharmacy results, Ms. Strickland's work history, and the products that they plan to ship into Nevada.

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

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the out-of-state outsourcing facility application for OurPharma LLC.

Second: Jade Jacobo

Action: Passed unanimously.

21. Executive Secretary Report

Dave Wuest presented more information on the Executive Secretary Report to the Board's satisfaction.

Jade Jacobo was excused from the Board meeting at 12:18 PM.

Jade Jacobo returned to the Board meeting at 12:19 PM.

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

Joshua Satsatin

Joshua Satsatin appeared and was sworn in by President Park prior to answering questions and offering testimony.

Yenh Long, Deputy Secretary for the Nevada Board of Pharmacy, provided background on the application and the disclosure regarding a misdemeanor – battery charge.

Mr. Satsatin provided clarification on the charge which resulted from an altercation with a co-worker where he ended up with the battery charge.

The Board questioned the events that occurred and why he wants to be a pharmaceutical technician in training.

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

Board discussion ensued.

Board Action:

Motion: Rolf Zakariassen moved to approve the pharmaceutical technician in training application for Joshua Satsatin.

Second: Jade Jacobo

Action: Passed unanimously.

17. Applications for Advance Practice Registered Nurse – Prescribe Registration (NAC 639.850) – Appearance. **(FOR POSSIBLE ACTION)**

A. Rebecca Ann Martinez

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

Gregory Zunino provided background on the application and the disclosures where she was prescribing controlled substances for her husband for personal use.

Ms. Martinez clarified that she would only like to prescribe Schedule II-V only.

Mr. Zunino questioned her medical practice and if she has any conditions on any of her other state licenses to prescribe.

Ms. Martinez answered that she has no conditions on any of her other state licenses to prescribe.

The Board questioned her disclosure and what occurred.

Ms. Martinez provided clarification to the Board on the events that occurred with her disclosures and how she continues with her recovery and spiritualty.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the Advance Practice Registered Nurse – Prescribe application with amendment for only Schedule II-V for Rebecca Ann Martinez.

Second: Krystal Freitas

Action: Passed unanimously.

16. Application for Dispensing Practitioner Registration – Appearance (**FOR POSSIBLE ACTION**)

A. Vincent Alexis

Wayne Mitchell was excused from the Board meeting at 1:30 PM.

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

Dave Wuest provided background on the application.

Mr. Alexis requested to go into closed session.

Board Action:

Motion: President Park moved to go into closed session.

Second: Rolf Zakariassen

Action: Passed unanimously.

Board Action:

Motion: President Park moved to go into open session.

Second: Rolf Zakariassen

Action: Passed unanimously.

The Board questioned Mr. Alexis about his practice, what he intends to prescribe, and his past disclosure in Texas regarding controlled substances that he took into his personal possession.

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

Board Action:

Motion: Jade Jacobo moved to approve the dispensing practitioner application for Vincent Alexis.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

B. Erin Sosebee

No representative was present on behalf of Erin Sosebee.

This matter was continued to a future Board meeting.

17. Applications for Advance Practice Registered Nurse – Prescribe Registration (NAC 639.850) – Appearance. **(FOR POSSIBLE ACTION)**

B. Camilo Murillo

No representative was present on behalf of Erin Sosebee.

This matter was continued to a future Board meeting.

23. Public Comment October 13, 2023, 1:58 PM

Jade Jacobo requested a possible agenda item to the December Board meeting for a Just Culture Presentation by NABP.

President Park commented that the Board will take this under consideration, but no decisions can be made during public comment.

22. Date and Location of Next Scheduled Board Meeting:

December 6-7, 2023 – Las Vegas, NV

24. Adjournment

# 4

# 4A

# NEVADA STATE BOARD OF PHARMACY

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

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

**Non-Refundable $500 fee**

Rev (05/12/2022)

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

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

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

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

### Section 1: General Information

Facility Name: Next Science LLC

MDEG Physical Address: 10550 Deerwood Park Blvd Suite 300

City: Jacksonville State: FL Zip: 32256

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

City: _____ State: _____ Zip: _____

Telephone: (877)564-2762 Website: www.nextscience.com

Email: jswanson@nextscience.com

Name of MDEG Administrator (NAC 639.694): M. Rizwan Qamar

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

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

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

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

| Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i)) |
|---|
| Medicare: 8115980001, National Provider Identifier (NPI): 1053050260 |
| |
| |
| |

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

| | | | | | |
|---|---|---|---|---|---|
| Name: | N/A | Credentials: | N/A | %: | N/A |
| Name: | | Credentials: | | %: | |
| Name: | | Credentials: | | %: | |
| Name: | | Credentials: | | %: | |
| Name: | | Credentials: | | %: | |

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

**Section 5: Publicly Traded Corporation**

State of Incorporation: Florida

Parent Company (if any): NEXT SCIENCE LIMITED

Corporation Name: Next Science LLC

Mailing Address: 10550 Deerwood Park Blvd Suite 300

City: Jacksonville State: FL Zip: 32256

Telephone: (877)564-2762 ext: 1003 Email: jswanson@nextscience.com

Contact Person Name: Jon Swanson (Chief Operating Officer)

Date of SEC Registration: 18 Apr 2019 | SEC Registration Number: AU0000041329 | Stock Exchange Symbol: ASX:NXS

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization:

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: FL Zip:

Telephone: Email:

Contact Person Name:

**Section 7: Partnership**

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

**Section 8: Sole Owner**

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

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

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

Jon Swanson

Print Name of Authorized Person Submitting Application

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

20 OCTOBER 2023

Date

| Board Use Only | Date Received: 10/23/23 | Amount: $500 - CC |
|---|---|---|

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/05/2023

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

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

| PRODUCER | CONTACT NAME: | |
|---|---|---|
| USI INSURANCE SERVICESW LLC/PHS<br>41716290<br>The Hartford Business Service Center<br>3600 Wiseman Blvd<br>San Antonio, TX 78251 | PHONE (A/C, No, Ext): (866) 467-8730 | FAX (A/C, No): |
| | E-MAIL ADDRESS: | |

| INSURED | INSURER(S) AFFORDING COVERAGE | NAIC# |
|---|---|---|
| NEXT SCIENCE, LLC<br>10550 DEERWOOD PARK BLVD STE 300<br>JACKSONVILLE FL 32256-2805 | INSURER A : Twin City Fire Insurance Company | 29459 |
| | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

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

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/Y YYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE [X] OCCUR<br>[X] General Liability<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY [ ] PRO-JECT [X] LOC<br>OTHER: | | | 41 SBM AA9962 | 04/23/2023 | 04/23/2024 | EACH OCCURRENCE | $1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $1,000,000 |
| | | | | | | | MED EXP (Any one person) | $10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $1,000,000 |
| | | | | | | | GENERAL AGGREGATE | $2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | Excluded |
| | | | | | | | | |
| A | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS [ ] SCHEDULED AUTOS<br>[X] HIRED AUTOS [X] NON-OWNED AUTOS | | | 41 SBM AA9962 | 04/23/2023 | 04/23/2024 | COMBINED SINGLE LIMIT (Ea accident) | $1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | |
| | | | | | | | BODILY INJURY (Per accident) | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | |
| | | | | | | | | |
| A | [X] UMBRELLA LIAB [X] OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED [X] RETENTION $ 10,000 | | | 41 SBM AA9962 | 04/23/2023 | 04/23/2024 | EACH OCCURRENCE | $10,000,000 |
| | | | | | | | AGGREGATE | $10,000,000 |
| | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ]<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/ A | | | | | PER STATUTE [ ] OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | |
| | | | | | | | E.L. DISEASE -EA EMPLOYEE | |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | |
| A | EMPLOYMENT PRACTICES LIABILITY | | | 41 SBM AA9962 | 04/23/2023 | 04/23/2024 | Each Claim Limit<br>Aggregate Limit | $100,000<br>$100,000 |

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

Those usual to the Insured's Operations.

**CERTIFICATE HOLDER**

For Informational Purposes
10550 DEERWOOD PARK BLVD STE 300
JACKSONVILLE FL 32256-2805

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

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# State of Florida
# Department of State

I certify from the records of this office that NEXT SCIENCE, LLC is a limited liability company organized under the laws of the State of Florida, filed on October 6, 2008, effective October 5, 2008.

The document number of this limited liability company is L08000094240.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on February 24, 2023, and that its status is active.

*Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-fourth day of February, 2023*

*Secretary of State*

**Tracking Number: 6087042005CC**

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

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

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 24, 2023**
**Secretary of State**
**6087042005CC**

0052

DOCUMENT# L08000094240

**Entity Name:** NEXT SCIENCE, LLC

**Current Principal Place of Business:**

10550 DEERWOOD PARK BLVD.
SUITE 300
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10550 DEERWOOD PARK BLVD.
SUITE 300
JACKSONVILLE, FL 32256 US

**FEI Number: 26-3483282**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MYNTTI, MATTHEW F PH.D.
10550 DEERWOOD PARK BLVD
SUITE 300
JACKSONVILLE, FL 32256 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: MATTHEW F. MYNTTI 02/24/2023

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MEMBER |
| Name | MICROBIAL DEFENSE SYSTEMS HOLDINGS, INC. |
| Address | 10550 DEERWOOD PARK BLVD. SUITE 300 |
| City-State-Zip: | JACKSONVILLE FL 32256 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: JACKIE SKRZYDLEWSKI FINANCIAL CONTROLLER 02/24/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date

NEXT SCIENCE®

October 18, 2023

**TO WHOM IT MAY CONCERN**

**Next Science LLC is wholly owned by Next Science Limited.**

**Appointed Officers of Next Science LLC (publicly traded company ASX: NXS):**

**Officers:**

**Name**: Mr. IV, Harry Thomas Hall
**Title**: Chief Executive Officer/President

**Name**: Mr. Swanson, Jon
**Title**: Chief Operating Officer/Chief Compliance Officer/Privacy Officer

**Name**: Mr. Zimmerman, Marc
**Title**: Chief Financial Officer

NEXT SCIENCE®

10550 Deerwood Park Blvd. #300
Jacksonville, FL 32256
(855) 564-2762
www.nextscience.com

**MEMORANDUM**

DATE: Oct 5, 2023
TO: ALL STATES – Home/Durable Medical Equipment Applications
FROM: M. Rizwan Qamar (Sr. Director – Global Quality)

Next Science LLC has Durable Medical Equipment business that currently operates from Address: 10550 Deerwood Park Blvd, Suite:300, Jacksonville, FL 32256 and provides Wound Care products such as Surgical Dressings. The Florida Statue referenced below **EXEMPTs** Next Science LLC from Florida State Home Medical Equipment License requirement.

Florida Administrative Code 59A-25.002(2):

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

The Board of Certification/Accreditation which is a CMS deemed accrediting agency has certified Next Science LLC for DMEPOS supplier category of S01 – Surgical Dressing since July 2022 and valid till July 2025.

M. Rizwan Qamar
Sr. Director – Global Quality
Contact: rqamar@nextscience.com
Phone: 1855-564-2762 ext: 7001

FDA

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

## Establishment Registration & Device Listing

New Search

Back To Search Results

**Establishment:**
NEXT SCIENCE LLC
10550 DEERWOOD PARK BLVD STE 300
Jacksonville, FL 32256
**Registration Number:** 3012271775
**FEI Number*:** 3012271775
**Status:** Active
**Date Of Registration Status:** 2023

**Owner/Operator:**
Next Science LLC[6]
10550 Deerwood Park Blvd Suite #300
Jacksonville, FL US 32256
**Owner/Operator Number:** 10051275[7]

**Official Correspondent:**
Courtney Narain
10550 Deerwood Park Blvd Suite #300
Jacksonville, FL 32256
**Phone:** 1-855-5642762

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

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Page Last Updated: 06/12/2023

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive Vulnerability Disclosure Policy

U.S. Department of **Health & Human Services**

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DIVISION of CORPORATIONS
an official State of Florida website

Department of State / Division of Corporations / Search Records / Return to Detail Screen /

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## Events

**NEXT SCIENCE, LLC**

| | |
|---|---|
| **Document Number** | L08000094240 |
| **Date Filed** | 10/06/2008 |
| **Effective Date** | 10/05/2008 |
| **Status** | Active |

| Event Type | Filed Date | Effective Date Description |
|---|---|---|
| LC AMENDED/RESTATED ARTICLE/NAME CHANGE | 05/02/2013 | |

Return to Detail Screen

Florida Department of State, Division of Corporations

# Board of Certification/Accreditation

Owings Mills, Maryland

# Accredited Facility

Practice limited to DMEPOS supplier categories:

S01

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

## Next Science, LLC

10550 Deerwood Park Blvd Ste 300
Jacksonville, FL 32256-2805

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

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

Claudia Zacharias, MBA, CAE, President & CEO

BOARD OF CERTIFICATION / ACCREDITATION
BOC
O&P Certification 1984 DMEPOS Accreditation

**S62892**

Facility Number

**July 2025**

Accredited Through

Accredited Since: *2022*

BOC is a CMS deemed accrediting organization.

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

# NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

**NAC 639.694**

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

**NAC 639.6946**

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

**NAC 639.6957**

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

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

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

# NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Next Science LLC — MDEG License # (if applicable): N/A

Physical Address: 10550 Deerwood Park Blvs. Suite 300

City: Jacksonville — State: FL — Zip: 32259

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

City: _____ — State: _____ — Zip: _____

Telephone: 3172948800 — Website: www.nextscience.com

Licensing Company Email: dmecustomersupport@nextscience.com

### Section 2: Personal Information

First: Mohammad — Middle: R — Last: Qamar

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

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

Mailing Address: [redacted] Deerwood Park Blvd [redacted]

City: Jacksonville — State: FL — Zip: 32259

Telephone: [redacted] — Email: [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Florida | | 01/15-12/16 | |
| Address | City | State | Zip |
| 1404 Union Road Hough, Hall 101 | Gainesville | FL | 32611 |
| Diploma/Degree obtained, if any | | | |
| MBA | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Indiana Universtiy-Purdue University | | 01/08-12/10 | |
| Address | City | State | Zip |
| 420 University Blvd | Indianapolis | IN | 46202 |
| Diploma/Degree obtained, if any | | | |
| Masters in Engineering Technology | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Indiana Universtiy-Purdue University | | 01/03-08/06 | |
| Address | City | State | Zip |
| 420 University Blvd | Indianapolis | IN | 46202 |
| Diploma/Degree obtained, if any | | | |
| Bachelors in Electrical Engineering | | | |

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/16-10/23 | [redacted]Heron Landing Rd | St Johns | FL | 32259 |
| 01/13-07/16 | [redacted]Lionheart Drive | Jacksonville | FL | 32216 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Next Science LLC | | | 01/22-10/23 |
| **Business Address** | **City** | **State** | **Zip** |
| 10550 Deerwood Park Blvd | Jacksonville | FL | 32256 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 3172948800 | Sr. Director - Global Quality | | 2000 |
| **Description of Duties** | | | |
| Manager of Quality Management System and oversee all quality related items. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Medtronic | | | 12/12-12/21 |
| **Business Address** | **City** | **State** | **Zip** |
| 6743 Southpoint Dr | Jacksonville | FL | 32216 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 3172948800 | Sr. Quality Systems Manager | | 18,000 |
| **Description of Duties** | | | |
| Operations Quality leader who managed all of manufacturing quality duties. | | | |

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

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

| Reason/Charge |
|---|
| |

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

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

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

I, M.Rizwan Qamar, **certify that as the MDEG Administrator for**

Next Science LLC,

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

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

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

Mohammad Qamar

Print Name (First, Last)

Rizwa

Original Signature (electronic, copies or stamps not accepted)

10/20/2023

Date

| Board Use Only | Date Received: 10/23/23 |
|---|---|

# 4B

# NEVADA STATE BOARD OF PHARMACY

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

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

**Non-Refundable $500 fee**

Rev (05/12/2022)

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

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

| **Type of Application (check applicable box)** | | **MDEG Business Type (check applicable box)** |
|---|---|---|
| ☐ New MDEG | * If making a change, provide current license number: | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) |
| ☒ Ownership Change* | | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) |
| ☐ Name Change* | | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) |
| ☒ Location Change* | M P03117 | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9) |

### Section 1: General Information

Facility Name: Synapse Health, Inc.

MDEG Physical Address: 3755 Chase Ave

City: Skokie State: IL Zip: 60076

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Email: _____

Name of MDEG Administrator (NAC 639.694): Andrew Perl

| **Entities the MDEG will Serve** | **Type of MDEG products that will be sold (check all applicable)** |
|---|---|
| ☒ Patients by prescriptions | ☒ Medical Gases** |
| ☐ Pharmacies[a] | ☒ Respiratory Equipment** |
| ☐ Practitioners[a] | ☐ Life-sustaining equipment** |
| ☐ Hospitals/Clinics[a] | ☒ Parenteral and Enteral Equipment** |
| ☐ Clinics[a] | ☒ Assistive Equipment |
| ☐ Wholesalers[a] | ☒ Diabetic Supplies |
| ☐ Other business entities (specify)[a]: | ☐ Orthotics and Prosthetics |
| | ☐ Others: |
| This application is ONLY required if MDEG products will be sold to patients by prescription. | **These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): |
| [a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov) | Name: Synapse Health, Inc. |
| | Telephone: (888) 336-9363 |

| Check the Days the Business will be Opened and provide the Hours of Operation | | | | |
|---|---|---|---|---|
| ■ Mon: 10AM-4PM | ■ Tue: 10AM-4PM | ■ Wed: 10AM-4PM | ■ Thurs: 10AM-4PM | ■ Fri: 10AM-4PM |
| ☐ Sat: | ☐ Sun: | ☐ Holidays: | | |

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

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

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

PTAN 8133960001

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware

Parent Company (if any): _____

Corporation/Organization Name: Synapse Health, Inc.

Mailing Address: 3755 Chase Ave.

City: Skokie State: IL Zip: 60076

Telephone: (888) 336-9363 Email: Licensing@SynapseHealth.com

Contact Person Name: Andrew Perl

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Andrew Perl
Print Name of Authorized Person Submitting Application

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

10/6/2023
Date

| Board Use Only | Date Received: 10/10/23 | Amount: 500-CK-300688 |
|---|---|---|

synapse HEALTH

## Synapse Health, Inc. Officer Information

**Anthony Kilgore, Chief Executive Officer**
Address: [redacted] Amaretto Ct., Plano, TX 75024
Phone: [redacted]
Email: [redacted]

**Andrew Perl, Chief Operating Officer**
Address: [redacted] Keystone Ave., Skokie, IL 60076
Phone: [redacted]
Email: [redacted]

**Aaron Cho, Chief Financial Officer**
Address: [redacted] Carol Ln., Colleyville, TX 76034
Phone: [redacted]
Email: [redacted]

synapse HEALTH

## Synapse Health Ownership Structure

| Owner |
| --- |
| **TAP DME, LLC**<br>Address: 500 Adams Avenue<br>Glencoe, IL 60022<br>Email: [redacted]<br>Phone: (847) 504-9106 |
| **SynapsePDI Holding, LLC**<br>Address: 7366 N. Lincoln Avenue<br>Suite 206<br>Lincolnwood, IL 60712<br>Email: [redacted]<br>Phone: (847) 732-4917 |
| **GV 2023, L.P.**<br>Address: 1600 Amphitheatre Pwky<br>Mountain View, CA 94043<br>Email: legal@gv.com<br>Phone: (650) 335-5278) |
| **GV 2021, L.P.**<br>Address: 1600 Amphitheatre Pwky<br>Mountain View, CA 94043<br>Email: legal@gv.com<br>Phone: (650) 335-5278) |

*File Number* 7385-199-8

# STATE OF ILLINOIS

## OFFICE OF THE SECRETARY OF STATE

## *To all to whom these Presents Shall Come, Greeting:*

*I,* **Alexi Giannoulias,** *Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

SYNAPSE HEALTH, INC., INCORPORATED IN DELAWARE AND LICENSED TO TRANSACT BUSINESS IN THIS STATE ON MARCH 01, 2023, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS A FOREIGN CORPORATION IN GOOD STANDING AND AUTHORIZED TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS.

***In Testimony Whereof,*** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 2ND *day of* MARCH *A.D.* 2023 .

Authentication #: 2306102314 verifiable until 03/02/2024
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

12/15/2023

DATE (MM/DD/YYYY) 8/11/2023

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

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

| | |
|---|---|
| PRODUCER Lockton Companies<br>1185 Avenue of the Americas, Suite 2010<br>New York NY 10036<br>646-572-7300 | CONTACT NAME:<br>PHONE (A/C, No, Ext):<br>FAX (A/C, No):<br>E-MAIL ADDRESS: |
| INSURED<br>1530054 Synapse Health<br>1603 Orrington Ave, Ste. 1625<br>Evanston IL 60201 | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A : Twin City Fire Insurance Company — 29459<br>INSURER B : Arch Specialty Insurance Company — 21199<br>INSURER C : Nutmeg Insurance Company — 39608<br>INSURER D :<br>INSURER E :<br>INSURER F : |

**COVERAGES** **CERTIFICATE NUMBER:** 19815439 **REVISION NUMBER:** XXXXXXX

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | [X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] POLICY [ ] PRO-JECT [ ] LOC<br>[ ] OTHER: | N | N | 83 SBA AF0447 | 12/15/2022 | 12/15/2023 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>$ | $ 1,000,000<br>$ 1,000,000<br>$ 10,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 2,000,000<br>$ |
| A | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY | N | N | 83 SBA AF0447 | 12/15/2022 | 12/15/2023 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>$ | $ 1,000,000<br>$ XXXXXXX<br>$ XXXXXXX<br>$ XXXXXXX<br>$ XXXXXXX |
| A | [X] UMBRELLA LIAB [X] OCCUR<br>[ ] EXCESS LIAB [ ] CLAIMS-MADE<br>[ ] DED [X] RETENTION $ 10,000 | N | N | 83 SBA AF0447 | 12/15/2022 | 12/15/2023 | EACH OCCURRENCE<br>AGGREGATE<br>$ | $ 4,000,000<br>$ 4,000,000<br>$ XXXXXXX |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N]<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | N | 42 WEC AX2SLD | 4/10/2023 | 4/10/2024 | [ ] PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |
| B | Cyber<br>Professional Liability | N | N | C-4LRK-047775 | 7/20/2023 | 4/10/2024 | Occ/Agg:$1,000,000<br>Ret:$2,500<br>Agg:$3,000,000<br>Incident:$1,000,000Ded:$1,000 | |

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

**CERTIFICATE HOLDER**

19815439
Evidence of Insurance

**CANCELLATION** See Attachment

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

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

Attachment Code: D632051 Master ID: 1530054, Certificate ID: 19815439

**CERTIFICATE OF LIABILITY INSURANCE**



| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| **INSURER G:** Federal Insurance Company | |
| **INSURER H:** Federal Insurance Company | |
| **INSURER I:** | |

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYY) | POLICY EXP (MM/DD/YYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| G | **Management Liability** | N | N | 8400-1766 | 5/17/2023 | 4/10/2024 | D&O Limit<br>Ret/EPL Ret<br>EPL/FID Lim | $3,000,000<br>$10,000<br>$1,000,000 |
| H | **Other Management Liability** | N | N | 8400-1766 | 5/17/2023 | 4/10/2024 | Crime Limit<br>Retention | $1,000,000<br>$10,000 |

# State of Illinois

**Department of Financial and Professional Regulation**

**Division of Professional Regulation**

LICENSE NO.
203.002847

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

EXPIRES:
03/31/2024

HOME MEDICAL EQUIPMENT AND SERVICES PROVIDER

SYNAPSE HEALTH INC
3755 CHASE AVE
SKOKIE, IL 60076-4008

MARIO TRETO, JR.
SECRETARY

CECILIA ABUNDIS
DIRECTOR

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

18289127

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 4659359

# NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

**NAC 639.694**

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

**NAC 639.6946**

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

**NAC 639.6957**

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

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

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

# NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG Synapse Health MDEG License # (if applicable) MP03117

Physical Address 3755 Chase Ave

City Skokie State IL Zip 60076

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

**Section 2: Personal Information**

First Andrew Middle _____ Last Perl

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

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

Mailing Address 9040 Keystone Ave.

City Skokie State IL Zip 60076

Telephone [redacted] Email [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Highland Park ~~Phalanx~~ High School | | 2003 - 2007 | |
| **Address** | **City** | **State** | **Zip** |
| 433 Vine Avenue | Highland Park | IL | 60035 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| University of Illinois Chicago | | 2007 - 2011 | |
| **Address** | **City** | **State** | **Zip** |
| 1200 W. Harrison Street | Chicago | IL | 60607 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelors | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| July 21 - Current | [redacted] Keystone Ave. | Skokie | IL | 60076 |
| May 16 - July 21 | [redacted] Keystone | Skokie | IL | 60076 |
| Oct 12 - May 16 | [redacted] N. Lake Shore Drive | Chicago | IL | 60613 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Synapse Health, Inc. | | 6/2016 - Current |
| **Business Address** | **City** | **State / Zip** |
| 3755 Chase Avenue | Skokie | IL 60076 |
| **Phone** | **Title** | **Number of Employed Hours** |
| 888-336-9363 | COO | 2016 - Current |
| **Description of Duties** | | |
| Manage day to day operations at Synapse Health. | | |

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Integra Healthcare Equipment | | 6/2013 - 1/2016 |
| **Business Address** | **City** | **State / Zip** |
| 321 N. Lake Street, Suite C | Elmhurst | IL 60126 |
| **Phone** | **Title** | **Number of Employed Hours** |
| 888-828-7729 | Regional Account Manager | 4,160 + hours |
| **Description of Duties** | | |
| Managed key business accounts | | |

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

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

I, Andrew Perl, certify that as the MDEG Administrator for

Synapse Health, Inc.,

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

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

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

Andrew Perl
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/6/2023
Date

| Board Use Only | Date Received: |
|---|---|

# 4C

# NEVADA STATE BOARD OF PHARMACY

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

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

**Non-Refundable $500 fee**

Rev (05/12/2022)

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

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

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

### Section 1: General Information

Facility Name: Wellstart Medical, LLC

MDEG Physical Address: 1745 S Alma School Rd, Suite 210

City: Mesa State: AZ Zip: 85210

Mailing Address (if different from physical address): 9156 S US Highway 1

City: Port St Lucie State: FL Zip: 34952

Telephone: 800-978-7599 Website: https://wellstartmedical.com/

Email: credentialing@wellstart.com

Name of MDEG Administrator (NAC 639.694): ~~Ryan Flannery~~ Monica McCormac MS

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

| Check the Days the Business will be Opened and provide the Hours of Operation | | | | |
|---|---|---|---|---|
| ■ Mon: 9 AM to 6 PM | ■ Tue: 9 AM to 6 PM | ■ Wed: 9 AM to 6 PM | ■ Thurs: 9 AM to 6 PM | ■ Fri: 9 AM to 6 PM |
| ☐ Sat: Closed | ☐ Sun: Closed | ☐ Holidays: Closed | | |

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

| Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i)) |
|---|
| This facility does not have Medicare or Medicaid provider numbers at this time. |
| |
| |
| |

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

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

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

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

   a) A practicing health professional; or

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

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

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Wellstart Medical, LLC

Parent Company (if any): N/A

Corporation/Organization Name: Wellstart Medical, LLC

Mailing Address: 1745 S Alma School Rd, Suite 210

City: Mesa State: AZ Zip: 85210

Telephone: 800-978-7599 Email: ibrolmann@wellstart.com

Contact Person Name: Ryan Flannery

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Brandon Beck

Print Name of Authorized Person Submitting Application

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

10/04/23

Date

| Board Use Only | Date Received: 10/9/23 | Amount: 500-CK-1205 |
|---|---|---|

Wellstart MEDICAL

# Wellstart Medical, LLC
## Owners and Officers

### Ryan Flannery
President
Authorized Official
Ownership 50%
Phone: [redacted]
Email: [redacted]

### Brandon Beck
Manager
Authorized Official
Ownership 50%
Phone: [redacted]
Email: [redacted]

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 04/12/2023
Receipt
Number: 2023149283
Receipt Amount $: 100.00

# Medical Gas - Supplier/DME

| PERMIT NO | EXPIRES |
|---|---|
| C002308 | 10/31/2024 |

Issued to :

Wellstart Medical, LLC
Brandon Beck
1745 S ALMA SCHOOL RD SUITE 210
MESA, AZ 85210

Wellstart Medical, LLC
1745 S ALMA SCHOOL RD SUITE 210
MESA, AZ 85210

EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P O Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Brandon Beck
LICENSE NUMBER : C002308
EXPIRES : 10/31/2024

http://www.azpharmacy.gov

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

## Important Information

**LICENSE HOLDER (pharmacist, intern, technician, technician trainee)**

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

**PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)**

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

# STATE OF ARIZONA

**Office of the**
**CORPORATION COMMISSION**

## CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**WELLSTART MEDICAL, LLC**

ACC file number: 23045026

a foreign limited liability company, was authorized to transact business in the State of Arizona on 12/16/2019, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **10/04/2023**

**Douglas R. Clark, Executive Director**

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/24/2023

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

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

| PRODUCER | CONTACT NAME: Jennifer Snyder | |
|---|---|---|
| Capitol Risk Management Services<br>25 Smith Street<br>Suite 205<br>Nanuet NY 10954 | PHONE (A/C, No, Ext): (845) 627-7111 | FAX (A/C, No): |
| | E-MAIL ADDRESS: jsnyder@keevily.com | |

| INSURED | INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|---|
| Wellstart Medical, LLC<br>1745 S Alma School Rd.<br>Suite 210<br>Mesa AZ 85210 | INSURER A: Sentinel Insurance Co. Ltd. | 11000 |
| | INSURER B: Columbia Casualty Comapny | 31127* |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

**COVERAGES** **CERTIFICATE NUMBER:** 22-23 GL 23-24 PL **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | [X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] POLICY [ ] PRO-JECT [ ] LOC<br>[ ] OTHER | | | 01SBABF3232 | 12/01/2022 | 12/01/2023 | EACH OCCURRENCE | $ 2,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | $ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 2,000,000 |
| | | | | | | | GENERAL AGGREGATE | $ 4,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | | | | | | | | $ |
| | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | [ ] UMBRELLA LIAB [ ] OCCUR<br>[ ] EXCESS LIAB [ ] CLAIMS-MADE<br>[ ] DED [ ] RETENTION $ | | | | | | EACH OCCURRENCE | $ |
| | | | | | | | AGGREGATE | $ |
| | | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | [ ] PER STATUTE [ ] OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| B | Professional Liability | | | ADT 6083009351 | 05/29/2023 | 05/29/2024 | Each Occurrence | $3,000,000 |
| | | | | | | | Aggregate | $3,000,000 |

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

This certificate of insurance is for evidence purposes only.

**CERTIFICATE HOLDER**

***Evidence of Insurance***

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

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# NEVADA STATE BOARD OF PHARMACY

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

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Wellstart Medical, LLC

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

Physical Address: 1745 S Alma School Rd, Suite 210

City: Mesa State: AZ Zip: 85210

Mailing Address (if different from physical address): 9156 S US Highway 1

City: Port St Lucie State: FL Zip: 34952

Telephone: 800-978-7599 Website: https://wellstartmedical.com/

Licensing Company Email: credentialing@wellstart.com

**Section 2: Personal Information**

First: Ryan Middle: Timothy Last: Flannery

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

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

Mailing Address: [redacted] S US Highway 1

City: Port St Lucie State: FL Zip: 34952

Telephone: [redacted] Email: [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Cleveland State University | | 01/1996 - 01/1999 | |
| **Address** | **City** | **State** | **Zip** |
| 2121 Euclid Ave | Cleveland | OH | 44115 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Culver Military Academy | | 1990 - 1994 | |
| **Address** | **City** | **State** | **Zip** |
| 1300 Academy Rd. | Culver | IN | 46511 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

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

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 02/17 - Present | [redacted] N Sewalls Point Rd | Stuart | FL | 34996 |
| 06/06 - 02/17 | [redacted] Rio Vista Dr | Stuart | FL | 34996 |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

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

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Wellstart Medical, LLC | | | 01/19 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 9156 S US Highway 1 | | Port St Lucie | FL | 34952 |
| **Phone** | **Title** | | | |
| 800-978-7599 | President | | | |
| **Description of Duties** | | | | |
| Owner/Responsible for daily and financial operations | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Comfort Medical, LLC | | | 01/16 - 01/19 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 4240 NW 120th Avenue | | Coral Springs | FL | 33065 |
| **Phone** | **Title** | | | |
| 800-700-4246 | President | | | |
| **Description of Duties** | | | | |
| Responsible for daily and financial operations | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Liberty Medical, LLC | | | 01/09 - 01/16 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 8881 S US Highway 1 | | Port St Lucie | FL | 34952 |
| **Phone** | **Title** | | | |
| 772-398-5800 | Director of Sales | | | |
| **Description of Duties** | | | | |
| Responsible for sales operations | | | | |

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

_____ _____

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

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

Ryan Flannery

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/04/2023

Date

---

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

State of FLORIDA, ss. County of ST. LUCIE

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

**Original Signature**

10/04/2023

**Date**

Subscribed and Sworn to before me this 10 day of OCTOBER, 2023

**Notary Public Signature**

Isabel Brolmann
Notary Public
State of Florida
Comm# HH126855
Expires 7/17/2025

(Seal)

# NEVADA STATE BOARD OF PHARMACY

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

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Wellstart Medical, LLC

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

Physical Address: 1745 S Alma School Rd, Suite 210

City: Mesa State: AZ Zip: 85210

Mailing Address (if different from physical address): 9156 S US Highway 1

City: Port St Lucie State: FL Zip: 34952

Telephone: 800-978-7599 Website: https://wellstartmedical.com/

Licensing Company Email: credentialing@wellstart.com

**Section 2: Personal Information**

First: Brandon Middle: Michael Last: Beck

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

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

Mailing Address: [redacted] S US Highway 1

City: Port St Lucie State: FL Zip: 34952

Telephone: [redacted] Email: [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of New Hampshire | | 09/2005 - 05/2009 | |
| **Address** | **City** | **State** | **Zip** |
| 105 Main St | Durham | NH | 03824 |
| Diploma/Degree obtained, if any | | | |
| Bachelors | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Westford Academy | | 09/2001 - 05/2005 | |
| **Address** | **City** | **State** | **Zip** |
| 30 Patten Rd | Westford | MA | 01886 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

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

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/23 - Present | [redacted] W 1st St [redacted] | Boston | MA | 02127 |
| 03/16 - 03/23 | [redacted] Gold Street [redacted] | Boston | MA | 02127 |
| 12/14 - 03/16 | [redacted] SW Fountainview Blvd | Port St Lucie | FL | 34952 |
| 08/13 -12/14 | [redacted] Park Ln [redacted] | Boston | MA | 02110 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| | | | | |
|---|---|---|---|---|
| Business Name: Wellstart Medical, LLC | | | | From - To (MM/YY – MM/YY): 01/19-Present |
| Business Address: 9156 S US Highway 1 | | City: Port St Lucie | State: FL | Zip: 34952 |
| Phone: 800-978-7599 | Title: Manager | | | |
| Description of Duties: Owner/Responsible for daily and financial operations | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Comfort Medical, LLC | | | | From - To (MM/YY – MM/YY): 12/15 - 12/16 |
| Business Address: 4240 NW 120th Avenue | | City: Coral Springs | State: FL | Zip: 33065 |
| Phone: 800-700-4246 | Title: Manager | | | |
| Description of Duties: Finance and Corporate Development | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Liberty Medical,LLC | | | | From - To (MM/YY – MM/YY): 12/14 - 12/18 |
| Business Address: 8881 S US Highway 1 | | City: Port St Lucie | State: FL | Zip: 34952 |
| Phone: 772-398-5800 | Title: Manager | | | |
| Description of Duties: Finance and Corporate Development | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Covington Associates | | | | From - To (MM/YY – MM/YY): 04/11 - 12/14 |
| Business Address: 225 Franklin Street | | City: Boston | State: MA | Zip: 02110 |
| Phone: 617-314-3950 | Title: Associates | | | |
| Description of Duties: Investment Banking | | | | |

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

_____ _____

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

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

Brandon Beck

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/04/23

Date

---

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

State of FLORIDA, ss. County of ST. LUCIE

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

**Original Signature**

10/04/23

**Date**

Subscribed and Sworn to before me this 10 day of OCTOBER, 2023

**Notary Public Signature**

Isabel Brolmann
Notary Public
State of Florida
Comm# HH126855
Expires 7/17/2025

(Seal)

# NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

**NAC 639.694**

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

**NAC 639.6946**

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

**NAC 639.6957**

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

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

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

# NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

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

Physical Address: 1745 S Alma School Rd, Suite 210

City: Mesa  State: AZ  Zip: 85210

Mailing Address (if different from physical address): _____

City: _____  State: _____  Zip: _____

Telephone: _____  Website: _____

Licensing Company Email: _____

**Section 2: Personal Information**

First: Monica  Middle: Marie  Last: McCormac

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

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

Mailing Address: [redacted] S Alma School Rd, [redacted]

City: Mesa  State: AZ  Zip: 85210

Telephone: [redacted]  Email: [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Corona Del Sol High school | | 08/1990 - 05/1994 | |
| **Address** | **City** | **State** | **Zip** |
| 1001 E Knox Rd | Tempe | AZ | 85284 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Byram Collage of Nursing | | 09/1995-05/1998 | |
| **Address** | **City** | **State** | **Zip** |
| 2250 West Peonia Avenue | Phoenix | AZ | 85029 |
| Diploma/Degree obtained, if any | | | |
| Degree in LPN and Medical Administration | | | |

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

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/2022-Current | [redacted] E Windsor Dr | Gilbert | AZ | 85296 |
| 05/2019-09/2022 | [redacted] Moccasin Ave | San Diego | CA | 92117 |
| 08/2011-05/2019 | [redacted] W 113th Ave | Apache Junction | AZ | 85120 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Wellstart Medical, LLC | | | 08/2021-Current | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1745 S Alma School Rd, Suite 210 | | Mesa | AZ | 85210 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 602-609-3655 | Manager | | 4,296 | |
| **Description of Duties** | | | | |
| Manager of Customer Service and Sales Development. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Dexcom | | | 04/2016-09/2021 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 232 S Dobson Rd | | Mesa | AZ | 85202 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 480-667-500 | District Specialist/Quality Analyst | | 10,776 | |
| **Description of Duties** | | | | |
| Sales leadership and development during growth and product launches during each roll out and generation change of product manufactured, including direct to consumer and wholesale suppliers. Medicare approval and ongoing contracts. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| McKesson Specialty Health | | | 08/2008-04/2016 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 4343 N Scottsdale Rd | | Scottsdale | AZ | 85251 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 800-482-6700 | Unit Coordinator | | 15,288 | |
| **Description of Duties** | | | | |
| Ensure that all dedicated representatives assigned to each drug manufacture and medication were trained and followed SOPs and FDA guidelines for each patient prescribe a wide range medications managed by the specialty health branch. | | | | |

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

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

I, Monica McCormac, **certify that as the MDEG Administrator for**

Wellstart Medical, LLC,

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

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

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

Monica McCormac
Print Name (First, Last)

M McCormac
Original Signature (electronic, copies or stamps not accepted)

10.10.23
Date

| Board Use Only | Date Received: 10.16.23 |
|---|---|

# 4D

# NEVADA STATE BOARD OF PHARMACY

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

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

**Non-Refundable $500 fee**

Rev (05/12/2022)

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

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

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

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

### Section 1: General Information

Facility Name: Wellstart Medical, LLC

MDEG Physical Address: 9156 S US Highway 1

City: Port St Lucie State: FL Zip: 34952

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 800-978-7599 Website: https://wellstartmedical.com/

Email: ibrolmann@wellstart.com

Name of MDEG Administrator (NAC 639.694): Ryan Flannery

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

| Check the Days the Business will be Opened and provide the Hours of Operation | | | | |
|---|---|---|---|---|
| ■ Mon: 9 AM to 5 PM | ■ Tue: 9 AM to 5 PM | ■ Wed: 9 AM to 5 PM | ■ Thurs: 9 AM to 5 PM | ■ Fri: 9 AM to 5 PM |
| ☐ Sat: Closed | ☐ Sun: Closed | ☐ Holidays: Closed | | |

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

| Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i)) |
|---|
| Medicare PTAN 7764780001 |
| Medicaid Participating List (see attached) |
| |
| |

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

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

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

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Wellstart Medical, LLC

Parent Company (if any): N/A

Corporation/Organization Name: Wellstart Medical, LLC

Mailing Address: 9156 S US Highway 1

City: Port St Lucie State: FL Zip: 34952

Telephone: 800-978-7599 Email: ibrolmann@wellstart.com

Contact Person Name: Ryan Flannery

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

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

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

Brandon Beck

Print Name of Authorized Person Submitting Application

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

10/16/2023

Date

| Board Use Only | Date Received: 10/19/23 | Amount: $500 - check |
|---|---|---|

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/24/2023

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

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

| PRODUCER | CONTACT NAME: Jennifer Snyder | |
|---|---|---|
| Capitol Risk Management Services<br>25 Smith Street<br>Suite 205<br>Nanuet NY 10954 | PHONE (A/C, No, Ext): (845) 627-7111 | FAX (A/C, No): |
| | E-MAIL ADDRESS: jsnyder@keevily.com | |

| INSURED | INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|---|
| Wellstart Medical, LLC<br>9156 S US Highway 1<br>Port Saint Lucie FL 34952 | INSURER A: Sentinel Insurance Co. Ltd. | 11000 |
| | INSURER B: Columbia Casualty Comapny | 31127* |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

**COVERAGES** **CERTIFICATE NUMBER:** 22-23 GL, 23-24 PL **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC<br>OTHER: | | | 01SBABF3232 | 12/01/2022 | 12/01/2023 | EACH OCCURRENCE | $ 2,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | $ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 2,000,000 |
| | | | | | | | GENERAL AGGREGATE | $ 4,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | | | | | | | | $ |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY<br>HIRED AUTOS ONLY<br>SCHEDULED AUTOS<br>NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED RETENTION $ | | | | | | EACH OCCURRENCE | $ |
| | | | | | | | AGGREGATE | $ |
| | | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | PER STATUTE OTH-ER | |
| | | | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| B | Professional Liability | | | ADT 6083009351 | 05/29/2023 | 05/29/2024 | Each Occurrence | $3,000,000 |
| | | | | | | | Aggregate | $3,000,000 |

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

This certificate of insurance is for evidence purposes only.

**CERTIFICATE HOLDER**

****Evidence of Insurance****

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

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# State of Florida
## Department of State

I certify from the records of this office that WELLSTART MEDICAL, LLC is a limited liability company organized under the laws of the State of Florida, filed on January 14, 2019, effective January 14, 2019.

The document number of this limited liability company is L19000015492.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on March 2, 2023, and that its status is active.

***Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-eighth day of August, 2023***




***Secretary of State***

**Tracking Number: 4883900877CU**

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

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

View current license information at: Floridahealthfinder.gov

LICENSE #: 1314775
CERTIFICATE #: 26514

# State of Florida

AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH CARE POLICY AND OVERSIGHT

# Home Medical Equipment Provider

LICENSED

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

**WELLSTART MEDICAL LLC**
9156 S Us Highway 1
Port St Lucie, FL 34952-3490
in the following counties:
ALL COUNTIES

EFFECTIVE DATE: 09/13/2023

EXPIRATION DATE: 06/10/2024

Jason Weida, Secretary

# Wellstart Medical, LLC
# Owners and Officers

## Ryan Flannery
President
Authorized Official
Ownership 50%
Phone: [redacted]
Email: [redacted]

## Brandon Beck
Manager
Authorized Official
Ownership 50%
Phone: [redacted]
Email: [redacted]

# Wellstar Medical, LLC

## Medicaid Participation Information

| State | Provider Number | Effective |
|---|---|---|
| Colorado | 9000201518 | 06/25/21 |
| Connecticut | 1598239386 | 07/27/22 |
| Delaware | 250695073 | 10/04/22 |
| Florida | 105174200 | 01/06/20 |
| Georgia | 003261948A | 03/11/22 |
| Idaho | 1598239386 | 08/17/21 |
| Indiana | 300067421 | 10/21/22 |
| Iowa | 1598239386 | 10/01/21 |
| Louisiana | 2531280 | 05/01/20 |
| Maryland | 451269300 | 09/15/22 |
| Michigan | 1598239386 | 08/18/20 |
| Montana | 1598239386 | 05/06/20 |
| Nebraska | 10026889400 | 09/03/21 |
| New Hampshire | 3127091 | 11/17/20 |
| New Jersey | 0790885 | 06/07/21 |
| New York | 07180894 | 06/23/22 |
| Oklahoma | 201062510A | 03/16/22 |
| Oregon | 500813803 | 03/01/21 |
| Pennsylvania | 103770912 0001 | 05/18/20 |
| Rhode Island | 1598239386 | 05/01/22 |
| South Carolina | DM1662 | 04/13/20 |
| Vermont | 6705980 | 02/04/21 |
| West Virginia | 1598239386 | 11/17/20 |

# NEVADA STATE BOARD OF PHARMACY

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

## Personal History Application

Rev (05/18/2023)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Wellstart Medical, LLC

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

Physical Address: 9156 S US Highway 1

City: Port St Lucie State: FL Zip: 34952

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 800-978-7599 Website: https://wellstartmedical.com/

Licensing Company Email: credentialing@wellstart.com

### Section 2: Personal Information

First: Ryan Middle: Timothy Last: Flannery

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

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

Mailing Address: [redacted]S US Highway 1

City: Port St Lucie State: FL Zip: 34952

Telephone: [redacted] Email: [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Cleveland State University | | 01/1996 - 01/1999 | |
| **Address** | **City** | **State** | **Zip** |
| 2121 Euclid Ave | Cleveland | OH | 44115 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor of Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Culver Military Academy | | 1990 - 1994 | |
| **Address** | **City** | **State** | **Zip** |
| 1300 Academy Rd. | Culver | IN | 46511 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

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

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 02/17 - Present | [redacted]N Sewalls Point Rd | Stuart | FL | 34996 |
| 06/06 - 02/17 | [redacted]Rio Vista Dr | Stuart | FL | 34996 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| | | | | |
|---|---|---|---|---|
| Business Name: Wellstart Medical, LLC | | | From - To (MM/YY – MM/YY): 01/19 - Present | |
| Business Address: 9156 S US Highway 1 | | City: Port St Lucie | State: FL | Zip: 34952 |
| Phone: 800-978-7599 | Title: President | | | |
| Description of Duties: Owner/Responsible for daily and financial operations | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Comfort Medical, LLC | | | From - To (MM/YY – MM/YY): 01/16 - 01/19 | |
| Business Address: 4240 NW 120th Avenue | | City: Coral Springs | State: FL | Zip: 33065 |
| Phone: 800-700-4246 | Title: President | | | |
| Description of Duties: Responsible for daily and financial operations | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Liberty Medical, LLC | | | From - To (MM/YY – MM/YY): 01/09 - 01/16 | |
| Business Address: 8881 S US Highway 1 | | City: Port St Lucie | State: FL | Zip: 34952 |
| Phone: 772-398-5800 | Title: Director of Sales | | | |
| Description of Duties: Responsible for sales operations | | | | |

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

_____ _____

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

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

Ryan Flannery

Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

10/16/2023

Date

---

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

State of FLORIDA, ss. County of ST. LUCIE

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

**Original Signature**

10/16/2023

**Date**

Subscribed and Sworn to before me this 16 day of OCTOBER, 2023.

**Notary Public Signature**

Isabel Brolmann
Notary Public
State of Florida
Comm# HH126855
Expires 7/17/2025

(Seal)

# NEVADA STATE BOARD OF PHARMACY

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

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Wellstart Medical, LLC

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

Physical Address: 9156 S US Highway 1

City: Port St Lucie State: FL Zip: 34952

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 800-978-7599 Website: https://wellstartmedical.com/

Licensing Company Email: ibrolmann@wellstart.com

**Section 2: Personal Information**

First: Brandon Middle: Michael Last: Beck

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

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

Mailing Address: [redacted] S US Highway 1

City: Port St Lucie State: FL Zip: 34952

Telephone: [redacted] Email: [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of New Hampshire | | 09/2005 - 05/2009 | |
| **Address** | **City** | **State** | **Zip** |
| 105 Main St | Durham | NH | 03824 |
| Diploma/Degree obtained, if any | | | |
| Bachelors | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Westford Academy | | 09/2001 - 05/2005 | |
| **Address** | **City** | **State** | **Zip** |
| 30 Patten Rd | Westford | MA | 01886 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

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

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/23 - Present | [redacted] W 1st St [redacted] | Boston | MA | 02127 |
| 03/16 - 03/23 | [redacted] Gold Street [redacted] | Boston | MA | 02127 |
| 12/14 - 03/16 | [redacted] SW Fountainview Blvd | Port St Lucie | FL | 34952 |
| 08/13 -12/14 | [redacted] Park Ln [redacted] | Boston | MA | 02110 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| | | | | |
|---|---|---|---|---|
| Business Name: Wellstart Medical, LLC | | | | From - To (MM/YY – MM/YY): 01/19-Present |
| Business Address: 9156 S US Highway 1 | | City: Port St Lucie | State: FL | Zip: 34952 |
| Phone: 800-978-7599 | Title: MANAGER | | | |
| Description of Duties: Owner/Responsible for daily and financial operations | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Comfort Medical, LLC | | | | From - To (MM/YY – MM/YY): 12/15 - 12/16 |
| Business Address: 4240 NW 120th Avenue | | City: Coral Springs | State: FL | Zip: 33065 |
| Phone: 800-700-4246 | Title: MANAGER | | | |
| Description of Duties: Finance and Corporate Development | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Liberty Medical,LLC | | | | From - To (MM/YY – MM/YY): 12/14 - 12/18 |
| Business Address: 8881 S US Highway 1 | | City: Port St Lucie | State: FL | Zip: 34952 |
| Phone: 772-398-5800 | Title: MANAGER | | | |
| Description of Duties: Finance and Corporate Development | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Covington Associates | | | | From - To (MM/YY – MM/YY): 04/11 - 12/14 |
| Business Address: 225 Franklin Street | | City: Boston | State: MA | Zip: 02110 |
| Phone: 617-314-3950 | Title: Associates | | | |
| Description of Duties: Investment Banking | | | | |

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

_____ _____

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

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

Brandon Beck

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/16/2023

Date

---

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

State of FLORIDA, ss. County of ST. LUCIE

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

**Original Signature**

10/16/2023

**Date**

Subscribed and Sworn to before me this 16 day of OCTOBER, 2023.

**Notary Public Signature**

Isabel Brolmann
Notary Public
State of Florida
Comm# HH126855
Expires 7/17/2025

(Seal)

**NEVADA STATE BOARD OF PHARMACY**
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

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

Rev (06/21/2022)

**NAC 639.694**

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

**NAC 639.6946**

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

**NAC 639.6957**

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

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

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

# NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

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

Physical Address: 9156 S US Highway 1

City: Port St Lucie — State: FL — Zip: 34952

Mailing Address (if different from physical address): _____

City: _____ — State: _____ — Zip: _____

Telephone: 800-978-7599 — Website: https://wellstartmedical.com/

Licensing Company Email: credentialing@wellstart.com

**Section 2: Personal Information**

First: Ryan — Middle: TIMOTHY — Last: Flannery

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

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

Mailing Address: [redacted] US Highway 1

City: Port St Lucie — State: FL — Zip: 34952

Telephone: [redacted] — Email: [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Cleveland State University | | 01/1996-01/1999 | |
| **Address** | **City** | **State** | **Zip** |
| 2121 Euclid Ave | Cleveland | OH | 44115 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Culver Military Academy | | 08/1990-08/1994 | |
| **Address** | **City** | **State** | **Zip** |
| 1300 Academy Rd. | Culver | IN | 46511 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

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

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 02/17 - Present | [redacted] N Sewalls Point Rd | Stuart | FL | 34996 |
| 06/06 - 02/17 | [redacted] Rio Vista Dr | Stuart | FL | 34996 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Wellstart Medical, LLC | | | 01/19-Present | |
| Business Address | | City | State | Zip |
| 9156 S US Highway 1 | | Port St Lucie | FL | 34952 |
| Phone | Title | | Number of Employed Hours | |
| 800-978-7599 | President | | 9,392 | |
| Description of Duties | | | | |
| Responsible for daily and financial operations | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Comfort Medical, LLC | | | 01/16-01/19 | |
| Business Address | | City | State | Zip |
| 4240 NW 120th Avenue | | Coral Springs | FL | 33065 |
| Phone | Title | | Number of Employed Hours | |
| 800-700-4246 | President | | 6,264 | |
| Description of Duties | | | | |
| Responsible for daily and financial operations | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Liberty Medical, LLC | | | 01/09-01/16 | |
| Business Address | | City | State | Zip |
| 8881 S US Highway 1 | | Port St Lucie | FL | 34952 |
| Phone | Title | | Number of Employed Hours | |
| 772-398-5800 | Director of Sales | | 14,616 | |
| Description of Duties | | | | |
| Responsible for sales operations | | | | |

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

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

I, Ryan Flannery, **certify that as the MDEG Administrator for**

Wellstart Medical, LLC,

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

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

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

Ryan Flannery
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/16/2023
Date

| Board Use Only | Date Received: |
|---|---|

# 4E

# NEVADA STATE BOARD OF PHARMACY

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

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

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

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☐ New Wholesaler<br>☑ Ownership Change* See Attachment A<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH 02552 | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Amring Pharmaceuticals Inc.

Physical Address: 1205 Westlakes Drive, Suite 275

City: Berwyn State: PA Zip: 19312

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

City: State: Zip:

Telephone: 844-304-4828 Website: www.amringusa.com

Name of Designated Representative (DR): Marina Volin

Licensing Company Email: Marina.volin@amringpharma.com DR Email: Marina.volin@amringpharma.com

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

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

N/A

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

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

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

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

| Reason/Charge |
|---|
| |

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

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: See Attachment B

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware

Parent Company (if any): Nordic Group B.V.

Corporation/Organization Name: Amring Pharmaceuticals Inc.

Mailing Address: 1205 Westlakes Drive, Suite 275

City: Berwyn State: PA Zip: 19312

Telephone: 844-304-4828 Email: Marina.volin@amringpharma.com

Contact Person Name: Marina Volin

N/A

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | X | |
| 1. Copy of FDA registration See Attachment C<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attachment D | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** See Attachment E | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** N/A | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** See Attachment E | | ✓ | | |
| • **List of all partners and their percent ownership.** N/A | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment F | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attachment G | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - See Attachment A | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** N/A | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) N/A | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment E | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment H | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. N/A - See Attachment C | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. N/A - See Attachment C | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Amring Pharmaceuticals Inc.

Facility Name

Marina Volin

Print Name of Authorized Person Submitting Application

Marina Volin

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

August 16, 2023

Date

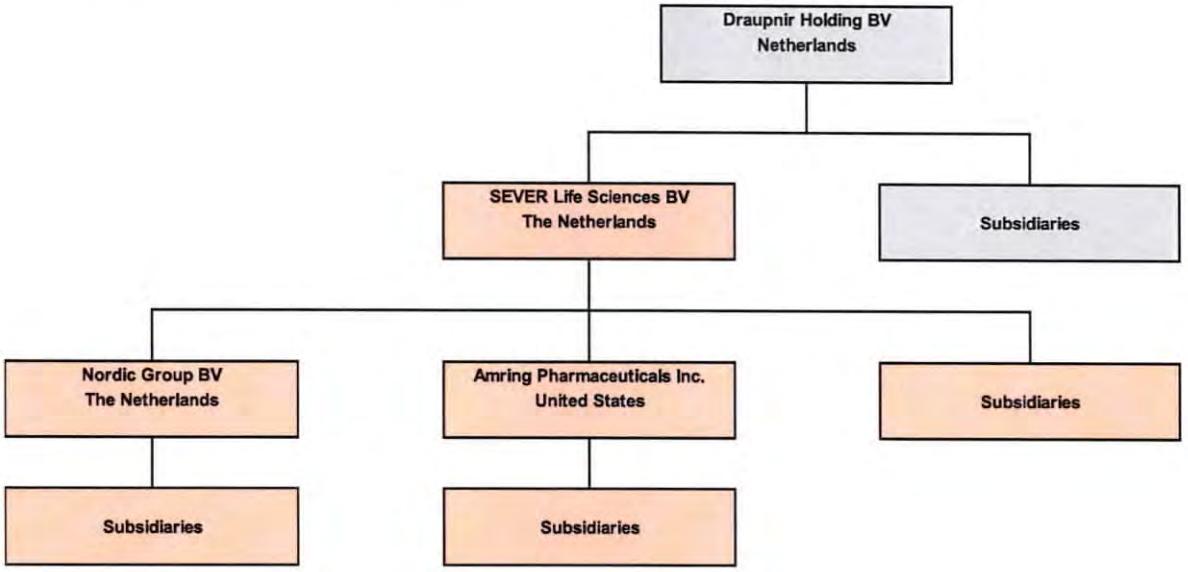
| Board Use Only | Date Received: 8/21/23 | Amount: 1000-CC-1077 |
|---|---|---|

**Attachment A**

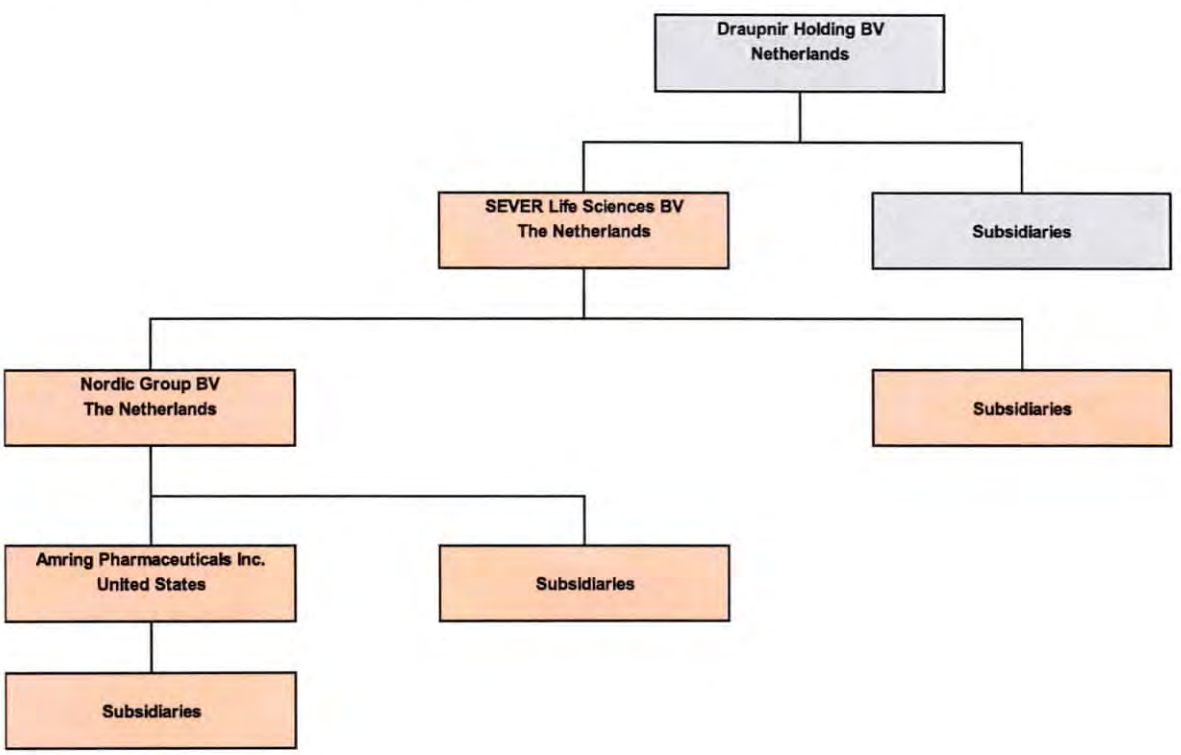
**Regarding the Ownership Change**

Effective June 1, 2023, Amring Pharmaceuticals Inc.'s direct parent company changed from SEVER Life Sciences BV to Nordic Group B.V. Enclosed is an organizational chart illustrating the previous and current ownership structures.

# AMRING PHARMACEUTICALS INC. - PREVIOUS ORGANIZATION STRUCTURE




# AMRING PHARMACEUTICALS INC. CURRENT ORGANIZATION STRUCTURE



**Attachment B**

**Nature of Business**

Amring Pharmaceuticals Inc. (Amring) will utilize contract manufacturers to produce its products and a licensed third party logistics provider to warehouse and distribute its products. Accordingly, Amring will never actually physically manufacture, handle, or distribute any products. Because Amring does not manufacture or handle product, the FDA will not inspect. Amring sells its products to licensed wholesalers. Provided below is the information for Amring's third party distributor and contract manufacturers.

**Third Party Distributor:**

Integrated Commercialization Solutions, LLC
420 International Blvd., Suite 500
Brooks, KY 40109

**Contract Manufacturers:**

Ferring International Center S.A.
Chemin de la Vergognausaz 50
St-Prex, Switzerland 1162
FDA Registration: 3005724652

Confab Laboratories Inc.
4355 Sir Wilfrid Laurier Blvd.
Saint-Hubert, QC J3Y 3X3
FDA Registration: 3000198340

KELIXbio (fka Chemi Pharma LTD)
HHF014 HALFAR INDUSTRIAL ESTATE,
HALFAR, BIRZEBBUGIA,
BBG 3000, Malta
FDA Registration #: 3013541978

Renaissance Lakewood LLC
1200 Paco Way
Lakewood, NJ 08701
FDA Registration: 2242829

AndersonBrecon Inc.
4545 Assembly Drive
Rockford, IL 61109
FDA Registration: 1421377

AndersonBrecon Inc.
1639 New Milford School Road
Rockford, IL 61109
FDA Registration: 3003015528

Rechon Life Sciences AB
Soldattorpsvagen 5
Limhamn Skane Lan [SE-12], SE 21613
FDA Registration: 3002806978

Mikart, LLC
1750 Chattahoochee Ave.
Atlanta, GA 30318
FDA Registration: 1050658

Indoco Remedies Limited
Indoco House, 166 CST Road
Mumbai 400098, India
Goa Plant II
L-32,33,34,
Verna Industrial Area
Verna Goa
Goa, 403722, IND
FDA Registration #: 3005124189

Appco Pharma LLC
262 Old New Brunswick Road, Suite N
Piscataway, NJ 08854, USA
FDA Registration: 3010014758

Holopack Verpackungstechnik GmbH
Bahnhofstraße 18
74429 Sulzbach-Laufen, Germany
FDA Registration: 3002808845

**Miele, Kerry M.**

**From:** edrls@fda.hhs.gov
**Sent:** Tuesday, June 16, 2015 8:00 AM
**To:** Daniel Carbery
**Subject:** Labeler Code Request Approved

## eDRLS - Electronic Drug Registration & Listing System

**Current Date: 16-JUN-15**
**Labeler DUNS: 079843051**
**Labeler Name: Amring Pharmaceuticals Inc.**
**Labeler Code: 69918**

The Food and Drug Administration (FDA) has assigned the above Labeler Code Number to your firm. The number cannot be used until you have confirmed the assignment. Please resubmit your Labeler Code Request SPL with the assigned number above to confirm the assignment and complete the process. **To do this, open the previous Labeler Code request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new id root and new version number with the original set id root and the appropriate effective time.**

This Labeler Code should be used on all forms related to drug establishment registration and/or drug product listing. Per Title 21, Part 207 of the Code of Federal Regulations (CFR), owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

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

# National Drug Code Directory

Current through August 03, 2023

**You have searched Finished drug products**

**Search Results:** *'Amring'*

Back to Search Page () | Search Again ()

CSV Excel

**Display** 50 **records per page** **Search for text in the table:**

| | Proprietary Name | NDC Package Code | Strength | Dosage Form | Route | Appl. No. | Labeler Name | Product NDC | Nonproprietary Name | Substance Name | Product Type Name | Start Marketing Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | ARSENIC TRIOXIDE | 69918-720-10 | 1 mg/mL | INJECTION, SOLUTION | INTRAVENOUS | ANDA210802 | Amring Pharmaceuticals Inc. | 69918-720 | Arsenic Trioxide | ARSENIC TRIOXIDE | HUMAN PRESCRIPTION DRUG | 11/14/2018 |
| + | ARSENIC TRIOXIDE | 69918-720-02 | 1 mg/mL | INJECTION, SOLUTION | INTRAVENOUS | ANDA210802 | Amring Pharmaceuticals Inc. | 69918-720 | Arsenic Trioxide | ARSENIC TRIOXIDE | HUMAN PRESCRIPTION DRUG | 11/14/2018 |
| + | Desmopressin Acetate | 69918-899-11 | 4 ug/mL | SOLUTION | INTRAVENOUS | NDA018938 | Amring Pharmaceuticals Inc. | 69918-899 | Desmopressin Acetate | DESMOPRESSIN ACETATE | HUMAN PRESCRIPTION DRUG | 01/07/2022 |
| + | Desmopressin Acetate | 69918-901-12 | 4 ug/mL | SOLUTION | INTRAVENOUS | NDA018938 | Amring Pharmaceuticals Inc. | 69918-901 | Desmopressin Acetate | DESMOPRESSIN ACETATE | HUMAN PRESCRIPTION DRUG | 05/09/2022 |
| + | Desmopressin Acetate | 69918-901-11 | 4 ug/mL | SOLUTION | INTRAVENOUS | NDA018938 | Amring Pharmaceuticals Inc. | 69918-901 | Desmopressin Acetate | DESMOPRESSIN ACETATE | HUMAN PRESCRIPTION DRUG | 01/07/2022 |

| | Proprietary Name | NDC Package Code | Strength | Dosage Form | Route | Appl. No. | Labeler Name | Product NDC | Nonproprietary Name | Substance Name | Product Type Name | Start Marketing Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | Desmopressin Acetate | 69918-899-01 | 4 ug/mL | SOLUTION | INTRAVENOUS | NDA018938 | Amring Pharmaceuticals Inc. | 69918-899 | Desmopressin Acetate | DESMOPRESSIN ACETATE | HUMAN PRESCRIPTION DRUG | 01/20/2016 |
| + | Desmopressin Acetate | 69918-201-01 | .2 mg/1 | TABLET | ORAL | NDA019955 | Amring Pharmaceuticals Inc. | 69918-201 | Desmopressin Acetate | DESMOPRESSIN ACETATE | HUMAN PRESCRIPTION DRUG | 12/10/2015 |
| + | Desmopressin Acetate | 69918-899-10 | 4 ug/mL | SOLUTION | INTRAVENOUS | NDA018938 | Amring Pharmaceuticals Inc. | 69918-899 | Desmopressin Acetate | DESMOPRESSIN ACETATE | HUMAN PRESCRIPTION DRUG | 01/20/2016 |
| + | Desmopressin Acetate | 69918-901-10 | 4 ug/mL | SOLUTION | INTRAVENOUS | NDA018938 | Amring Pharmaceuticals Inc. | 69918-901 | Desmopressin Acetate | DESMOPRESSIN ACETATE | HUMAN PRESCRIPTION DRUG | 01/20/2016 |
| + | Desmopressin Acetate | 69918-101-01 | .1 mg/1 | TABLET | ORAL | NDA019955 | Amring Pharmaceuticals Inc. | 69918-101 | Desmopressin Acetate | DESMOPRESSIN ACETATE | HUMAN PRESCRIPTION DRUG | 12/10/2015 |
| + | Isoproterenol Hydrochloride | 69918-731-10 | .2 mg/mL | INJECTION, SOLUTION | INTRACARDIAC; INTRAMUSCULAR; INTRAVENOUS; SUBCUTANEOUS | ANDA211237 | Amring Pharmaceuticals Inc. | 69918-731 | Isoproterenol Hydrochloride | ISOPROTERENOL HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/01/2021 |
| + | Isoproterenol Hydrochloride | 69918-735-10 | .2 mg/mL | INJECTION, SOLUTION | INTRACARDIAC; INTRAMUSCULAR; INTRAVENOUS; SUBCUTANEOUS | ANDA211237 | Amring Pharmaceuticals Inc. | 69918-735 | Isoproterenol Hydrochloride | ISOPROTERENOL HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 08/01/2021 |
| + | Lamotrigine | 69918-350-30 | 25 mg/1 | TABLET | ORAL | ANDA214124 | Amring Pharmaceuticals Inc. | 69918-350 | Lamotrigine | LAMOTRIGINE | HUMAN PRESCRIPTION DRUG | 02/14/2022 |
| + | Lamotrigine | 69918-360-30 | 50 mg/1 | TABLET | ORAL | ANDA214124 | Amring Pharmaceuticals Inc. | 69918-360 | Lamotrigine | LAMOTRIGINE | HUMAN PRESCRIPTION DRUG | 02/14/2022 |

| | Proprietary Name | NDC Package Code | Strength | Dosage Form | Route | Appl. No. | Labeler Name | Product NDC | Nonproprietary Name | Substance Name | Product Type Name | Start Marketing Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + | Lamotrigine | 69918-370-30 | 100 mg/1 | TABLET | ORAL | ANDA214124 | Amring Pharmaceuticals Inc. | 69918-370 | Lamotrigine | LAMOTRIGINE | HUMAN PRESCRIPTION DRUG | 02/14/2022 |
| + | Lamotrigine | 69918-380-30 | 200 mg/1 | TABLET | ORAL | ANDA214124 | Amring Pharmaceuticals Inc. | 69918-380 | Lamotrigine | LAMOTRIGINE | HUMAN PRESCRIPTION DRUG | 02/14/2022 |
| + | Lysteda | 69918-300-30 | 650 mg/1 | TABLET | ORAL | NDA022430 | Amring Pharmaceuticals Inc. | 69918-300 | Tranexamic Acid | TRANEXAMIC ACID | HUMAN PRESCRIPTION DRUG | 05/17/2010 |
| + | Mesalamine Rectal | 69918-560-30 | 1000 mg/1 | SUPPOSITORY | RECTAL | ANDA208362 | Amring Pharmaceuticals Inc. | 69918-560 | Mesalamine | MESALAMINE | HUMAN PRESCRIPTION DRUG | 06/24/2019 |
| + | Succinylcholine Chloride | 69918-700-27 | 20 mg/mL | INJECTION, SOLUTION | INTRAMUSCULAR; INTRAVENOUS | ANDA214308 | Amring Pharmaceuticals Inc. | 69918-700 | Succinylcholine Chloride | SUCCINYLCHOLINE CHLORIDE | HUMAN PRESCRIPTION DRUG | 09/08/2022 |
| + | Succinylcholine Chloride | 69918-700-11 | 20 mg/mL | INJECTION, SOLUTION | INTRAMUSCULAR; INTRAVENOUS | ANDA214308 | Amring Pharmaceuticals Inc. | 69918-700 | Succinylcholine Chloride | SUCCINYLCHOLINE CHLORIDE | HUMAN PRESCRIPTION DRUG | 10/21/2022 |
| + | Succinylcholine Chloride | 69918-700-28 | 20 mg/mL | INJECTION, SOLUTION | INTRAMUSCULAR; INTRAVENOUS | ANDA214308 | Amring Pharmaceuticals Inc. | 69918-700 | Succinylcholine Chloride | SUCCINYLCHOLINE CHLORIDE | HUMAN PRESCRIPTION DRUG | 10/21/2022 |
| + | Succinylcholine Chloride | 69918-700-10 | 20 mg/mL | INJECTION, SOLUTION | INTRAMUSCULAR; INTRAVENOUS | ANDA210231 | Amring Pharmaceuticals Inc. | 69918-700 | Succinylcholine Chloride | SUCCINYLCHOLINE CHLORIDE | HUMAN PRESCRIPTION DRUG | 04/10/2019 |
| + | Succinylcholine Chloride | 69918-700-25 | 20 mg/mL | INJECTION, SOLUTION | INTRAMUSCULAR; INTRAVENOUS | ANDA210231 | Amring Pharmaceuticals Inc. | 69918-700 | Succinylcholine Chloride | SUCCINYLCHOLINE CHLORIDE | HUMAN PRESCRIPTION DRUG | 04/10/2019 |
| + | Succinylcholine Chloride | 69918-700-26 | 20 mg/mL | INJECTION, SOLUTION | INTRAMUSCULAR; INTRAVENOUS | ANDA210231 | Amring Pharmaceuticals Inc. | 69918-700 | Succinylcholine Chloride | SUCCINYLCHOLINE CHLORIDE | HUMAN PRESCRIPTION DRUG | 10/04/2019 |

| Proprietary Name | NDC Package Code | Strength | Dosage Form | Route | Appl. No. | Labeler Name | Product NDC | Nonproprietary Name | Substance Name | Product Type Name | Start Marketing Date |
|---|---|---|---|---|---|---|---|---|---|---|---|
| + Timoptic in Ocudose | 69918-601-60 | 5 mg/mL | SOLUTION | OPHTHALMIC | ANDA212592 | Amring Pharmaceuticals Inc. | 69918-601 | Timolol Maleate | TIMOLOL MALEATE | HUMAN PRESCRIPTION DRUG | 02/26/2022 |
| + Timoptic in Ocudose | 69918-602-60 | 2.5 mg/mL | SOLUTION | OPHTHALMIC | ANDA212592 | Amring Pharmaceuticals Inc. | 69918-602 | Timolol Maleate | TIMOLOL MALEATE | HUMAN PRESCRIPTION DRUG | 02/26/2022 |
| + Tranexamic Acid | 69918-301-30 | 650 mg/1 | TABLET | ORAL | NDA022430 | Amring Pharmaceuticals, Inc. | 69918-301 | Tranexamic Acid | TRANEXAMIC ACID | HUMAN PRESCRIPTION DRUG | 03/01/2016 |

Showing 1 to 27 of 27 entries

Previous 1 Next

**Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)**

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
**National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)**

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

**Attachment E**

**Personnel Information**

Amring Pharmaceuticals Inc.

**Amring Pharmaceuticals Inc. is wholly-owned by its parent company, Nordic Group B.V.**

**Corporate Officers:**

Tatyana Kosheleva
*Vice President, Treasurer and Chief Financial Officer*

Marina E. Volin
*Vice President, General Counsel and Corporate Secretary*

**Directors:**

Charlotte Phelps
Sean Davis
David Faulkner

Enclosed please find a list of employees.

**Attachment F**

**Delaware Certificate of Good Standing**

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMRING PHARMACEUTICALS INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JANUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMRING PHARMACEUTICALS INC." WAS INCORPORATED ON THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2011.

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

Jeffrey W. Bullock, Secretary of State

5069027 8300

SR# 20230321155

Authentication: 202614135

Date: 01-31-23

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

# Certificate of Registration

**Certificate No.** 3000010095
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

**Drug & Device Registration**
555 WALNUT ST-FORUM PLACE
SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

**Category:**

Distributor (Prescription)

AMRING PHARMACEUTICALS INC.
1205 WESTLAKES DRIVE, SUITE 275
BERWYN, PA 19312

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

**Issuance Date: November 15, 2019**
**Expiration Date: The Last Day of December, 2023**

Susan Coble
Acting Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Denise A. Johnson, MD, FACOG, FACHE
Acting Secretary of Health

**NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.**

0161

**NEVADA STATE BOARD OF PHARMACY**
**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

# PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 83BSBIF1600

Application/License No. _____

AMRING PHARMACEUTICALS INC. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1205 Westlake Drive Berwyn, PA 19312 (Address of Applicant/Principal), as PRINCIPAL, and HARTFORD FIRE INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of CT (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Hartford Plaza Hartford, CT 06155 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 2/7/2020 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 7th day of February, 2020.

APPLICANT/PRINCIPAL

COMPANY

AMRING PHARMACEUTICALS INC.

Authorized Representative

SURETY

HARTFORD FIRE INSURANCE COMPANY

Surety Company's Representative

Bartlomiej Siepierski, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Rachel Fore

Witness

Witness Aerie Walton

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Nancy M. McFalls, Notary Public
Tredyffrin Twp., Chester County
My Commission Expires April 12, 2021

Countersigned by:

Nevada Resident Agent, Christopher P Troha
Non Resident

# POWER OF ATTORNEY

*Direct Inquiries/Claims to:*
**THE HARTFORD**
**BOND, T-12**
**One Hartford Plaza**
**Hartford, Connecticut 06155**
**Bond.Claims@thehartford.com**
*call:* **888-266-3488** *or fax:* **860-757-5835**

**KNOW ALL PERSONS BY THESE PRESENTS THAT:**

**Agency Name:** AON RISK SERVICES CENTRAL INC
**Agency Code:** 83-553702

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [X] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [X] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, ***up to the amount of*** Unlimited :

Derek J. Elston, Ann Mullins, Christopher P. Troha, Marcia K. Cesafsky, Jennifer L. Jakaitis, Bartlomiej Siepierski, Aerie Walton of CHICAGO, Illinois

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by ☒, and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**In Witness Whereof,** and as authorized by a Resolution of the Board of Directors of the Companies on May 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

**STATE OF CONNECTICUT**
**COUNTY OF HARTFORD** } ss. Hartford

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.

Kathleen T. Maynard
Notary Public
My Commission Expires July 31, 2021

**CERTIFICATE**

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of February 7th, 2020

Signed and sealed at the City of Hartford.

Kevin Heckman, Assistant Vice President

# ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS
COUNTY OF WILL

On this 7th day of February, 2020, before me, Paul M Allen, a Notary Public, within and for said County and State, personally appeared Bartlomiej Siepierski to me personally known to be the Attorney-in-Fact of and for Hartford Fire Insurance Company and acknowledged that s/he executed the said instrument as the free act and deed of said Company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

Paul M Allen

Notary Public in the State of Illinois
County of Will

OFFICIAL SEAL
PAUL M ALLEN
NOTARY PUBLIC, STATE OF ILLINOIS
WILL COUNTY
MY COMMISSION EXPIRES 07/08/2022

# Attachment G

## Designated Representative Form

# NEVADA STATE BOARD OF PHARMACY

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

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Amring Pharmaceuticals Inc.

Pharmacy/Wholesaler License # (if applicable): WH02552

Physical Address: 1205 Westlakes Drive, Suite 275

City: Berwyn State: PA Zip: 19312

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

City: State: Zip:

Telephone: 844-304-4828 Website: www.amringusa.com

Licensing Company Email: Marina.volin@amringpharma.com

**Section 2: Personal Information**

First: Marina Middle: N/A Last: Volin

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

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

Mailing Address: [redacted] Butternut Court

City: Ivyland State: PA Zip: 18974

Telephone: [redacted] Email: Marina.volin@amringpharma.com

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Temple University School of Law | | 08/1998-05/2001 | |
| Address: 1719 N Broad St. | City: Philadelphia | State: PA | Zip: 19122 |
| Diploma/Degree obtained, if any: Juris Doctorate | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Gubkin Russian State University of Oil and Gas | | 08/1978 -05/1983 | |
| Address: Leninskiy Prospekt, 65 | City: Moscow, Russia | State: N/A | Zip: 119991 |
| Diploma/Degree obtained, if any: Master of Science & Bachelor of Science, Chemical Engineering | | | |

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

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 08/2015 -present | [redacted]Butternut Court | Ivyland | PA | 18974 |
| 09/2018 -06/2020 | [redacted]ydney St | Cambridge | MA | 02139 |
| 06/2010-10/2014 | [redacted]Newtown-Richboro Rd | Richboro | PA | 18954 |
| 10/2014-08/2015 | [redacted]Willow Drive | Newtown | PA | 18940 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| | | | | |
|---|---|---|---|---|
| Business Name: Amring Pharmaceuticals Inc. | | | | From - To (MM/YY – MM/YY): 05/2020 - Present |
| Business Address: 1205 Westlakes Drive, Suite 275 | | City: Berwyn | State: PA | Zip: 19312 |
| Phone: 844-304-4828 | Title: VP, General Counsel and Corporate Secretary | | | Number of Employed Hours: 6,000+ |
| Description of Duties: Responsible for all legal matters and providing legal analysis, policy review, expert compliance and legal advice, including managing outside counsel, corporate governance and business negotiations. | | | | |

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

N/A

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

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

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

**Provide explanation below:**

_____ _____

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

I, Marina Volin, **certify that as the designated representative for**

Amring Pharmaceuticals Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. MV I am at least 21 years of age;
3. MV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Marina Volin

Print Name (First, Last)

Marina Volin

Original Signature (electronic, copies or stamps not accepted)

08-16-2023

Date

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

Marina Volin

Print Name (First, Last)

Marina Volin

Original Signature (electronic, copies or stamps not accepted)

August 16, 2023

Date

---

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

State of PENNSYLVANIA, ss. County of CHESTER

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

Marina Volin

**Original Signature**

August 16, 2023

**Date**

Subscribed and Sworn to before me this 16 day of AUGUST 2023.

**Notary Public Signature**

Commonwealth of Pennsylvania - Notary Seal
EDWARD J DUGAN - Notary Public
Chester County
My Commission Expires Dec 2, 2023
Commission Number 1360975

**(Seal)**

# MARINA E. VOLIN, ESQ.

[redacted] Butternut Court | Ivyland, PA | [redacted] | [redacted]

## GENERAL COUNSEL | TRANSACTIONS| COMPLIANCE | DUE DILIGENCE|

Hands-on transactional expertise in drafting and negotiating complex commercial agreements. In-depth legal experience with research, development, and commercialization of drug products. Advising stakeholders on legal matters and risks in succinct and business-oriented terms. Ability to positively engage with stakeholders.

## CORE COMPETENCIES AND ROLES

- Transactional Practice and Licensing Expertise
- Due Diligence in Licensing and M&A
- Corporate Governance / Corporate Secretary
- Health Law and Regulations Compliance
- Pharmaceutical Manufacture and Distribution
- Third Party Risk Analysis and Mitigation
- Designated Representative for State Licenses
- Chief Compliance Officer
- Ability to Engage Clients and Internal Partners
- Superb Interpersonal and Communication Skills

## PROFESSIONAL EXPERIENCE

**VP, General Counsel and Corporate Secretary** **May 2020 – Present**
**Amring Pharmaceuticals Inc.**

- A member of the executive leadership team, managing legal function, participating in daily operations of the company (manufacturing, distribution, sales and development), the development of corporate policies, procedures and programs and providing continuing counsel and guidance on all legal matters and their implications.
- Serve as key legal advisor on all major business transactions, including acquisitions, licensing and joint ventures.
- Serve as a Designated Representative for state licenses; overall responsibility for ensuring compliance with distribution record keeping requirements and management of the 3PL relationship.
- Chief Compliance Officer and a member of a Compliance Committee vested with the oversight of company's compliance program.
- Manage and negotiate agreements with wholesalers, distributors, 3PLs, manufacturers and other third-party providers.
- Advising supply chain on issues related to distribution and manufacturing.
- Maintain up to date knowledge of state laws and regulations via regular updates by a 3rd party provider.
- Advise on the structure and legal issues around proposed new investments and ventures with a view to minimizing risk, maximizing value and protecting the company.
- Advise on the legal aspects of new and on-going management of third-party including contracts (Quality Agreements for GMP compliance, Development, Distribution, Government Pricing (GP), Consulting, Confidentiality and Pharmacovigilance), outsourcing and other relations with third parties.
- Provide guidance and act as primary contact for state licensing and reporting issues.
- Create and implement training materials on legal issues for various departments and review and create corporate policies and SOPs.
- Overseeing maintenance of company's record keeping database.

**VP, Head of Legal and Intellectual Property** **June 2018 – April 2020**
**Kintai Therapeutics, Inc.**

- A member of the executive leadership team, managing legal and IP functions, shaping the company's strategy and goals and counseling on legal matters and risks mitigation.
- Serve as a primary attorney for the company's projects by collaborating with finance, business and research and development teams as the company grew from 30 to 80 people.
- Develop policies and established compliance programs serving as a Chief Compliance Officer. Advise and train in-house teams on compliance matters related to HIPAA privacy and informed consents and GDPR.

- Support financing (Series B and refinancing) and M&A transactions by facilitating contract review, advising on legal issues, overseeing due diligence and document review and managing outside counsel. Gained cooperation and provided pragmatic strategies for balancing business goals and legal risks.
- Draft, review and negotiate complex contracts including master service agreements, development and manufacturing services agreements, quality agreements, supply agreements, material transfer agreements, consulting agreements, licensing agreements, sponsored clinical study agreements, sponsored research agreements, government grant agreements, lease agreements and confidentiality agreements.
- Advise on employment and immigration laws, develop templates for the HR function, negotiate contracts with recruiters.
- Negotiate lease agreements for multiple moves as the company grows.
- Advise executive team on patent protection and regulatory exclusivities. Clear small molecule compound candidates for preclinical studies by assessing freedom to operate.
- Develop worldwide trademark and patent strategies in protecting technology platform and compounds in 10 programs. Manage global patent portfolios and relationships with outside counsel and the licensors.
- Advise senior management on legal issues associated with reporting and payment of compensation to health care providers, interactions with KOLs and scientific community and research grants in compliance US and EU guidance and regulations.
- Supervise a team of four people including two patent agents, a contract attorney and paralegal.

**Intellectual Property and Corporate Attorney** **April 2008 – May 2017**
**Windtree Therapeutics, Inc. (formerly, Discovery Labs)**

- Served as a primary attorney for company's commercial and clinical stage assets and research projects by collaborating with business, research and development and clinical teams. Led government contracting and supported pharmacovigilance function.
- Supported business transactions (financing, M&A) by facilitating and streamlining due diligence and document review processes and managing outside counsel.
- Drafted and negotiated licensing, confidentiality, supply, manufacturing, services, material transfer, co-development, consulting, sponsored research, joint development, and technology transfer agreements. Successfully facilitated and completed exclusive licensing activities for the company's products in Asia.
- Advised executive management on patent protection, regulatory exclusivities and freedom to operate.
- Gained cooperation by establishing productive collaborations. Mitigated the risk of loss of inventions and trade secrets by interfacing regularly with business, R&D and clinical teams.

**Intellectual Property Attorney** **August 2001 – April 2008**
**Caesar Rivise, PC**

Provided counseling to a variety of clients in pharmaceutical, biotech, medical devices and chemical industries. Leveraged strong knowledge of transactional and IP laws and technical expertise in chemistry, biochemistry and cell biology with the ability to quickly learn new skills.

- Litigation experience includes Paragraph IV / ANDA cases: drafting motions, assembling evidence for Markman hearings, conducting depositions, and preparing and responding to interrogatories.
- Counseled clients in all aspects of transactional matters related to intellectual property and technology transfer including ownership rights in licensing agreements and contract negotiations.
- Extensive U.S. and foreign patent prosecution including advising on freedom to operate/right to use/infringement.
- Lauded as top "rainmaker" adding four major universities and several businesses to client portfolio, providing continuous revenue stream.

## SCIENTIFIC CAREER

**Scientific Assistant | Fox Chase Cancer Center, Philadelphia, PA**

- Investigated substrate-enzyme binding of mammalian and bacterial Porphobilinogen Synthase (PBGS)
- Performed synthesis of artificial genes encoding human PBGS and plant PBGS using PCR.

## EDUCATION

- **Juris Doctorate**
  Temple University School of Law | Philadelphia, PA
- **Master of Science & Bachelor of Science, Chemical Engineering**
  Gubkin Russian State University of Oil and Gas | Moscow, Russia
  *Honors: magna cum laude*

## LICENSES & PROFESSIONAL AFFILIATIONS

Pennsylvania Bar Association | 2001 – Present
New Jersey Bar Association | 2001 – Present
The United States Patent and Trademark Office | 2002 – Present

## SPEAKING ENGAGEMENTS

Life Sciences | American Conference Institute (ACI) | May 16-17. 2019 | New York, NY
IP Due Diligence in Business Transactions | ACI | November 14-15, 2019 | Boston, MA

## AWARDS & HONORS

Recognized as a Pennsylvania "Rising Star" IP attorney for seven continuous years by Super Lawyers.

*One reason that Marina so delights us is that she uses every talent she has —she's vivacious, intelligent, and highly motivated. She is absolutely tenacious in learning."— Manny Pokotilow, Managing Partner, Caesar Rivise, PC*

AMRING PHARMACEUTICALS

| # | FIRST NAME | LAST NAME | TITLE |
|---|---|---|---|
| 1 | MELISSA | ALMANZA | DIRECTOR, SUPPLY CHAIN |
| 2 | JOANNA | ARENSBERG | DIRECTOR, CONTROLLER |
| 3 | RAUL | BAEZ | PLANNING MANAGER |
| 4 | MAUREEN | CHORLTON | OFFICE MANAGER, EA |
| 5 | STEVE | COWAN | VP, TECH OPS AND DEVELOPMENT |
| 6 | DAVID | FAULKNER | PRESIDENT |
| 7 | GAIL | FEERRAR | DIRECTOR, SALES AND MARKETING |
| 8 | NANCY | FULGINITI | VP, QUALITY ASSURANCE |
| 9 | JIM | HANSELL | SR QA ACCOUNT MANAGER |
| 10 | PREMANGSU | HIJLI | DIR, ANALYTICAL SERVICES |
| 11 | TATYANA | KOSHELEVA | CHIEF FINANCIAL OFFICER |
| 12 | DEVIN | LUCEY | STAFF ACCOUNTANT |
| 13 | MARIE | MYERS | MANAGER, QUALITY ASSURANCE |
| 14 | KATE | POPOVA | CONTRACTS ADMINISTRATION LEAD, PARALEGAL |
| 15 | THOMAS | SAMMLER | VP, COMMERCIAL OPERATIONS |
| 16 | UDAYA | TOTI | DIR, PRODUCT DEVELOPMENT |
| 17 | ANTONIO | VARANO | DIRECTOR, FINANCE |
| 18 | MARINA | VOLIN | VP, SECRETARY & GENERAL COUNSEL |

# 4F

# NEVADA STATE BOARD OF PHARMACY

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

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

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

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☐ New Wholesaler<br>☒ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH WH02881 | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: AVEO Pharmaceuticals, Inc.

Physical Address: 30 Winter Street

City: Boston State: MA Zip: 02108

Mailing Address (if different from physical address): 30 Winter Street

City: Boston State: MA Zip: 02108

Telephone: 617-588-1960 Website: www.aveooncology.com

Name of Designated Representative (DR): Jason Noto

Licensing Company Email: statelicensing@aveooncology.com DR Email: jnoto@aveooncology.com

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

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

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Catalent CTS, LLC
Address: 10245 Hickman Mills Drive City: Kansas City State: MO Zip: 64137
Name: AndersonBrecon (PCI Pharma Services)
Address: 4545 Assembly Drive City: Rockford State: IL Zip: 61109
Name: ICS
Address: 420 International Drive City: Brooks State: KY Zip: 40109
Name:
Address: City: State: Zip:

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

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

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: DE
Parent Company (if any): LG Chem Life Sciences Innovation Center, Inc.
Corporation/Organization Name: AVEO Pharmaceuticals, Inc.
Mailing Address: 30 Winter Street
City: Boston State: MA Zip: 02108
Telephone: (617) 829-9729 Email: contact.cbl@lgchem.com
Contact Person Name: Tim O'Brien

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

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

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

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

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | x |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | x |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

AVEO Pharmaceuticals, Inc.
Facility Name

Michael Ferraresso
Print Name of Authorized Person Submitting Application

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

08/03/2023
Date

| Board Use Only | Date Received: 8/31/23 | Amount: 1000-CK-19361 |
|---|---|---|

## Ownership Information

Company Name: AVEO Pharmaceuticals, Inc.
Address: 30 Winter Street
City, State, Zip: Boston, MA 02108
Phone: 857-400-0101
Website: https://www.aveooncology.com/

FEIN: 04-3581650
State of Formation: Delaware
Date Incorporated: 10/19/2001
File Number: 344419

Aveo Pharmaceuticals, Inc. is a wholly owned subsidiary of LG Chem Life Sciences Innovation Center, Inc.

## Officers

**Michael Bailey, President and Chief Executive Officer**
Business Address: 30 Winter Street, Boston, MA 02108
Business Phone: 857-400-0101
Email: mbailey@aveooncology.com
Ownership %: NA

**Jebediah Ledell, Chief Operating Officer**
Business Address: 30 Winter Street, Boston, MA 02108
Business Phone: 857-400-0101
Email: jledell@aveooncology.com
Ownership %: N/A

**Mike Ferraresso, Chief Commercial Officer**
Business Address: 30 Winter Street, Boston, MA 02108
Business Phone: 857-400-0101
Email: mferraresso@aveooncology.com
Ownership %: N/A

AVEO ONCOLOGY

# Description of Operations

AVEO Pharmaceuticals, Inc. is a VirtualManufacturer. AVEO Pharmaceuticals, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributor and Specialty Pharmacies by their Third-Party Logistics Provider, ICS , who is licensed to ship pharmaceutical products into your state.

AVEO is privately held company, owned by LG Chem Life Sciences Innovation Center, Inc.

Aveo was incorporated in the State of Delaware on 10/19/2001; File # 344419

**Contract Manufacturer Information:**
We will be using the contract manufacturer(s) below to produce our product:

Catalent CTS, LLC
10245 Hickman Mills Drive
Kansas City, MO 64137
FEIN: 3002929455

AndersonBrecon (PCI)
4545 Assembly Drive
Rockford, IL 61109
FEIN: 1421377

Catalent manufactures AVEO Pharmaceuticals, Inc.'s product and PCI packages finished product. At no time does Catalent or PCI own the product, contract with AVEO Pharmaceuticals, Inc.'s customers, invoice, nor sell an AVEO Pharmaceuticals, Inc. product. AVEO Pharmaceuticals, Inc.'s products are not Controlled Substances.

**Labeler Code:** 45629

**Third Party Logistic information:**
For distribution into the commercial supply channels, ICS acts as AVEO Pharmaceuticals, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of AVEO Pharmaceuticals, Inc.'s product to Specialty Distributor and Specialty Pharmacies throughout the United States. ICS' address is:

ICS
420 International Drive
Brooks, KY 40109
Matthew Letow 469-3665-7744

AVEO Pharmaceuticals, Inc.'s hours of operation are 8:00 am – 5:00pm EST Monday through Friday

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

# National Drug Code Directory

Current through December 08, 2022

**You have searched Finished drug products**

**Search Results**: *'45629'*

Back to Search Page () | Search Again ()

CSV Excel

Display 50 records per page

Search for text in the table:

| Proprietary Name | NDC Package Code | Strength | Dosage Form | Route | Appl. No. | Labeler Name | Product NDC | Nonproprietary Name | Substance Name | Product Type Name | Start Marketing Date | End Marl Date |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + FOTIVDA | 45629-089-01 | .89 mg/1 | CAPSULE | ORAL | NDA212904 | AVEO Pharmaceuticals, Inc. | 45629-089 | Tivozanib | TIVOZANIB HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 03/10/2021 | N/A |
| + FOTIVDA | 45629-134-01 | 1.34 mg/1 | CAPSULE | ORAL | NDA212904 | AVEO Pharmaceuticals, Inc. | 45629-134 | Tivozanib | TIVOZANIB HYDROCHLORIDE | HUMAN PRESCRIPTION DRUG | 03/10/2021 | N/A |

Showing 1 to 2 of 2 entries

Previous 1 Next

Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)
National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVEO PHARMACEUTICALS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

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

Jeffrey W. Bullock, Secretary of State

3444819 8300

SR# 20230622821

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

Authentication: 202757846

Date: 02-21-23

THE COMMONWEALTH OF MASSACHUSETTS

**DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM**

Massachusetts Controlled Substance Registration

In accordance with the provision of Massachusetts General Laws, Chapter 94C, issues the registration of Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration to:

AVEO PHARMACEUTICALS, INC.
30 WINTER STREET
BOSTON, MA 02108

Margret R. Cooke
Commissioner - Department of Public Health

Registration Number: MA0000632

Type: Virtual Manufacturer

Issue Date: 03/22/2023

Expiration Date: 04/28/2024

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH

| License Number | License Type | License Status | Organization Name | Address | Expiration Date | Suspension Start Date | Suspension End Date | Surrendered Date | Revoked D |
|---|---|---|---|---|---|---|---|---|---|
| MA0000632 | Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration | Current | AVEO PHARMACEUTICALS, INC | 30 WINTER STREET BOSTON, MA 02108 | 2024-04-28T04:00:00.000Z | | | | |

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. LPM9402099

Application/License No. _____

AVEO Pharmaceuticals, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 30 Winter Street, Boston, MA 02108 (Address of Applicant/Principal), as PRINCIPAL, and Fidelity and Deposit Company of Maryland (Surety Company), a corporation organized under the laws of the state of Maryland (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 600 Red Brook Boulevard, Suite 600, Owings Mills, MD 21117 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 9, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of May, 2023.

APPLICANT/PRINCIPAL
AVEO Pharmaceuticals, Inc.
COMPANY

Authorized Representative
Danielle Holland

SURETY
Fidelity & Deposit Company of Maryland

Surety Company's Representative
Donna M. Chiancone, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Holly Evers

Witness Alison McCormack

SIGNED and SEALED in the presence of:

Witness Lori N. Baybutt

Witness Kevin Baybutt

Countersigned by:

Nevada Resident Agent
Donna M. Chiancone, License # 545412

**ZURICH AMERICAN INSURANCE COMPANY**
**COLONIAL AMERICAN CASUALTY AND SURETY COMPANY**
**FIDELITY AND DEPOSIT COMPANY OF MARYLAND**
**POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President,** in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint, **Travis W. SHAFFER, Lori N. BAYBUTT, Donna M. CHIANCONE and Laurie KURTZ, all of Philadelphia, Pennsylvania, EACH,** its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: any and all bonds and undertakings, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland, in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND,** this 13th day of March, A.D. 2020.

**ATTEST:**
**ZURICH AMERICAN INSURANCE COMPANY**
**COLONIAL AMERICAN CASUALTY AND SURETY COMPANY**
**FIDELITY AND DEPOSIT COMPANY OF MARYLAND**

*By: Robert D. Murray*
*Vice President*

*By: Dawn E. Brown*
*Secretary*

**State of Maryland**
**County of Baltimore**

On this 13th day of March, A.D. 2020, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

## EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

## CERTIFICATE

I, the undersigned, Secretary of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 9th day of May 2023.

By: Brian M. Hodges
Vice President

**TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:**

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

# THE FIDELITY AND DEPOSIT COMPANY

OF MARYLAND
1299 Zurich Way Schaumburg, IL 60196

**Statement of Financial Condition**
As Of December 31, 2021

## ASSETS

| | |
|---|---|
| Bonds | $ 237,467,504 |
| Stocks | 18,985,762 |
| Cash and Short-Term Investments | 7,415,852 |
| Reinsurance Recoverable | 25,735,324 |
| Federal Income Tax Recoverable | 0 |
| Other Accounts Receivable | 24,479,233 |
| TOTAL ADMITTED ASSETS | $ 314,083,675 |

## LIABILITIES, SURPLUS AND OTHER FUNDS

| | | |
|---|---|---|
| Reserve for Taxes and Expenses | | $ 378,101 |
| Ceded Reinsurance Premiums Payable | | 48,876,599 |
| Remittances and Items Unallocated | | 0 |
| Payable to parents, subs and affiliates | | 0 |
| Securities Lending Collateral Liability | | 0 |
| TOTAL LIABILITIES | | $ 49,254,700 |
| Capital Stock, Paid Up | $ 5,000,000 | |
| Surplus | 264,828,975 | |
| Surplus as regards Policyholders | | 264,828,975 |
| TOTAL | | $ 314,083,675 |

Securities carried at $78,561,855 in the above statement are deposited with various states as required by law.

Securities carried on the basis prescribed by the National Association of Insurance Commissioners. On the basis of market quotations for all bonds and stocks owned, the Company's total admitted assets at December 31, 2021 would be $319,561,762 and surplus as regards policyholders $270,307,062.

I, LAURA J. LAZARCZYK, Corporate Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company on the 31st day of December, 2021.

DocuSigned by:
Laura J. Lazarczyk
42DF6DB47137480...
*Corporate Secretary*

State of Illinois
City of Schaumburg } SS:

Subscribed and sworn to, before me, a Notary Public of the State of Illinois, in the City of Schaumburg, this 15th day of March, 2022.

RYAN HORGAN
Official Seal
Notary Public - State of Illinois
My Commission Expires Dec 10, 2024

*Notary Public*

**Jason M. Noto**
[redacted]Mill Brook Avenue
Walpole, MA 02081

[redacted]

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A seasoned biotech commercial executive with a 20+ year record of achievement and demonstrated success in successfully commercializing multiple high-value oncology & orphan disease products in the US market. Experience building commercial organizations from inception to optimize the launch trajectories of next-generation commercial assets. Recognized leadership in all aspects of the US healthcare market, including extensive experience in traditional and omni-channel marketing, market access, sales leadership, complex brand strategy, and breakthrough go-to-market models.

**Key Strengths:**

- US Commercialization Strategy
- Oncology & Rare Disease Product Launch Expertise
- Marketing Leadership
- Market Access Strategy
- Brand & Life Cycle Development
- Sales Leadership
- Omni-Channel & Digital Marketing

## PROFESSIONAL EXPERIENCE:

### AVEO Oncology, Boston, MA
**Senior Vice President, Market Access, Distribution, & Patient Services (2019 – Present)**

Responsible for the buildout and management of all aspects of Market Access functions within the organization, including:

- Trade & Distribution (3PL, SPPs, SDs, GPOs, Wholesaler Relations)
- GTN management & optimization
- Federal Markets (VA, DOD, Indian Health, OGA)
- National Account Director Team with responsibility for optimal US formulary coverage
- Strategic WAC pricing & contracting strategy, channel management, etc.
- PSP/HUB Services & corresponding program offerings
- HEOR / RWE Generation
- Market Access Marketing
- Government Pricing & State Price Transparency Reporting

### 1798 Consultants, Boston, MA
**Vice President, Market Access & Biotech Commercial Strategy (2018- 2019)**

- Led brand marketing and market access strategy consulting vertical for the Oncology division of a $5B Boston-based biotech organization
- Led large-scale, digital therapeutics workstream aimed at securing CMS coverage of breakthrough diagnostics to complement traditional therapies
- Developed in-line and pipeline brand plans and CMS / commercial access strategic plans to secure favorable coverage ahead of product commercialization
- Established Oncology Clinical Pathways protocol to quantify revenue impact and optimize the rate of preferred positioning across ASCO-validated Pathways

**AMAG PHARMACEUTICALS, Waltham, MA**
**Senior Director, Market Access Strategy & Payer Marketing (2017)**
**Senior Director, Digital Engagement Strategy (2016)**

- Designed and communicated the market access strategy for the commercial portfolio, establishing short and long-term objectives to improve access and optimize resource utilization
- Optimized in-market & established pre-launch product positioning through the development & enhancement of an innovative brand value proposition
- Developed & implemented strategic plans for Commercial, Medicare Part D, State & Managed Medicaid, & Employer / Healthcare Exchange segments, along with an additional focus on key GPO, IDN, Hospital, and ACO accounts as appropriate
- Contributed to the development of the Value and HEOR Dossiers, targeted contract pricing analyses, & optimal distribution strategies in support of widespread payer acceptance
- Led a team of digital marketing directors tasked with the development and deployment of all branded & unbranded, multi-channel promotional assets across various therapeutic areas
- Responsible for the development of digital customer engagement and launch strategies for all brands within the AMAG Pharmaceuticals commercial organization (2017 revenue: $610M)
- Developed an enterprise-wide, Health IT strategic framework to leverage the utility of EHR systems to position flagship products within leading platforms
- Worked closely with brand marketing, sales leadership, HEOR, trade, regional & national account directors to align strategies designed to build access and coverage for the commercial portfolio of products

**SUNOVION PHARMACEUTICALS, Marlborough, MA**
**Director, Multi-Channel Marketing (2012 - 2016)**

- Marketing lead responsible for developing omni-channel marketing strategies for LATUDA (bipolar, schizophrenia, epilepsy) across key customer segments & channels (digital, mobile, social, EHR, SEM, SEO, geo-targeted display, telephonic, email, print, etc.)
- Led the creation & rollout of product positioning & CNS customer segmentation model across personal and non-personal promotions resulting in 180% YOY growth
- Responsible for the identification & integration of an enterprise-wide, breakthrough approach to brand promotion utilizing segmentation & affinity of communication medium by individual HCP
- Oversaw the management & strategic deployment of a $12M+ budget to drive customer interaction and engagement across channels to maximize exposure to critical stakeholders

**ALKERMES, Waltham, MA**
**Director, CNS Marketing (2009 – 2012)**

- Led the development and execution of the strategic US launch plan of VIVITROL (injectable naltrexone) into the opioid dependence market
- Responsible for the development and execution of all personal & non-personal HCP launch strategies, communication campaigns, product positioning, KOL management, and patient advocacy partnerships designed to build awareness and maximize the launch trajectory of VIVITROL
- Developed and executed strategic and tactical marketing plan, encompassing all multi-channel mediums to drive awareness, trial, and usage; Exceeded launch year revenue projections by 18% & year two forecast by 22%
- Responsible for the hiring and direct management of four VIVITROL brand managers
- Conceptualized and delivered innovative digital strategies to further differentiate the brand across customer segments based on the enhanced value proposition
- Led various HEOR & product distribution work streams to ensure comprehensive commercial coverage to maximize revenue
- Served as marketing liaison to clinical development for scientific publication planning and placement

**VIROPHARMA, Exton, PA**
**Senior Product Manager (2007 – 2009)**
**Rare Disease Commercialization**

- Led marketing launch of CINRYZE for the treatment of HAE, leading to subsequent peak sales of ~$800M
- Created positioning statement along with product, disease state, and reimbursement messaging for various target audiences to capture product definition and competitive differentiation
- Established a Centers of Excellence KOL management plan to optimize support and product uptick at launch
- Developed the US budget demand forecast for the prophylaxis indication
- Responsible for the strategic alliance with patient advocacy (NORD & HAE Association) to ensure broad-based support across consumer, HCP, and government factions
- Led brand name and logo creation initiative from the inception of market research through trademark filing, registration, and FDA approval

**BRISTOL-MYERS SQUIBB, Princeton, NJ (2000 – 2007)**
**Oncology Product Manager, District Business Manager & Oncology Sales Representative**

- Co-led strategic and tactical launch plans of all ERBITUX (cetuximab) professional promotional materials for colorectal cancer
- Led the development of professional promotional and managed care materials for the head & neck cancer launch of ERBITUX
- Responsible for primary & secondary market research relative to professional and managed markets core business objectives
- Led all salesforce communications ranging from competitive intelligence to guidance on the appropriate utilization of promotional materials
- Led a group of 10 specialty sales representatives responsible for the promotion and growth of key cardiovascular agents (Plavix / Pravachol)
- Grew core business 43% YOY in high decile cardiology & key academic institutions
- Responsible for the successful launch of ERBITUX in colorectal cancer in Northeastern and Central PA
- President's Club award winner finishing in the top 2% nationally in NRx & TRx

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**EDUCATION & CREDENTIALS:**

**Boston College**
**Master of Business Administration (MBA)**

**Le Moyne College**
**Business Administration (BS)**
**Marketing Concentration**

# NEVADA STATE BOARD OF PHARMACY

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

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler AVEO Pharmaceuticals, Inc.

Pharmacy/Wholesaler License # (if applicable) Pending

Physical Address 30 Winter Street

City Boston State MA Zip 02108

Mailing Address (if different from physical address) 30 Winter Street

City Boston State MA Zip 02108

Telephone 617-588-1960 Website www.aveooncology.com

Licensing Company Email statelicensing@aveooncology.com

**Section 2: Personal Information**

First Jason Middle M Last Noto

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

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

Mailing Address [redacted] Winter Street

City Boston State MA Zip 02108

Telephone [redacted] Email jnoto@aveooncology.com

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

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

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | Not applicable | |

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Boston College | | | |
| Address | City | State | Zip |
| 140 Commonwealth Ave | Chestnut Hill | MA | 02467 |
| Diploma/Degree obtained, if any | | | |
| MBA | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| [redacted] | [redacted] Mill Brook Avenue | Walpole | MA | 02081 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| AVEO Pharmaceuticals, Inc. | | | 01/19-Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 30 Winter Street | | Boston | MA | 02108 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 617-588-1960 | Vice President, Market Access | | See attached resume | |
| **Description of Duties** | | | | |
| See attached resume | | | | |

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

_____ _____

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

I, Jason Noto, **certify that as the designated representative for**

AVEO Pharmaceuticals, Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jason Noto

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8.3.23

Date

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

Jason Noto

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8.3.23

Date

---

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

State of Massachusetts, ss. County of Suffolk

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

**Original Signature**

8.3.23

**Date**

Subscribed and Sworn to before me this 03 day of August 2023

**Notary Public Signature**

GIRARD FRANCOIS
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS
My Comm. Expires 06/30/2028

GIRARD FRANCOIS
NOTARY PUBLIC
COMMONWEALTH OF MASSACHUSETTS
My Comm. Expires 06/30/2028

**(Seal)**

## Maria Herrera

**From:** Nanette McMahon-White <nanette.mcmahon-white@twolabs.com>
**Sent:** Monday, October 23, 2023 10:03 PM
**To:** Maria Herrera
**Subject:** AVEO | Pending Change of Ownership App - Additional Documents
**Attachments:** Nevada State Board of Pharmacy_Pharmaceutical Wholesaler Surety Bond_05.09.2023 [FE].pdf

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

Good morning,

Attached is the NV surety bond and below are a list of employees, if there is anything else needed please let me know (I could not find the original email requesting these items). Thank you!

Alison McCormack
Andrea Thanh
Andrew Halsell
Austin Maney
Bob Fedak
Colleen Gallagher
Danielle Holland
Deb Wall
Drew Lee
Duke Reilly
Ganesh Rajaratnam
Gina Bailey
Greg Oehrtman
Hannah Ingarbiola
Holly Evers
Jae Wook Pyo
James Currie
Jason Noto
Jeb Ledell
Jinchul Jeong

Katie McCarthy
Logan Byrnes
Matt Horsman
Michael Bailey
Mike Ferraresso
Patrick Valdes
Peter Kim
Rob Guillemette
Billy Lewis

Nanette McMahon-White
*Licensing Analyst*
Commercial-Regulatory

TwoLabs
PHARMA SERVICES

mobile 315-883-7728 | fax 866.259.4324
website | email

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# LG Chem Completes Acquisition of AVEO Oncology

January 19, 2023

## AVEO to Become the U.S. Foundation for LG Chem Life Sciences' Oncology Division

SEOUL, South Korea, Jan. 19, 2023 (GLOBE NEWSWIRE) -- LG Chem, Ltd. ("LG Chem") (KOSPI: 051910) today announced that it has completed its previously announced acquisition of AVEO Oncology ("AVEO"), a commercial stage, oncology-focused biopharmaceutical company committed to delivering medicines that provide a better life for patients with cancer, in an all-cash transaction with an implied equity value of $571M on a fully diluted basis.

"We are excited to complete LG Chem's acquisition of AVEO, which will position us to deliver on our mission of becoming one of the world's leading oncology companies with a robust clinical pipeline of innovative therapies," said Shin Hak-Cheol, Chief Executive Officer of LG Chem.

AVEO plans to accelerate the commercialization of new anti-cancer drugs developed by LG Chem Life Sciences. With strong capabilities in early-stage R&D and production process, LG Chem Life Sciences will be positioned to pursue promising anti-cancer therapies and commercial processes for pre-clinical and early clinical trials, while AVEO, with its broad expertise in clinical development and sales in the U.S. market, will oversee clinical development and commercialization.

"The merger extends LG Chem Life Sciences' commercial footprint to the U.S., diversifies our pipeline and advances our combined capabilities with AVEO, accelerating our ability to develop, commercialize and acquire world-class cancer therapies," said Dr. Son Jeewoong, President of LG Chem Life Sciences. "We look forward to working closely with AVEO's experienced and talented team as we welcome them to the LG Chem family."

"This transaction delivered significant value to our shareholders and AVEO is now positioned to benefit from the support and resources of LG Chem as we advance our mission of improving the lives of patients with cancer," said Michael Bailey, President and Chief Executive Officer of AVEO. "We look forward to our next chapter of growth as we realize the tremendous potential of our promising pipeline and leverage our combined capabilities to deliver continued progress across our clinical and pre-clinical stage anti-cancer therapies."

**AVEO Leadership Updates**

AVEO will continue to be led by President and Chief Executive Officer Michael Bailey, Chief Commercial Officer Mike Ferraresso, Chief Operating Officer Jeb Ledell and Senior Vice President, General Counsel Danielle Holland. AVEO is also welcoming Martin Birkhofer, M.D. as its Chief Medical Officer and will have Erick Lucera serve as its Chief Financial Officer during a temporary transition period. A new Chief Financial Officer is expected to be appointed by LG Chem.

While AVEO is now a wholly owned subsidiary of LG Chem Life Sciences Innovation Center, Inc., AVEO will continue to operate under the AVEO Oncology name. The combined company will fully maintain operations in Boston and Cambridge, Massachusetts, where both AVEO and LG Chem Life Sciences Innovation Center are based.

**About Martin Birkhofer, M.D.**

Dr. Birkhofer is an oncologist and seasoned business executive with more than 30 years of life sciences management experience. Dr. Birkhofer joins AVEO with proven leadership abilities and extensive global clinical development, business development, regulatory and medical affairs experience with both small molecules and biologics. Dr. Birkhofer most recently served as Senior Vice President and Chief Medical Officer of Taiho Oncology Inc. Prior to joining Taiho Oncology, he served as Chief Medical Officer of Gradalis, Inc. and NuCana BioMed Ltd. Between 1994 and 2013, he served in various leadership roles within Research and Development and Business Development at Bristol-Myers Squibb (BMS).

Dr. Birkhofer is Board Certified in Internal Medicine and Medical Oncology. He obtained his M.D. from New York Medical College in Valhalla, New York.

**Advisors**
BofA Securities served as exclusive financial advisor to LG Chem, and Latham & Watkins LLP served as LG Chem's legal counsel. Moelis & Company LLC served as exclusive financial advisor to AVEO, and WilmerHale LLP served as AVEO's legal counsel.

**About LG Chem**
LG Chem is a leading global chemical company with a diversified business portfolio in the key areas of petrochemicals, advanced materials, and life sciences. The company manufactures a wide range of products from high-value added petrochemicals to renewable plastics, specializing in cutting-edge electronic and battery materials, as well as drugs and vaccines to deliver differentiated solutions for its customers. LG Chem Life Sciences, engaged in the development, manufacture and global commercialization of pharmaceutical products, is committed to expanding its global presence by focusing on the key core therapeutic areas of immunology, oncology, and metabolic diseases (specifically, diabetes and related metabolic diseases). For more information, please visit www.lgchem.com.

**For LG Chem:**

**Media:**

Son Junil / Kim Junam
lgchempr@lgchem.com

Liz Choi
Weber Shandwick
lgchempr@webershandwick.com

**For AVEO:**

Joseph Sala / Tanner Kaufman
Joele Frank, Wilkinson Brimmer Katcher
(212) 355-4449

Source: AVEO Pharmaceuticals, Inc.

# 4G

# NEVADA STATE BOARD OF PHARMACY

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

## Wholesaler Application

### Non-Refundable $1,000 Fee

Rev (08/17/2022)

| Where is the facility located? | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☒ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: BEAVER-VISITEC INTERNATIONAL, INC.

Physical Address: 500 TOTTEN POND ROAD, 10 CITYPOINT

City: WALTHAM State: MA Zip: 02451

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

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Devang Shah

Licensing Company Email: customersupport@bvimedical.com DR Email: dshah@bvimedical.com

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

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

N/A

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

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

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

**Provide explanation below:**

Carol Bynoe

Original Signature (electronic, copies or stamps not accepted)

10/12/2023

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Commonwealth of Massachusetts

Parent Company (if any): Beaver-Visitec International (US), INC.

Corporation/Organization Name: Beaver-Visitec International, Inc.

Mailing Address: 500 Totten Pond Road, 10 CityPoint

City: Waltham State: MA Zip: 02451

Telephone: 781-906-7900 Email: cbynoe@bvimedical.com

Contact Person Name: Carol Bynoe

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | X | |
| 1. Copy of FDA registration See Attached.<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. See Attached. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partnership | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** See Attached. | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** N/A | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** See Attached. | | ✓ | | |
| • **List of all partners and their percent ownership.** N/A | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attached. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ See Attached. | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** N/A | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) N/A | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attached. | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attached. | ✓ | ✓ | ✓ | ✓ |
| • [3]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ See Attached. | ✓ | ✓ | ✓ | ✓ |
| • **If providing [3]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). See Attached. | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Beaver-Visitec International, Inc.

Facility Name

Carol A. Bynoe

Print Name of Authorized Person Submitting Application

Carol Bynoe

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

October 12, 2023

Date

| Board Use Only | Date Received: 10/16/23 | Amount: 1000-CC |
|---|---|---|

# Establishment Registration & Device Listing

FDA Home | Medical Devices | Databases

New Search | Back To Search Results

**Establishment:**
Beaver-Visitec International, Inc.
500 Totten Pond Rd - 10 CityPoint
Waltham, MA 02451
**Registration Number:** 1211998
**FEI Number*:** 1211998
**Status:** Active
**Initial Distributor/Importer:** Yes
*Note Firm May Have Additional Establishment Types
Please Review Listings For Further Information
**Date Of Registration Status:** 2023

**Owner/Operator:**
Beaver-Visitec International, Inc.
500 Totten Pond Road - 10 CityPoint
Waltham, MA US 02451
**Owner/Operator Number:** 10033379

**Official Correspondent:**
Nickerson Hill
500 Totten Pond Road - 10 CityPoint
Waltham, MA 02451
**Phone:** 1-805-5702879

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

Page Last Updated: 01/02/2023
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Received 10/20/23

ATTACHMENT A

**Beaver-Visitec International, Inc.**
**Officers and Directors**
**500 Totten Pond Road**
**10 CityPoint**
**Waltham, MA 02451**

**Officers and Directors**

Shervin J. Korangy
President & CEO
500 Totten Pond Road
10 CityPoint, Waltham
MA 02451

ATTACHMENT D

Beaver-Visitec International (US) Inc. is the parent of Beaver- Visitec International, Inc.

Percentage of ownership is 100%

ATTACHMENT E

0220

# The Commonwealth of Massachusetts

## Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: October 05, 2023

To Whom It May Concern :

I hereby certify that according to the records of this office.

**BEAVER-VISITEC INTERNATIONAL, INC.**

is a domestic corporation organized on **July 29, 1965** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 23100096290

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: bod

ATTACHMENT H

# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
250 WASHINGTON STREET BOSTON, MA 02108

## CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

| NUMBER | ISSUED | EXPIRES | TYPE |
|---|---|---|---|
| MA0000062 | 02/20/2023 | 02/20/2024 | Virtual Drug Distributors |

ISSUED TO

BEAVER-VISITEC INTERNATIONAL, INC.
500 TOTTEN POND COURT
10 CITYPOINT
WALTHAM, MA 02451
ATTN: CAROL A BYNOE ADMINISTRATIVE SERVICES

Margret R Cooke

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RENEWAL


## CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

| NUMBER | ISSUED | EXPIRES | TYPE |
|---|---|---|---|
| MA0000062 | 02/20/2023 | 02/20/2024 | Virtual Drug Distributors |

ISSUED TO

BEAVER-VISITEC INTERNATIONAL, INC.
500 TOTTEN POND COURT
10 CITYPOINT
WALTHAM, MA 02451
ATTN: CAROL A BYNOE ADMINISTRATIVE SERVICES

Margret R Cooke

RENEWAL

An official website of the Commonwealth of Massachusetts Here's how you know 0222

# Mass.gov Office of Health and Human Services (EOHHS) License Verification Site

Home Page > Profile > MA0000062 - BEAVER-VISITEC INTERNATIONAL, INC.

License Information

| | |
|---|---|
| License Type: | Virtual Drug Manufacturer or Virtual Drug Distributor Controlled Substance Registration |
| License Number: | MA0000062 |
| Status: | Current |
| Organization Name: | BEAVER-VISITEC INTERNATIONAL, INC. |
| Expiration Date: | February 20, 2024 |
| Address: | 500 TOTTEN POND Road 10 CITYPOINT WALTHAM, MA 02451 |

Compliance Actions/Fines

There are no public compliance actions or fines against this license/registration record.

Verification of Licensure

If you require a Verification of Licensure for this license, please create an account or sign into an existing account and complete the application for a Verification of Licensure at https://healthprofessionlicensing.mass.gov/login-register. If you require copies of records related to this matter, please make a public records request at PublicRecordsAdmin@MassMail.State.MA.US

**Disclaimer:** The information contained in this website ("website content") is made available as a public service by the Massachusetts Department of Public Health (the Department). The Department considers this information to constitute primary source verification. Click here for full disclaimer.

<< Back to Search Page

## How To Get Help:

**Mass.gov Resources**

eLicensing User Guide
Bureau of Health Professions Licensure
Office of Local and Regional Health
Department of Public Health

Phone: (800) 414-0168

**BHPL eLicensing Support Resources**

Online:eLicensing Support Request Form

Email:dph.elicensing_support@mass.gov

**DO NOT provide your Social Security Number** or **Date of Birth** when contacting the eLicensing Support Desk online or by email

ATTACHMENT J




ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/27/2023

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

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

| | |
|---|---|
| PRODUCER<br>Willis Towers Watson Northeast, Inc.<br>c/o 26 Century Blvd<br>P.O. Box 305191<br>Nashville, TN 372305191 USA | CONTACT NAME: Willis Towers Watson Certificate Center<br>PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378<br>E-MAIL ADDRESS: certificates@willis.com |
| | INSURER(S) AFFORDING COVERAGE — NAIC # |
| | INSURER A: Federal Insurance Company — 20281 |
| INSURED<br>Beaver-Visitec International, Inc.<br>500 Totten Pond Rd- 10 City Point<br>Waltham, MA 02451 | INSURER B: |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: |
| | INSURER F: |

**COVERAGES** **CERTIFICATE NUMBER:** W29732094 **REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>☐ CLAIMS-MADE ☒ OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>☐ POLICY ☐ PRO-JECT ☐ LOC<br>OTHER: | | | 36026632 | 07/30/2023 | 07/30/2024 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 1,000,000<br>$ 10,000<br>$ 1,000,000<br>$ 2,000,000<br>$ |
| A | AUTOMOBILE LIABILITY<br>☐ ANY AUTO<br>☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS<br>☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY | | | (23) 9948-26-46 | 07/30/2023 | 07/30/2024 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ 1,000,000<br>$<br>$<br>$ |
| A | X UMBRELLA LIAB X OCCUR<br>EXCESS LIAB ☐ CLAIMS-MADE<br>☐ DED ☐ RETENTION $ | | | 79875744 | 07/30/2023 | 07/30/2024 | EACH OCCURRENCE<br>AGGREGATE | $ 10,000,000<br>$ 10,000,000<br>$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | (24) 71738260 | 07/30/2023 | 07/30/2024 | X PER STATUTE ☐ OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |
| A | Products Liability<br>Claims Made basis<br>Retro date: 07/30/2010 | | | 3594-17-82 | 07/30/2023 | 07/30/2024 | Each Occurrence<br>Pol. Aggregate | $3,000,000<br>$3,000,000 |

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

**CERTIFICATE HOLDER**

Beaver-Visitec International, Inc.
500 Totten Pond Rd - 10 CityPoint
Waltham, MA 02451

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

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# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. PB01683400033

Application/License No. _____

Beaver-Visitec International, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 500 Totten Pond Road- 10 CityPoint Waltham , MA 02451 (Address of Applicant/Principal), as PRINCIPAL, and Philadelphia Indemnity Insurance Company (Surety Company), a corporation organized under the laws of the state of PA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004-0950 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 12th, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 12th day of October, 2023.

APPLICANT/PRINCIPAL
Beaver-Visitec International, Inc.

Authorized Representative
CAROL BYNOE

SURETY COMPANY
Philadelphia Indemnity Insurance Company

Surety Company's Representative

Gentry Stewart, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness BARBARA BYNOE

Witness

SIGNED and SEALED in the presence of:

Witness, Kathryn Pryor

Witness, Doritza Mojica

Countersigned by: Jennifer Godere, Non Resident Agent
License #3496299

Nevada Resident Agent

Posted February 20, 2020

**PHILADELPHIA INDEMNITY INSURANCE COMPANY**
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

**Power of Attorney**

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint **Doritza Mojica, Amanda D'Angelo, Jennifer Godere & Gentry Stewart of Willis of Connecticut, LLC**, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed **$50,000,000.**

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

**RESOLVED:** That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

**FURTHER RESOLVED:** That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

(Seal)

John Glomb, President & CEO
Philadelphia Indemnity Insurance Company

On this 5th day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.

Notary Public: Vanessa McKenzie

Commonwealth of Pennsylvania - Notary Seal
Vanessa Mckenzie, Notary Public
Montgomery County
My commission expires November 3, 2024
Commission number 1366394
Member, Pennsylvania Association of Notaries

residing at: Bala Cynwyd, PA

My commission expires: November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 12th day of October, 2023

Edward Sayago, Corporate Secretary
**PHILADELPHIA INDEMNITY INSURANCE COMPANY**

**NEVADA STATE BOARD OF PHARMACY**

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

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

Rev (06/21/2022)

## Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Beaver-Visitec International, Inc. MDEG License # (if applicable) _____

Physical Address 500 Totten Pond Road, 10 CityPoint

City Waltham State MA Zip 02451

Mailing Address (if different from physical address) Same

City _____ State _____ Zip _____

Telephone (866) 906-8080 Website https://www.bvimedical.com/en/

Licensing Company Email _____

## Section 2: Personal Information

First Devang Middle Vijay Last Shah

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

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

Mailing Address [redacted] October Drive

City Franklin State MA Zip 02038

Telephone [redacted] Email dshah@bvimedical.com

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

| Section 3: Military Service (NRS 622.320) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 630.329) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Austin Preparatory School | | 09/88 - 06/94 | |
| **Address** | **City** | **State** | **Zip** |
| 101 Willow Street | Reading | MA | 01867 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Worcester Polytechnic Institute | | 09/94 - 05/99 | |
| **Address** | **City** | **State** | **Zip** |
| 100 Institute Rd | Worcester | MA | 01609 |
| **Diploma/Degree obtained, if any** | | | |
| B.S. Biomedical Engineering | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Tufts University | | 08/99 - 08/02 | |
| **Address** | **City** | **State** | **Zip** |
| 419 Boston Ave | Medford | MA | 02155 |
| **Diploma/Degree obtained, if any** | | | |
| M.E. Chemical Engineering | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Northeastern University | | 09/02 - 09/05 | |
| **Address** | **City** | **State** | **Zip** |
| 360 Huntington Ave | Boston | MA | 02115 |
| **Diploma/Degree obtained, if any** | | | |
| Ph.D. Molecular Biology | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| The Massachusetts Institute of Technology | | 09/17 - 06/19 | |
| **Address** | **City** | **State** | **Zip** |
| 77 Massachusetts Avenue | Cambridge | MA | 02139 |
| **Diploma/Degree obtained, if any** | | | |
| Masters Business Administration | | | |

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/15 - Current | [redacted] October Drive | Franklin | MA | 02038 |
| 11/06 - 07/15 | [redacted] Cody Lane | Wrentham | MA | 02093 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

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

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Beaver-Visitec International, Inc. | | 02/18 - Current | |
| **Business Address** | **City** | **State** | **Zip** |
| 500 Totten Pond Road, 10 CityPoint | Waltham | MA | 02451 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 781-906-7900 | Senior Vice-President, Business Operations and Quality | 40/wk @10,400 in total | |
| **Description of Duties** | | | |
| Responsible for global business operations including Clinical Affairs, Regulatory Affairs, Quality Assurance | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| C.R. Bard (Now BD) | | 05/06 - 02/18 | |
| **Business Address** | **City** | **State** | **Zip** |
| 100 Crossings Blvd. | Warwick | RI | 02886 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | Director, Strategic Development | 40/wk | |
| **Description of Duties** | | | |
| Supporting R&D and Business Development teams identify new products/technologies for surgery. | | | |

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

October 11, 2023

Date

I, Devang Shah, **certify that as the MDEG Administrator for**

Beaver-Visitec International, Inc.,

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

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

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

Devang Shah
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

October 11, 2023
Date

| Board Use Only | Date Received: |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

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

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Beaver-Visitec International, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 500 Totten Pond Road, 10 CityPoint

City Waltham State MA Zip 02451

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 781-906-7900 Website https://www.bvimedical.com

Licensing Company Email customersupport@bvimedical.com

**Section 2: Personal Information**

First Devang Middle Vijay Last Shah

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

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

Mailing Address [redacted]October Drive

City Franklin State MA Zip 02038

Telephone [redacted] Email dshah@bvimedical.com

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Austin Preparatory School | | 09/88- 06/94 | |
| **Address** | **City** | **State** | **Zip** |
| 101 Willow Street | Reading | MA | 01867 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Worcester Polytechnic Institute | | 09/94 - 05/99 | |
| **Address** | **City** | **State** | **Zip** |
| 100 Institute Road | Worcester | MA | 01609 |
| Diploma/Degree obtained, if any | | | |
| B.S. Biomedical Engineering | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Tufts University | | 08/99 - 08/02 | |
| **Address** | **City** | **State** | **Zip** |
| 419 Boston Ave | Medford | MA | 02155 |
| Diploma/Degree obtained, if any | | | |
| M.E. Chemical Engineering | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Northeastern University | | 09/02 - 09/05 | |
| **Address** | **City** | **State** | **Zip** |
| 360 Huntington Ave | Boston | MA | 02115 |
| Diploma/Degree obtained, if any | | | |
| Ph.D. Molecular Biology | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| The Massachusetts Institute of Technology | | 09/17 - 06/19 | |
| **Address** | **City** | **State** | **Zip** |
| 77 Massachusetts Avenue | Cambridge | MA | 02139 |
| Diploma/Degree obtained, if any | | | |
| Masters Business Administration | | | |

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/15 - Current | [redacted]October Drive | Franklin | MA | 02038 |
| 11/06 - 07/15 | [redacted]Cody Lane | Wrentham | MA | 02093 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Beaver-Visitec International, Inc. | | | 02/18 - Current | |
| **Business Address** | | **City** | **State** | **Zip** |
| 500 Totten Pond Road, 10 CityPoint | | Waltham | MA | 02451 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 781-906-7900 | Senior Vice-President, Business Operations and Quality | | 10,400 | |

**Description of Duties**

Responsible for global business operations, including Clinical Affairs, Regulatory Affairs and Quality Assurance.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| C.R. Bard (Now BD) | | | 05/06 - 02/18 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 100 Crossings Blvd. | | Warwick | RI | 02886 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | Director, Strategic Devlopment | | 24,960 | |

**Description of Duties**

Supporting R&D and Business Development teams indentify new products/technologies for surgery.

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

**Description of Duties**

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

**Description of Duties**

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

**Description of Duties**

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**



Original Signature (electronic, copies or stamps not accepted)

October 10, 2023

Date

I, Devang Shah, **certify that as the designated representative for**

Beaver-Visitec International, Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. DVS I am at least 21 years of age;
3. DVS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. DVS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. DVS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. DVS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. DVS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Devang Shah

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

October 10, 2023

Date

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

Devang Shah

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

October 10, 2023

Date

---

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

State of Massachusetts, ss. County of Middlesex

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

**Original Signature**

oct 10, 2023

**Date**

Subscribed and Sworn to before me this 10 day of October.

**Notary Public Signature**

**GLADYS D. MOUSHIGIAN**
**Notary Public**
**Commonwealth of Massachusetts**
**My Commission Expires**
**November 1, 2024**

(Seal)

BVI
500 Totten Pond Rd – 10 CityPoint
Waltham, MA 02451
United States
Tel: +1 781 906-8080
www.bvimedical.com

**VIA FED EX**

October 12, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

RE: Beaver-Visitec International, Inc. – Wholesaler Application

Dear Sir or Madam:

Enclosed please find the Wholesaler Application for Beaver-Visitec International, Inc. ("BVI") including the Payment Form. Kindly process the application along with the following enclosed:

- Attachment A: FDA Registration
- Attachment B: Surety Bond in the amount of $25,000
- Attachment C: List of all Officers and Directors
- Attachment D: List of all corporation shareholders and percent of ownership
- Attachment E: Certificate of Good Standing from the Commonwealth of Massachusetts
- Attachment F: Designated Representative Form
- Attachment G: List of Employees
- Attachment H: Copy of Massachusetts License
- Attachment I: MDEG Administrator Form
- Attachment J: Certificate of Insurance for BVI

Should you need any further information, please contact me at 224 234 3208 or cbynoe@bvimedical.com

Very truly yours,

Carol Bynoe
Administrative Services

ATTACHMENT G

**Employees of Beaver-Visitec International, Inc.**

| Last Name | First Name | Home State |
|---|---|---|
| Alkedeh | Tarek | MA |
| Almeida | Brian | MA |
| Avigian | Patrick | MA |
| Biswurm | Jordan | MA |
| Brady | Christopher | MA |
| Brothers | Lance | MA |
| Burdin | Cameron | MA |
| Buttafuoco | Nicholas | MA |
| Chin | Michael | MA |
| Chung | Bryant | MA |
| Ciasulli | David | MA |
| Corrigan | Patricia | MA |
| Curtin | John | MA |
| Dasraj | Maurija | MA |
| Dawson | Andrew | MA |
| Devoucoux | Kristen | MA |
| Donoghue | Regina | MA |
| Facciolo | Anastasiya | MA |
| Fowler | Jack | MA |
| Francois | Kerwin | MA |
| Habosian | Tianna | MA |
| Hardy | Lisa | MA |
| Heredia-Santoyo | Manuel | MA |
| Hnatowicz-Warner | Carri | MA |
| Hughes | Gregory | MA |
| James | Nicholas | MA |
| Johnson | Ross | MA |
| Joshi | Subhash | MA |
| Knight | Rita | MA |
| Kowolenko | Steven | MA |
| Lamsal | Dipak | MA |
| Lucas | Christine | MA |
| Martin | Christine | MA |
| McCluskey | Kara | MA |
| Mehta | Bhavin | MA |
| Moushigian | Gladys | MA |
| Nicol | Emily | MA |
| Patriacca | Todd | MA |
| Robar | Margaret | MA |
| Romero | Eileen | MA |
| Sairam | Shwetha | MA |
| Sanders | Stephanie | MA |
| Schoppe | Parker | MA |
| Shah | Devang | MA |
| Simmons | Robert | MA |

| | | |
|---|---|---|
| Spinney | Brian | MA |
| Stevens | Debra | MA |
| Stuart | Cara | MA |
| Sullivan | Ashley | MA |
| Taymouri | Behzad | MA |
| Trivedi | Dhaval | MA |
| Vasiliadis | Polihronis | MA |
| Wachholz | Lindsay | MA |
| Wang | Paula | MA |
| Whitfield | Cherelle | MA |
| Zandrow | Jason | MA |
| Bynoe | Carol | IN |
| Carleton | Frances | NH |
| Oskin | Christopher | NH |
| Korangy | Shervin | NY |
| Cauldwell | Nathan | RI |
| Correia | Cameron | RI |
| Hlavacek | Jennifer | RI |
| Pye | James | RI |

# 4H

# NEVADA STATE BOARD OF PHARMACY

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

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located**? | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Catalent Pharma Solutions, LLC

Physical Address: 8926 Ware Court

City: San Diego State: CA Zip: 92121

Mailing Address (if different from physical address): N/A - Same as physical address

City: N/A State: N/A Zip: N/A

Telephone: 858-529-8000 Website: www.catalent.com

Name of Designated Representative (DR): Brian Avison

Licensing Company Email: GMB-CPSLLC-SAN-CSS@catalent.com DR Email: GMB-CPSLLC-SAN-CSS@catalent.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ■ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ■ Practitioners | ☐ Controlled Substances | ■ Repacker |
| ■ Hospitals | ☐ [3]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ■ Others: Phase I through III clinical trial materials. | ■ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

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

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

**This is in response to Question # 3 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Refer to attached Disciplinary Actions & Orders | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

Refer to attached Disciplinary Actions & Orders.

Original Signature (electronic, copies or stamps not accepted)

June 29, 2023
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: N/A - Clinical trial products (Phase I-III) are client supplied through contract. Suppliers are based off client determination.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

N/A

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware

Parent Company (if any): Catalent Pharma Solutions, Inc.

Corporation/Organization Name: Catalent Pharma Solutions, LLC

Mailing Address: 8926 Ware Court

City: San Diego State: CA Zip: 92121

Telephone: 858-529-8000 Email: GMB-CPSLLC-SAN-CSS@catalent.com

Contact Person Name: Jessica Tang

N/A

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

N/A

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| N/A 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | ✓ |
| N/A 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** See Attachment A | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** N/A | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** See Attachment A | | ✓ | | |
| • **List of all partners and their percent ownership.** N/A | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** See Attachment B | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ Enclosed | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A-Catalent, Pharma Solutions LLC is 100% owned by the parent company, Catalent Pharma Solutions, Inc. | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** N/A | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) N/A | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** See Attachment C | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** See Attachment D | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ N/A | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). N/A | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. Enclosed | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Catalent Pharma Solutions, LLC

Facility Name

Joseph Ferraro

Print Name of Authorized Person Submitting Application

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

June 29, 2023

Date

| Board Use Only | Date Received: 8/24/23 | Amount: 1000-cc |
|---|---|---|

Catalent

14 Schoolhouse Road
Somerset, NJ 08873
catalent.com

+ 1 888 SOLUTION (76588466)

Explanations of Disciplinary Actions
Catalent Pharma Solutions, LLC

**NONE OF THE DISCIPLINARY ACTIONS DETAIL BELOW PERTAIN TO THE CATALENT PHARMA SOLUTIONS, LLC SITE THAT IS THE SUBJECT OF THIS APPLICATION, WHICH IS LOCATED AT 8926 WARE COURT, SAN DIEGO, CA 92121**

1. Florida Department of Business & Professional Regulation – ST PETERSBURG
   Catalent Pharma Solutions, LLC, St. Petersburg, FL

   In August 2014, the Catalent Pharma Solutions, LLC site in Saint Petersburg, FL, resolved alleged violations of Chapter 499 of the Florida Statutes with the Florida Department of Business & Professional Regulation pursuant to a Settlement Agreement and Final Order. The Settlement Agreement does not constitute discipline against the facility's Florida permits. See Florida Department of Business & Professional Regulation Case No. 2014-008409.

2. Alabama Board of Pharmacy – ST PETERSBURG
   Catalent Pharma Solutions, LLC, St. Petersburg, FL

   On June 27, 2017, the Catalent Pharma Solutions, LLC site located in St Petersburg, FL paid a $6,000.00 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline received from the Florida BOP. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, Florida's regulations) constitutes a violation of Alabama's regulations.

3. Alabama Board of Pharmacy – PHILADELPHIA
   Catalent Pharma Solutions, LLC, Philadelphia, PA

   On July 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a $1,500 fine to the Alabama Board of Pharmacy in settlement of a matter involving the discipline from the South Carolina BOP regarding the shipment of clinical trial product into South Carolina without a license. According to the Alabama Board, a violation of any other state's licensing regulations (in this case, South Carolina's regulations) constitutes a violation of Alabama's regulations.

4. South Carolina Board of Pharmacy – PHILADELPHIA
   Catalent Pharma Solutions, LLC, Philadelphia, PA

   On April 25, 2017, the Catalent Pharma Solutions, LLC site located in Philadelphia, PA (Red Lion Road) paid a $5,000 fine to the South Carolina Board of Pharmacy in settlement of a matter involving the shipment of clinical trial product into South Carolina without a license.

FILED
Department of Business and Professional Regulation
Deputy Agency Clerk
CLERK Brandon Nichols
Date 9/3/2014
File # 2014-06609

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATI

**DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION,**

**Petitioner,** **Case No. 2014-008409**

**v.**

**CATALENT PHARMA SOLUTIONS, LLC,**

**Respondent.**
_____/

## FINAL ORDER

The Department of Business & Professional Regulation (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Catalent Pharma Solutions, LLC (Respondent) and the Department, attached hereto and incorporated by reference. This Final Order and Settlement Agreement are to resolve alleged violations of Section 499.005(14), Florida Statutes (2013), the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that person or recipient; Section 499.005(4), Florida Statutes (2013), the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful; Section 499.006(10), Florida Statutes (2013), a drug that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law is adulterated; Section 499.0121(14), Florida Statutes (2013), each prescription drug wholesale distributor, out-of-state prescription drug wholesaler-distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distributor of controlled

substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03; Section 499.0121, Florida Statutes (2013), a wholesale distributor must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs; and Rule 61N-1.012, Florida Administrative Code, records to document the movement of drugs, devices, or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 29th day of August, 2014, in Tallahassee, Florida.

KEN LAWSON, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Reginald D. Dixon
Division Director
Drugs, Devices and Cosmetics

Prepared by:

Bart O. Moore, Senior Attorney
Department of Business & Professional Regulation
Division of Drugs, Devices and Cosmetics

## NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by United States Mail to: counsel for Respondent, Timothy Cerio, Esquire, Gray Robinson, 301 S. Bronough Street, Suite 600, Tallahassee, Florida 32301, this 3rd day of September, 2014.

By: Brenda M. Nichols
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION,

Petitioner,

v. Case No.: 2014-008409

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.
_____/

## SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (this "agreement") as disposition of the alleged violations described in the Notice of Violation case number 2014-008409 (the "allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation (hereafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

## STIPULATED FACTS

1. Catalent Pharma Solutions, LLC (hereafter, "Catalent" or "Respondent") is permitted by the Department as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723; and as a diethyl ether purchaser, permit number 10:1300003.

2. Catalent address of record is 2725 Scherer Drive North, St. Petersburg, Florida 33716.

3. Catalent was issued a Notice of Violation on June 13, 2014, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

## CONCLUSIONS OF LAW

4. Catalent by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Catalent admits that the allegations, if proved, would constitute violations of Chapter 499, Florida Statutes.

6. Catalent neither admits nor denies the allegations set forth in the Notice of Violation, but is entering into this settlement to resolve the issues raised by the Department.

## SETTLEMENT TERMS

7. Catalent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

8. **Catalent agrees to pay a settlement amount of SIX THOUSAND DOLLARS ($6,000.00). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 1940 North Monroe Street, Suite 28A, Tallahassee, Florida, 32399-1047, Attention: Janetta**

**Sampson, Senior Legal Assistant.** Catalent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Catalent are absolute conditions precedent to Petitioner's execution of this agreement.

9. Catalent affirms that the violations alleged in the Notice of Violation letter issued in case number 2014-008409, have been corrected.

10. The Department agrees that this agreement will not be deemed to constitute discipline against the permits within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action, or proceeding against Catalent Pharma Solutions, LLC by the Department. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

**STANDARD PROVISIONS**

11. It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

12. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. The

**final order shall operate to close case number 2014-008409. The final order shall be final disposition in this proceeding, and shall constitute final agency action with respect thereto.**

13. Catalent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of this Settlement Agreement and the final order in which the agreement is incorporated.

14. Catalent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

15. This agreement may be executed in any number of counterparts including, without limitation, telecopies, and facsimile transmission copies, all of which together shall constitute a single document.

16. The parties agree that this agreement represents a fair, appropriate and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

17. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

18. It is expressly understood that this settlement agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts the settlement and adopts it in a final order.

19. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals, and as duly designated representatives, to fully bind such principals.

| CATALENT PHARMA SOLUTIONS, LLC | FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION |
|---|---|
| By: | By: |
| Name: ARIS GENNADIOS | Name: REGINALD D. DIXON |
| Title: PRESIDENT, SOFTGEL TECHNOLOGIES | Title: DIVISION DIRECTOR |
| Date: 19AUG2014 | Date: AUGUST 29, 2014 |

| | | |
|---|---|---|
| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA STATE BOARD OF PHARMACY** |
| **CATALENT PHARMA SOLUTIONS, LLC** | ) | |
| **Manufacturer/Wholesaler/ Distributor Applicant** | ) | **CASE NO: 17-L-0011** |

## CONSENT ORDER

**THIS MATTER** comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent Pharma Solutions, LLC (hereinafter referred to as "Catalent") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975) §41-22-12(f), the Board through its counsel and Catalent, through its counsel, engaged in negotiations and as a result, the matters at issue were resolved informally by the parties who agreed to the entry of this Consent Order which includes the following terms:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out in the Statement; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 2725 Scherer Drive North, St. Petersburg, Florida 33716 expressly contingent upon the payment of a fine in the amount of Six Thousand and NO/100 Dollars ($6,000.00) within thirty (30) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject

to discharge in bankruptcy nor shall Catalent attempt to discharge the same.

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

3. That Catalent agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Catalent acknowledges and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is signing this Consent Order on the advice of its attorney.

DONE this the 5 day of JUNE, 2017.

Catalent Pharma Solutions, LLC

BY: _____

ITS: SR. VP Quality + Regulatory

SCOT GUNTHER

_____

Michael Whisonant, Attorney for
Catalent Pharma Solutions, LLC

DONE this the _____ day of _____, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Buddy Bunch, R.Ph., President

_____

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

**OF COUNSEL**:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

# EXHIBIT "A"

| | | |
|---|---|---|
| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA STATE BOARD OF PHARMACY** |
| **CATALENT PHARMA SOLUTIONS, LLC** | ) | |
| **Manufacturer/Wholesaler/ Distributor Applicant** | ) | **CASE NO: 17-L-0011** |

## STATEMENT OF CHARGES AND NOTICE OF HEARING

**TO: Catalent Pharmacy Solutions, LLC**
**2725 Scherer Drive North**
**St. Petersburg, Florida 33716**

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-32.1 and § 34-23-92 (12), and Code of Alabama (1975), § 41-22-12, you are hereby notified and required to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on June 27th, 2017 at 1:00 p.m., at the Board office located at 111 Village Parkway, Birmingham, Alabama 35243 and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine whether the 2015/2016 Manufacturer/Wholesaler/Distributor Application for New Permit should be granted based upon any or all of the following:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.

2. Board Rule 680-X-2.23(I)(3) mandates the Board to consider, at a minimum, certain factors to include:

(a) The applicant's past experience in the manufacturing or distribution of drugs, including controlled substances (Board Rule 680-X-2.23(I)(3)(iii)).

(b) Compliance with licensing requirements under previously granted

licenses (680-X-2.23(3)(vi)).

(c) Any other factors or qualifications the Board considers relevant to and consistent with public health and safety (680-X-2.23(3)(vii)).

3. Board Rule 680-X-2.23(I)(4) provides the Board reserves the right to deny a license to an applicant if it determines that the granting of such would not be in the public interest.

4. Board Rule 680-X-2.23(k)(1) provides it shall be a violation of the Rule to operate in such a manner as to endanger the public health.

5. Board Rule 680-X-2.253(k)(2) provides that a violation of the Rule may be grounds for a refusal to issue the applicable permit and/or allows the imposition of a fine not to exceed One Thousand Dollars ($1,000.00) for each such violation.

6. Board Rule 680-X-2.23(k)(3) provides wholesale drug distributors shall operate in compliance with applicable State laws or regulations.

**COUNT ONE**

The Board alleges you have violated the above referenced provisions and/or it would not be in the public interest to grant you the referenced permit based upon the Final Order, Settlement Agreement and Notice of Violation attached hereto as Exhibit "A", or the purchase of an API, i.e. Tipranavir-BI from an unauthorized source located in Germany, that is a person not authorized under Florida law to distribute prescription drugs and/or including the same into a finished manufactured drug which was then shipped for distribution.

The Board alleges that each occurrence described herein is a separate and distinct violation or deficiency.

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

Dated this the 22nd day of March, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Susan Alverson
Secretary

EXHIBIT A

FILED
Department of Business and Professional Regulation
Deputy Agency Clerk
CLERK Brandon Nichols
Date 9/3/2014
File # 2014-06609

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATI

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION,

Petitioner,

v.

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.
_____/

Case No. 2014-008409

**FINAL ORDER**

The Department of Business & Professional Regulation (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Catalent Pharma Solutions, LLC (Respondent) and the Department, attached hereto and incorporated by reference. This Final Order and Settlement Agreement are to resolve alleged violations of Section 499.005(14), Florida Statutes (2013), the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that person or recipient; Section 499.005(4), Florida Statutes (2013), the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful; Section 499.006(10), Florida Statutes (2013), a drug that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law is adulterated; Section 499.0121(14), Florida Statutes (2013), each prescription drug wholesale distributor, out-of-state prescription drug wholesaler-distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distributor of controlled

substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03; Section 499.0121, Florida Statutes (2013), a wholesale distributor must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs; and Rule 61N-1.012, Florida Administrative Code, records to document the movement of drugs, devices, or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 29th day of August, 2014, in Tallahassee, Florida.

KEN LAWSON, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____

Reginald D. Dixon
Division Director
Drugs, Devices and Cosmetics

Prepared by:

Bart O. Moore, Senior Attorney
Department of Business & Professional Regulation
Division of Drugs, Devices and Cosmetics

## NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by United States Mail to: counsel for Respondent, Timothy Cerio, Esquire, Gray Robinson, 301 S. Bronough Street, Suite 600, Tallahassee, Florida 32301, this 3rd day of September, 2014.

By: Brenda M. Nichols
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION,

Petitioner,

v. Case No.: 2014-008409

CATALENT PHARMA SOLUTIONS, LLC,

Respondent.

## SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (this "agreement") as disposition of the alleged violations described in the Notice of Violation case number 2014-008409 (the "allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation (hereafter, "Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

## STIPULATED FACTS

1. Catalent Pharma Solutions, LLC (hereafter, "Catalent" or "Respondent") is permitted by the Department as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723; and as a diethyl ether purchaser, permit number 10:1300003.

2. Catalent address of record is 2725 Scherer Drive North, St. Petersburg, Florida 33716.

3. Catalent was issued a Notice of Violation on June 13, 2014, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

## CONCLUSIONS OF LAW

4. Catalent by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Catalent admits that the allegations, if proved, would constitute violations of Chapter 499, Florida Statutes.

6. Catalent neither admits nor denies the allegations set forth in the Notice of Violation, but is entering into this settlement to resolve the issues raised by the Department.

## SETTLEMENT TERMS

7. Catalent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

8. **Catalent agrees to pay a settlement amount of SIX THOUSAND DOLLARS ($6,000.00). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta**

Sampson, Senior Legal Assistant. Catalent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Catalent are absolute conditions precedent to Petitioner's execution of this agreement.

9. Catalent affirms that the violations alleged in the Notice of Violation letter issued in case number 2014-008409, have been corrected.

10. The Department agrees that this agreement will not be deemed to constitute discipline against the permits within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action, or proceeding against Catalent Pharma Solutions, LLC by the Department. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

## STANDARD PROVISIONS

11. It is expressly understood that a violation of the terms of this Settlement Agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

12. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. The

final order shall operate to close case number 2014-008409. The final order shall be final disposition in this proceeding, and shall constitute final agency action with respect thereto.

13. Catalent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of this Settlement Agreement and the final order in which the agreement is incorporated.

14. Catalent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

15. This agreement may be executed in any number of counterparts including, without limitation, telecopies, and facsimile transmission copies, all of which together shall constitute a single document.

16. The parties agree that this agreement represents a fair, appropriate and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

17. The terms and provisions of this agreement are severable, and if any term or provision is declared or deemed void, invalid, illegal or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

18. It is expressly understood that this settlement agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts the settlement and adopts it in a final order.

19. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals, and as duly designated representatives, to fully bind such principals.

| CATALENT PHARMA SOLUTIONS, LLC | FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION |
|---|---|
| By: | By: |
| Name: ARIS GENNADIOS | Name: REGINALD D DIXON |
| Title: PRESIDENT, SOFTGEL TECHNOLOGIES | Title: DIVISION DIRECTOR |
| Date: 19AUG2014 | Date: AUGUST 29, 2014 |

Florida Department of
Business & Professional Regulation

Drugs, Devices and Cosmetics
1940 North Monroe Street
Tallahassee, Florida 32399-1047
Phone: 850.717.1800
Fax: 850.414.8240

Ken Lawson, Secretary

Rick Scott, Governor

**CERTIFIED MAIL/RETURN RECEIPT REQUESTED**

**NOTICE OF VIOLATION**
**Case No.: 2014-008409**

July 10, 2014

Corporation Service Company, Registered Agent for
Catalent Pharma Solutions, LLC
1201 Hays Street
Tallahassee, FL 32301-2525

Ms. Linda Vick, Senior Quality/ Regulatory Affairs Specialist
Catalent Pharma Solutions, LLC
2725 Scherer Drive North
St. Petersburg, FL 33716

Re: **Department of Business & Professional Regulation v. Catalent Pharma Solutions, LLC, Case Number 2014-008409**

Dear Sir/Madam:

On or about March 17, 2014 through March 19, 2014, the Department of Business & Business Professional Regulation, Drugs, Devices, and Cosmetics Division (hereafter "Department"), conducted an on-site inspection of Catalent Pharma Solutions, LLC (hereafter "Catalent") located 2725 Scherer Drive, St. Petersburg, Florida 33716. Catalent is permitted by the Department to operate as a prescription drug manufacturer, permit number 20:117; over the counter drug manufacturer, permit number 20:118; product registrant, permit number 08:1723, all of which expire on November 30, 2014, and as a diethyl ether purchaser, permit number 10:1300003, which expires on September 30, 2014.

During the on-site inspection, the Department determined that Catalent is a contract manufacturer for Boehringer Ingelheim, Binger Strabe 173, 55216 Ingelheim am, Rhein Germany (hereafter "BI-Germany"). Catalent received prescription drugs from BI-Germany for the manufacturing of finished dosage forms of the prescription drugs, BI-Germany is not permitted by the Department, and does not qualify for an exemption from licensure.

The Department determined that Catalent, received, shipped, manufactured and/or distributed prescription drug active pharmaceutical ingredient (API) from en

unauthorized source and failed to register and report the distribution of controlled substances.

The Department is authorized by Rule 61N-1.024(8), Florida Administrative Code, to issue a Notice of Violation for any alleged violations of Chapter 499, Florida Statutes, in order to facilitate the uncontested settlement of all issues related to a complaint or investigation. The Notice of Violation is to be done at the completion of the investigation and prior to filing of any Administrative Complaint. The Notice of Violation will advise the alleged violator of the statutory violation and provide a proposed penalty for settlement of the disciplinary matter related to a complaint.

The Department believes Catalent committed the following violations of Chapter 499, Florida Statutes and the administrative Rules promulgated pursuant thereto:

1. Section 499.005(14), Florida Statutes (2013); provides that the purchase or receipt of a prescription drug from a person that is not authorized under this chapter to distribute prescription drugs to that purchaser or recipient is unlawful.

During the on-site inspection, the Department obtained purchasing and receiving specification sheets for prescription drugs, and/or active pharmaceutical ingredients (API); Catalent received that identify the distributor as BI-Germany. Records show Catalent was in receipt of four shipments from BI-Germany as follows:

1. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7648849, supplier/manufacturer lot number 1044065, 200kg.

2. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7648845, supplier/manufacturer lot number 1043891, 20kg.

3. Item number OET 00309819-Tipranavir-BI, dated 11/1/13; lot number 7648848, supplier/manufacturer lot number 1043888, 60kg.

4. Item number OET 00308819-Tipranavir-BI, dated 9/12/13; lot number 7490105, supplier/manufacturer lot number 1043891, 280kg.

Because BI-Germany manufactured the prescription drug API Tipranavir, in Germany, and distributed it to Catalent, located in Florida, without having a permit to do so, Catalent received prescription drugs from an unauthorized source in violation of Section 499.005(14), Florida Statutes (2013).

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1000 to $3000 per violation and up to permanent suspension or revocation of permit(s).**

**Fine assessed by the Department: $6,000**

2. Section 499.006(10), Florida Statutes, (2013), provides that a drug is adulterated that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law to do so. Section 499.005(1), Florida Statute (2013), provides that the manufacture, repackaging, sale, delivery or holding or offering for sale of any drug that is adulterated or misbranded is unlawful.

Catalent informed the Department it receives the prescription drug API, Tipranavir, manufactured by the unauthorized source BI-Germany. Catalent manufactures the commercial prescription drug into a finished dosage form and ships it to Roxane Laboratories, Inc., located at 1809 Wilson Road, Columbus, Ohio 43288. Because BI-Germany, located in Germany, is not authorized to distribute prescription drugs into Florida, and Catalent manufactured the unauthorized prescription drugs, Catalent caused them to become adulterated.

Catalent violated Section 499.005(1), Florida Statutes (2013), by manufacturing the adulterated prescription drug Tipranavir, on at least four occasions, received from BI-Germany, within the meaning of Section 499.006(10), Florida Statutes (2013).

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1,000 to $3,000 per violation and up to permanent suspension or revocation of permits.**

**Fine assessed by the Department: $3,000**

3. Section 499.006(10), Florida Statutes (2013), provides that a drug is adulterated that has been purchased, held, sold, or distributed at any time by a person not authorized under federal or state law to do so. Section 499.005(4), Florida Statutes (2013), provides that the sale, distribution, purchase, trade, holding, or offering of any drug is unlawful.

Catalent distributed the adulterated prescription drug API Tipranavir, on at least four occasions, to Roxane Laboratories, in violation of Section 499.005(4), Florida Statutes (2013), within the meaning of Section 499.006(10), Florida Statutes (2013.

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1000 to $3000 per violation and up to permanent suspension or revocation of permit(s).**

**Fine assessed by the Department: $3,000**

4. Section 499.0121(14), Florida Statutes (2013), provides:

**(14) DISTRIBUTION REPORTING.**—Each prescription drug wholesale distributor, out-of-state prescription drug wholesale distributor, retail pharmacy

drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distribution of controlled substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03. Wholesale distributor facilities located within this state shall report all transactions involving controlled substances, and wholesale distributor facilities located outside this state shall report all distributions to entities located in this state. If the prescription drug wholesale distributor, out-of-state prescription drug wholesale distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager does not have any controlled substance distributions for the month, a report shall be sent indicating that no distributions occurred in the period. The report shall be submitted monthly by the 20th of the next month, in the electronic format used for controlled substance reporting to the Automation of Reports and Consolidated Orders System division of the federal Drug Enforcement Administration. Submission of electronic data must be made in a secured Internet environment that allows for manual or automated transmission. Upon successful transmission, an acknowledgment page must be displayed to confirm receipt. The report must contain the following information:

(a) The federal Drug Enforcement Administration registration number of the wholesale distributing location.

(b) The federal Drug Enforcement Administration registration number of the entity to which the drugs are distributed or from which the drugs are received.

(c) The transaction code that indicates the type of transaction.

(d) The National Drug Code identifier of the product and the quantity distributed or received.

(e) The Drug Enforcement Administration Form 222 number or Controlled Substance Ordering System identifier on all Schedule II transactions.

(f) The date of the transaction.

The department must share the reported data with the Department of Law Enforcement and local law enforcement agencies upon request and must monitor purchasing to identify purchasing levels that are inconsistent with the purchasing entity's clinical needs. The Department of Law Enforcement shall investigate purchases at levels that are inconsistent with the purchasing entity's clinical needs to determine whether violations of chapter 893 have occurred.

Catalent advised the Department they had registered to report controlled substances but failed to report in a timely matter since August of 2012.

Catalent violated Section 499.0121(14), Florida Statutes (2013), by failing to register and report the distribution of control substances monthly to the Department as required, from August 2012 through July 2013.

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1000 to $3000 per violation and up to permanent suspension or revocation of permits.**

**Fine assessed by the Department: $3,000**

5. Section 499.0121, Florida Statutes (2013), provides:

(4) EXAMINATION OF MATERIALS AND RECORDS.—The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.

(c) The recordkeeping requirements in subsection (6) must be followed for all incoming and outgoing prescription drugs.

(6) RECORDKEEPING.—The department shall adopt rules that require keeping such records of prescription drugs as are necessary for the protection of the public health.

(a) Wholesale distributors must establish and maintain inventories and records of all transactions regarding the receipt and distribution or other disposition of prescription drugs. These records must provide a complete audit trail from receipt to sale or other disposition, be readily retrievable for inspection, and include, at a minimum, the following information:

2. The name, principal address, and state license, permit or registration number of the person authorized to purchase prescription drugs; [Emphasis supplied].

Rule 61N-1.012 provides:

(1)(a) Records to document the movement of drugs, devices or cosmetics must provide a complete audit trail from a person's receipt or acquisition to sale or other disposition of the product or component. A complete audit trail includes records which document each transaction or step in the receipt, manufacture, shipping, transfer, or other steps in the channel of trade of that person, whether or not physical possession or handling of the product or component occurs. At a minimum, records shall consist of invoices from the supplier or source which document acquisition of each product by the person and invoices of sale or other transfer by the person to the recipient. Retail sales transactions to the consumer of over-the-counter drugs, non-restricted devices, or cosmetics are exempt from the requirements of this rule. Additional recordkeeping is required for persons permitted by the department as further stated in this rule.

(b) A person engaged in the distribution of drugs, devices, or cosmetics is not required to maintain documentation from a common carrier that the designated recipient received the product shipped; however, the person must obtain such documentation from the common

carrier and make it available to the department upon specific request of the department.

(2) Any person engaged in the manufacture of prescription drugs, the wholesale distribution of prescription drugs, or otherwise receiving or distributing prescription drugs must maintain records as follows:

(a) For each step in the channel of trade, records containing the information required by Section 499.0121(6)(a), F.S., and the Florida permit or license number which authorizes the source to possess and transfer prescription drugs in or into Florida must appear on one document. If delivery of prescription drugs is made to a person other than the purchaser, the name, address or location where the prescription drugs are delivered, and the state license, permit or registration number for that location must be included also. [Emphasis supplied].

Invoices and packlists for the prescription drug API Tipranavir provided to Catalent from BI-Germany failed to contain Catalent's Florida permit number, in violation of Section 499.0121(4)(c), Florida Statutes (2013), within the meaning of Section 499.0121(6)(a)2., Florida Statutes (2013), and Rule 61N-1.012, Florida Administrative Code.

**Range of Penalty per violation: An Administrative Complaint with a fine ranging from $1,000 to $3,000 per violation and up to permanent suspension or revocation of permits.**

**Fine assessed by the Department: $1,000**

In order to resolve this matter, the Department proposes the following alternatives, either of which must be accomplished by your company within twenty-one (21) days of receipt of this letter:

1. If your company does not contest the findings in this letter, and further agrees to waive its right to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes, the Department and Catalent Pharma Solutions, LLC may resolve this matter. If you agree to a resolution, please sign and date the enclosed Settlement. Return the following items to my attention, at the address on this letterhead:

(a) The original signed Stipulation,

(b) A corporate check, cashier's check, or money order for SIXTEEN THOUSAND DOLLARS. **($16,000.00)** made payable to the **Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Drugs, Devices and Cosmetics Division, 1940 North Monroe Street, Suite 26A, Tallahassee, Florida, 32399-1047, Attention: Janetta Sampson, Senior Legal Assistant.**

Upon receipt of the above-mentioned items, a final order incorporating the terms of the Stipulation will be entered.

2. However, if you believe circumstances exist that the Department should consider before concluding this investigation, you may provide the Department your rationale and evidence to support your position within twenty-one (21) days of receipt of this letter.

If the Department does not concur, or we are unable to reach a satisfactory resolution of this matter, the Department may initiate appropriate legal action after expiration of the above referenced 21-day time period given. Appropriate legal action may include:

(a) Filing and serving an administrative complaint for a hearing pursuant to Chapter 120, Florida Statutes (2011). This may result in the imposition of an administrative fine up to five thousand dollars ($5,000.00) per violation per day. Each day the violation continues constitutes a separate violation, and each such separate violation is subject to a separate fine. An Administrative Complaint also becomes a matter of public record.
(b) Revocation or suspension of the company permit.
(c) Seizure for destruction of adulterated or misbranded products.
(d) Seeking an injunction in Circuit Court to obtain compliance.
(e) Initiating any other remedy authorized by law.

If you have any questions regarding this matter, or need further assistance in this matter, please contact me at the address on this letterhead or by telephone at (850) 717-1803.

Sincerely,

Bert O. Moore
Senior Attorney

Enclosure: Stipulation

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|---|---|---|
| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA** |
| | ) | |
| **CATALENT PHARMACY SOLUTIONS** | ) | **STATE BOARD OF PHARMACY** |
| | ) | |
| **Manufacturer/Wholesaler/ Distributor Applicant** | ) | **CASE NO: 17-L-0071** |
| | ) | |

## CONSENT ORDER

**THIS MATTER** comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Catalent Pharma Solutions, LLC (hereinafter referred to as "Catalent") relating to disciplinary action in the State of South Carolina.

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties, through counsel, have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Catalent has violated the provisions of the applicable Board Rule based upon the conduct set out above; however, the Board grants the application of Catalent for a Manufacturer/Wholesaler/Distributor permit for the location at 3031 Red Lion Road, Philadelphia, PA 19114 expressly contingent upon the payment of a fine in the amount of One Thousand Five Hundred and NO/100 Dollars ($1,500.00) within thirty (30) days from the effective date of the Consent Order, which is the date it is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Catalent attempt to discharge the same.

2. That Catalent expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama

(1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Catalent further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Catalent hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

5. That Catalent agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Catalent acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Catalent acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and on the advice of its attorney.

DONE this the 1 day of August, 2017.

CATALENT PHARMA SOLUTIONS, LLC

By: _____
Its: VP & Deputy GC

_____
Michael Whisonant, Attorney for Catalent Pharma Solutions, LLC

DONE this the _____ day of 8/8/2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph.
President

By: _____
James S. Ward
Its Attorney

WARD & WILSON, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION**
**BEFORE THE STATE BOARD OF PHARMACY**

| | |
|---|---|
| **In the Matter of:**<br><br>**Catalent Pharma Solutions, LLC,**<br><br>**Applicant.** | **ORDER** |

This matter first came before the Nonresident Permit Subcommittee ("Committee"), appointed by the State Board of Pharmacy ("Board"), on April 25, 2017, for a hearing on the application of the above-named applicant ("Applicant") for a nonresident wholesaler/distributor/manufacturer permit. The Applicant appeared before the Committee through its designated representative, Terry Jackson, as well as its Associate General Counsel for Regulatory Matters, Robert Ciolek, Esquire. Applicant was represented by Jon Wallace, Esquire. At its June 14, 2017, meeting with a quorum present, the Board considered the Committee's recommendation and the transcript of the Committee's hearing. The Board adopted the Committee's recommendation that the application be approved, and the permit shall issued subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars for shipping into South Carolina without a permit. Since the hearing, Applicant has tendered the fine to the Board.

Applications of this type are governed by S.C. Code §§ 40-43-83, 40-43-86, 40-43-89 (2011, as amended), and/or Reg. 99-43, as amended.

## FINDINGS OF FACT

1. Applicant applied for a permit for its facility located in Philadelphia, PA.

2. Applicant manufactures clinical supply materials.

3. Applicant's representative admitted that Applicant has previously shipped prescription drugs to South Carolina without first obtaining a permit from this Board.

4. Applicant otherwise meets the requirements for the Permit for which it applied.

## CONCLUSIONS OF LAW

In an application hearing, "(t)he applicant shall demonstrate to the satisfaction of the board that the applicant meets all requirements for the issuance of a license." S.C. Code Ann. § 40-1-130 (2011, as amended). Thus, the burden of proof in an application for licensure or certification is on the Applicant to provide full, complete, and accurate responses to all questions on the application

and to demonstrate that it is qualified for the license sought.

S.C. Code Ann. §40-43-83(I)(2011) requires a permit for the sale or distribution of legend (prescription) drugs in this state, and expressly includes manufacturers within or without the state. S.C. Code Ann. § 40-43-89 (2011) requires a facility located outside of this State that distributes prescription drugs or devices in this State to have a permit issued by the Board prior to distribution. S.C. Code Ann. § 40-43-140(A)(3) states that facilities requiring permits may not operate unless a permit has been issued by the board. Pursuant to S.C. Code Ann. § 40-43-140(A)(1)(2011), the Board may suspend, revoke, deny, or refuse to renew the permit or impose disciplinary action authorized for violations of the Pharmacy Act. Pursuant to S.C. Code Ann. §§ 40-43-140(A)(2), a person who distributes or delivers drugs or devices in this State without a required permit is subject to a fine imposed by the Board not to exceed one thousand dollars for each offense, in addition to such other disciplinary action the Board may take.

Applicant has met the qualifications for the permit, but violated the Pharmacy Practice Act by regularly distributing prescription drugs or devices into this State without a permit. Therefore, the Board concludes that it is appropriate to issue the permit subject to the prior payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars.

**NOW, THEREFORE, IT IS ORDERED THAT:**

The Application is approved, and the permit shall be issued subject to the payment of a civil penalty in the amount of Five Thousand and 00/100 ($5,000.00) Dollars, receipt of which is hereby acknowledged by the Board.

**AND IT IS SO ORDERED.**

**STATE BOARD OF PHARMACY**

Carole Small Russell

**CAROLE SMALL RUSSELL, R.Ph.**
**Board Chair**

June 16, 2017

# South Carolina Department of Labor, Licensing & Regulation

STATE OF SOUTH CAROLINA

COUNTY OF LEXINGTON

In the Matter of:

CATALENT PHARMA SOLUTIONS, LLC
PY . 17234

**CERTIFICATE OF SERVICE BY MAIL**

This is to certify that the undersigned has this date, June 16, 2017, served the Order in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party(ies) or their attorney(s) to the following address:

CATALENT PHARMA SOLUTIONS, LLC
[redacted] RED LION RD
PHILADELPHIA PA 19114

JONATHAN A. WALLACE, ESQUIRE
[redacted]KING STREET
CHARLESTON, SC 29403

Karen Y Newton

Karen Y. Newton
Administrative Coordinator
SC Department of Labor, Licensing
and Regulation

/ **NDC (index.cfm)**

# National Drug Code Directory

Current through September 19, 2023

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| NDC Package Code | Strength | Dosage Form | Labeler Name | Nonproprietary Name | Substance Name | Start Marketing Date | End Marketing Date | Market Category | Package Description | DEA | Listing Record Certified Through: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11014-0002-2 | 1000 mg/1 | CAPSULE | Catalent Pharma Solutions, LLC | icosapent ethyl | ICOSAPENT ETHYL | 10/01/2012 | N/A | DRUG FOR FURTHER PROCESSING | 5001 CAPSULE in 1 CONTAINER (11014-0002-2) 01-OCT-12 | N/A | 12/31/2023 |
| 11014-0003-1 | 40 mg/1 | CAPSULE | Catalent Pharma Solutions, LLC | enzalutamide | ENZALUTAMIDE | 08/31/2012 | N/A | DRUG FOR FURTHER PROCESSING | 5000 CAPSULE in 1 CONTAINER (11014-0003-1) 31-AUG-12 | N/A | 12/31/2024 |

| NDC Package Code | Strength | Dosage Form | Labeler Name | Nonproprietary Name | Substance Name | Start Marketing Date | End Marketing Date | Market Category | Package Description | DEA | Listing Record Certified Through: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11014-0004-1 | 400 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | ibuprofen | IBUPROFEN | 06/13/2014 | N/A | EXPORT ONLY | 6000 CAPSULE, LIQUID FILLED in 1 CONTAINER (11014-0004-1) 13-JUN-14 | N/A | 12/31/2023 |
| 11014-0008-1 | 200 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | ibuprofen | IBUPROFEN | 03/16/2000 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0008-1) / 10000 CAPSULE, LIQUID FILLED in 1 BAG 16-MAR-00 | N/A | 12/31/2023 |
| 11014-0010-1 | 8 ug/1 | CAPSULE, GELATIN COATED | Catalent Pharma Solutions, LLC | lubiprostone | LUBIPROSTONE | 01/31/2006 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BAG (11014-0010-1) / 30000 CAPSULE, GELATIN COATED in 1 BAG 31-DEC-06 | N/A | 12/31/2023 |
| 11014-0011-1 | 24 ug/1 | CAPSULE, GELATIN COATED | Catalent Pharma Solutions, LLC | lubiprostone | LUBIPROSTONE | 01/31/2006 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0011-1) / 30000 CAPSULE, GELATIN COATED in 1 BAG 31-JAN-06 | N/A | 12/31/2023 |

| NDC Package Code | Strength | Dosage Form | Labeler Name | Nonproprietary Name | Substance Name | Start Marketing Date | End Marketing Date | Market Category | Package Description | DEA | Listing Record Certified Through: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11014-0012-1 | .5 ug/1 | CAPSULE, GELATIN COATED | Catalent Pharma Solutions, LLC | Calcitriol | CALCITRIOL | 08/10/2009 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0012-1) / 12500 CAPSULE, GELATIN COATED in 1 BAG 10-AUG-09 | N/A | 12/31/2023 |
| 11014-0013-1 | .25 ug/1 | CAPSULE, GELATIN COATED | Catalent Pharma Solutions, LLC | Calcitriol | CALCITRIOL | 08/10/2009 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0013-1) / 15000 CAPSULE, GELATIN COATED in 1 BAG 10-AUG-09 | N/A | 12/31/2023 |
| 11014-0014-1 | 75 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | bexarotene | BEXARDTENE | 12/29/1999 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0014-1) / 3000 CAPSULE, LIQUID FILLED in 1 BAG 29-DEC-99 | N/A | 12/31/2023 |
| 11014-0016-1 | 200 mg/1, 30 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | ibuprofen, pseudoephedrine HCl | IBUPROFEN; PSEUDOEPHEDRINE HYDROCHLORIDE | 05/30/2002 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0016-1) / 8000 CAPSULE, LIQUID FILLED in 1 BAG 30-MAY-02 | N/A | 12/31/2023 |

0291

| NDC Package Code | Strength | Dosage Form | Labeler Name | Nonproprietary Name | Substance Name | Start Marketing Date | End Marketing Date | Market Category | Package Description | DEA | Listing Record Certified Through: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11014-0017-1 | 200 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | ibuprofen | IBUPROFEN | 04/10/1995 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0017-1) / 10000 CAPSULE, LIQUID FILLED in 1 BAG 10-APR-95 | N/A | 12/31/2023 |
| 11014-0018-1 | 25 mg/1, 200 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | diphenhydramine HCl, ibuprofen | DIPHENHYDRAMINE HYDROCHLORIOE; IBUPROFEN | 12/20/2005 | N/A | DRUG FOR FURTHER PRDCESSING | 1 BAG in 1 BOX (11014-0018-1) / 8000 CAPSULE, LIQUID FILLED in 1 BAG 20-DEC-05 | N/A | 12/31/2023 |
| 11014-0019-1 | 25 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | diphenhydramine hydrochloride | DIPHENHYDRAMINE HYDROCHLORIDE | 03/01/2009 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0019-1) / 20000 CAPSULE, LIQUID FILLED in 1 BAG 01-MAR-09 | N/A | 12/31/2023 |
| 11014-0020-1 | 50 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | Dihpenhydramine Hydrochloride | DIPHENHYDRAMINE HYDROCHLORIDE | 10/04/2008 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BDX (11014-0020-1) / 15000 CAPSULE, LIQUID FILLED in 1 BAG 04-OCT-08 | N/A | 12/31/2023 |

| NDC Package Code | Strength | Dosage Form | Labeler Name | Nonproprietary Name | Substance Name | Start Marketing Date | End Marketing Date | Market Category | Package Description | DEA | Listing Record Certified Through: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11014-0021-1 | .25 ug/1 | CAPSULE | Catalent Pharma Solutions, LLC | Calcitriol | CALCITRIOL | 03/27/2006 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0021-1) / 30000 CAPSULE in 1 BAG 27-MAR-06 | N/A | 12/31/2023 |
| 11014-0024-1 | 10 mg/1, 200 mg/1 | CAPSULE, GELATIN COATED | Catalent Pharma Solutions, LLC | Dextromethorphan hydrobromide and Guaifenesin | DEXTROMETHORPHAN HYDROBROMIDE; GUAIFENESIN | 08/31/2000 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0024-1) / 6000 CAPSULE, GELATIN COATED in 1 BAG 31-AUG-00 | N/A | 12/31/2023 |
| 11014-0025-1 | 50 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | Diphenhydramine HCl | DIPHENHYDRAMINE HYDROCHLORIDE | 01/01/2007 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0025-1) / 15000 CAPSULE, LIQUID FILLED in 1 BAG 01-JAN-07 | N/A | 12/31/2023 |
| 11014-0026-1 | 1.25 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | Ergocalciferol | ERGOCALCIFEROL | 11/11/1974 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0026-1) / 15000 CAPSULE, LIQUID FILLED in 1 BAG 11-NOV-74 | N/A | 12/31/2023 |

0292

0293

| NDC Package Code | Strength | Dosage Form | Labeler Name | Nonproprietary Name | Substance Name | Start Marketing Date | End Marketing Date | Market Category | Package Description | DEA | Listing Record Certified Through: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11014-0027-1 | .5 mg/1 | CAPSULE, GELATIN COATED | Catalent Pharma Solutions, LLC | dutasteride | DUTASTERIDE | 12/10/2002 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0027-1) / 14000 CAPSULE, GELATIN COATED in 1 BAG 10-DEC-02 | N/A | 12/31/2023 |
| 11014-0027-2 | .5 mg/1 | CAPSULE, GELATIN COATED | Catalent Pharma Solutions, LLC | dutasteride | DUTASTERIDE | 12/10/2002 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0027-2) / 10000 CAPSULE, GELATIN COATED in 1 BAG 10-DEC-02 | N/A | 12/31/2023 |
| 11014-0028-1 | .5 ug/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | doxercalciferol | DOXERCALCIFEROL | 08/03/2009 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0028-1) / 40000 CAPSULE, LIQUID FILLED in 1 BAG 03-AUG-09 | N/A | 12/31/2023 |
| 11014-0029-1 | 1 ug/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | DOXERCALCIFEROL | DOXERCALCIFEROL | 08/03/2009 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0029-1) / 40000 CAPSULE, LIQUID FILLED in 1 BAG 03-AUG-09 | N/A | 12/31/2023 |

| NDC Package Code | Strength | Dosage Form | Labeler Name | Nonproprietary Name | Substance Name | Start Marketing Date | End Marketing Date | Market Category | Package Description | DEA | Listing Record Certified Through: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11014-0030-1 | 2.5 ug/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions LLC | doxercalciferol | DOXERCALCIFEROL | 08/03/2009 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0030-1) / 40000 CAPSULE, LIQUID FILLED in 1 BAG 03-AUG-09 | N/A | 12/31/2023 |
| 11014-0031-1 | 10 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | Loratadine | LORATADINE | 06/16/2008 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0031-1) / 30000 CAPSULE, LIQUID FILLED in 1 BAG 16-JUN-08 | N/A | 12/31/2023 |
| 11014-0033-1 | 25 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | cyclosporine | CYCLOSPORINE | 07/14/1995 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0033-1) / 14000 CAPSULE, LIQUID FILLED in 1 BAG 14-JUL-95 | N/A | 12/31/2024 |
| 11014-0034-1 | 100 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | cyclosporine | CYCLOSPORINE | 07/14/1995 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0034-1) / 3600 CAPSULE, LIQUID FILLED in 1 BAG 14-JUL-95 | N/A | 12/31/2024 |

0294

0295

| NDC Package Code | Strength | Dosage Form | Labeler Name | Nonproprietary Name | Substance Name | Start Marketing Date | End Marketing Date | Market Category | Package Description | DEA | Listing Record Certified Through: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11014-0035-1 | 10 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | Nifedipine | NIFEDIPINE | 01/01/1991 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0035-1) / 14000 CAPSULE, LIQUID FILLED in 1 BAG 01-JAN-91 | N/A | 12/31/2023 |
| 11014-0036-1 | 20 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | Nifedipine | NIFEDIPINE | 09/20/1990 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0036-1) / 10000 CAPSULE, LIQUID FILLED in 1 BAG 20-SEP-90 | N/A | 12/31/2023 |
| 11014-0038-1 | 10 mg/1 | CAPSULE | Catalent Pharma Solutions, LLC | NIFEDIPINE | NIFEDIPINE | 12/31/1981 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BDX (11014-0038-1) / 14000 CAPSULE in 1 BAG 31-DEC-81 | N/A | 12/31/2023 |
| 11014-0039-1 | 100 mg/1 | CAPSULE | Catalent Pharma Solutions, LLC | Progesterone | PROGESTERONE | 07/30/2010 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0039-1) / 23000 CAPSULE in 1 BAG 30-JUL-10 | N/A | 12/31/2024 |
| 11014-0040-1 | 100 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | cyclosporine | CYCLOSPORINE | 03/02/1990 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0040-1) / 4000 CAPSULE, LIQUID FILLED in 1 BAG 02-MAR-90 | N/A | 12/31/2024 |

| NDC Package Code | Strength | Dosage Form | Labeler Name | Nonproprietary Name | Substance Name | Start Marketing Date | End Marketing Date | Market Category | Package Description | DEA | Listing Record Certified Through: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11014-0041-1 | 25 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | cyclosporine | CYCLOSPORINE | 03/02/1990 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0041-1) / 16000 CAPSULE, LIQUID FILLED in 1 BAG 02-MAR-90 | N/A | 12/31/2024 |
| 11014-0042-1 | 100 mg/1 | CAPSULE, GELATIN COATED | Catalent Pharma Solutions, LLC | Progesterone | PROGESTERONE | 03/01/2012 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0042-1) / 20000 CAPSULE, GELATIN COATED in 1 BAG 01-MAR-12 | N/A | 12/31/2023 |
| 11014-0043-1 | 200 mg/1 | CAPSULE | Catalent Pharma Solutions, LLC | Progesterone | PROGESTERONE | 03/01/2012 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0043-1) / 10000 CAPSULE in 1 BAG 01-MAR-12 | N/A | 12/31/2023 |
| 11014-0044-1 | 100 mg/1 | CAPSULE | Catalent Pharma Solutions, LLC | benzonatate | BENZONATATE | 02/10/1958 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0044-1) / 50000 CAPSULE in 1 BAG 10-FEB-58 | N/A | 12/31/2023 |
| 11014-0045-1 | 1200 mg/1 | INSERT | Catalent Pharma Solutions, LLC | Miconazole Nitrate | MICONAZOLE NITRATE | 06/29/2010 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0045-1) / 2000 INSERT in 1 BAG 29-JUN-10 | N/A | 12/31/2023 |

0296

0297

| NDC Package Code | Strength | Dosage Form | Labeler Name | Nonproprietary Name | Substance Name | Start Marketing Date | End Marketing Date | Market Category | Package Description | DEA | Listing Record Certified Through: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11014-0046-1 | 250 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | tipranavir | TIPRANAVIR | 07/01/2005 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0046-1) / 5500 CAPSULE, LIQUID FILLED in 1 BAG 01-JUL-05 | N/A | 12/31/2023 |
| 11014-0047-1 | 250 mg/1 | CAPSULE | Catalent Pharma Solutions, LLC | Ethosuximide | ETHOSUXIMIDE | 09/22/2000 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0047-1) / 10000 CAPSULE in 1 BAG 22-SEP-00 | N/A | 12/31/2023 |
| 11014-0048-1 | 2 ug/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | Paricalcitol | PARICALCITOL | 06/14/2010 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0048-1) / 30000 CAPSULE, LIQUID FILLED in 1 BAG 14-JUN-10 | N/A | 12/31/2023 |
| 11014-0050-1 | 250 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | Valproic Acid | VALPROIC ACID | 09/08/2009 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0050-1) / 10000 CAPSULE, LIQUID FILLED in 1 BAG 08-SEP-09 | N/A | 12/31/2023 |
| 11014-0051-1 | 200 mg/1 | CAPSULE | Catalent Pharma Solutions, LLC | Progesterone | PROGESTERONE | 07/30/2010 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0051-1) / 10000 CAPSULE in 1 BAG 30-JUL-10 | N/A | 12/31/2024 |

| NDC Package Code | Strength | Dosage Form | Labeler Name | Nonproprietary Name | Substance Name | Start Marketing Date | End Marketing Date | Market Category | Package Description | DEA | Listing Record Certified Through: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11014-0052-1 | 1.25 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | Ergocalciferol | ERGOCALCIFEROL | 11/11/1974 | N/A | ORUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0052-1) / 15000 CAPSULE, LIQUID FILLED in 1 BAG 11-NOV-74 | N/A | 12/31/2023 |
| 11014-0053-1 | 1 ug/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | Paricalcitol | PARICALCITOL | 06/14/2010 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0053-1) / 40000 CAPSULE, LIQUID FILLED in 1 BAG 14-JUN-10 | N/A | 12/31/2024 |
| 11014-0054-1 | 250 mg/1 | CAPSULE, LIQUID FILLED | Catalent Pharma Solutions, LLC | Valproic Acid | VALPROIC ACID | 10/29/1991 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0054-1) / 10000 CAPSULE, LIQUIO FILLED in 1 BAG 29-OCT-91 | N/A | 12/31/2023 |
| 11014-0055-1 | 25 mg/1 | CAPSULE | Catalent Pharma Solutions, LLC | diphenhydramine hydrochloride | DIPHENHYDRAMINE HYDROCHLORIDE | 03/01/2009 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 DRUM (11014-0055-1) / 20000 CAPSULE in 1 BAG 01-MAR-09 | N/A | 12/31/2023 |
| 11014-0058-1 | 1200 mg/1 | INSERT | Catalent Pharma Solutions, LLC | Miconazole Nitrate | MICONAZOLE NITRATE | 06/29/2001 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 BOX (11014-0058-1) / 2000 INSERT in 1 BAG 29-JUN-01 | N/A | 12/31/2024 |

0298

0299

| NDC Package Code | Strength | Dosage Form | Labeler Name | Nonproprietary Name | Substance Name | Start Marketing Date | End Marketing Date | Market Category | Package Description | DEA | Listing Record Certified Through: |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 11014-0058-2 | 1200 mg/1 | INSERT | Catalent Pharma Solutions, LLC | Miconazole Nitrate | MICONAZOLE NITRATE | 06/29/2001 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 CARTON (11014-0058-2) / 1000 INSERT in 1 BAG 14-JUN-21 | N/A | 12/31/2024 |
| 11014-0075-1 | 1.7 mg/mL | SOLUTION | Catalent Pharma Solutions, LLC | Sodium Chloride | SODIUM CHLORIDE | 02/22/2010 | 02/29/2024 | DRUG FOR FURTHER PROCESSING | 11 PACKAGE in 1 CARTON (11014-0075-1) / 4 AMPULE in 1 PACKAGE / 1 mL in 1 AMPULE 22-FEB-10 29-FEB-24 | N/A | N/A |
| 11014-0080-1 | 30 mg/1 | CAPSULE, EXTENDED RELEASE | Catalent Pharma Solutions, LLC | Dexmethylphenidate hydrochloride | DEXMETHYLPHENIDATE HYDROCHLORIDE | 02/24/2014 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 CONTAINER (11014-0080-1) / 104000 CAPSULE, EXTENDED RELEASE in 1 BAG 24-FEB-14 | CII | 12/31/2023 |
| 11014-0081-1 | 20 mg/1 | CAPSULE, EXTENDED RELEASE | Catalent Pharma Solutions, LLC | Methylphenidate Hydrochloride | METHYLPHENIDATE HYDROCHLORIDE | 01/03/2012 | N/A | DRUG FOR FURTHER PROCESSING | 1 BAG in 1 CONTAINER (11014-0081-1) / 1000000 CAPSULE, EXTENDED RELEASE in 1 BAG 03-JAN-12 | CII | 12/31/2023 |

Showing 1 to 50 of 283 entries

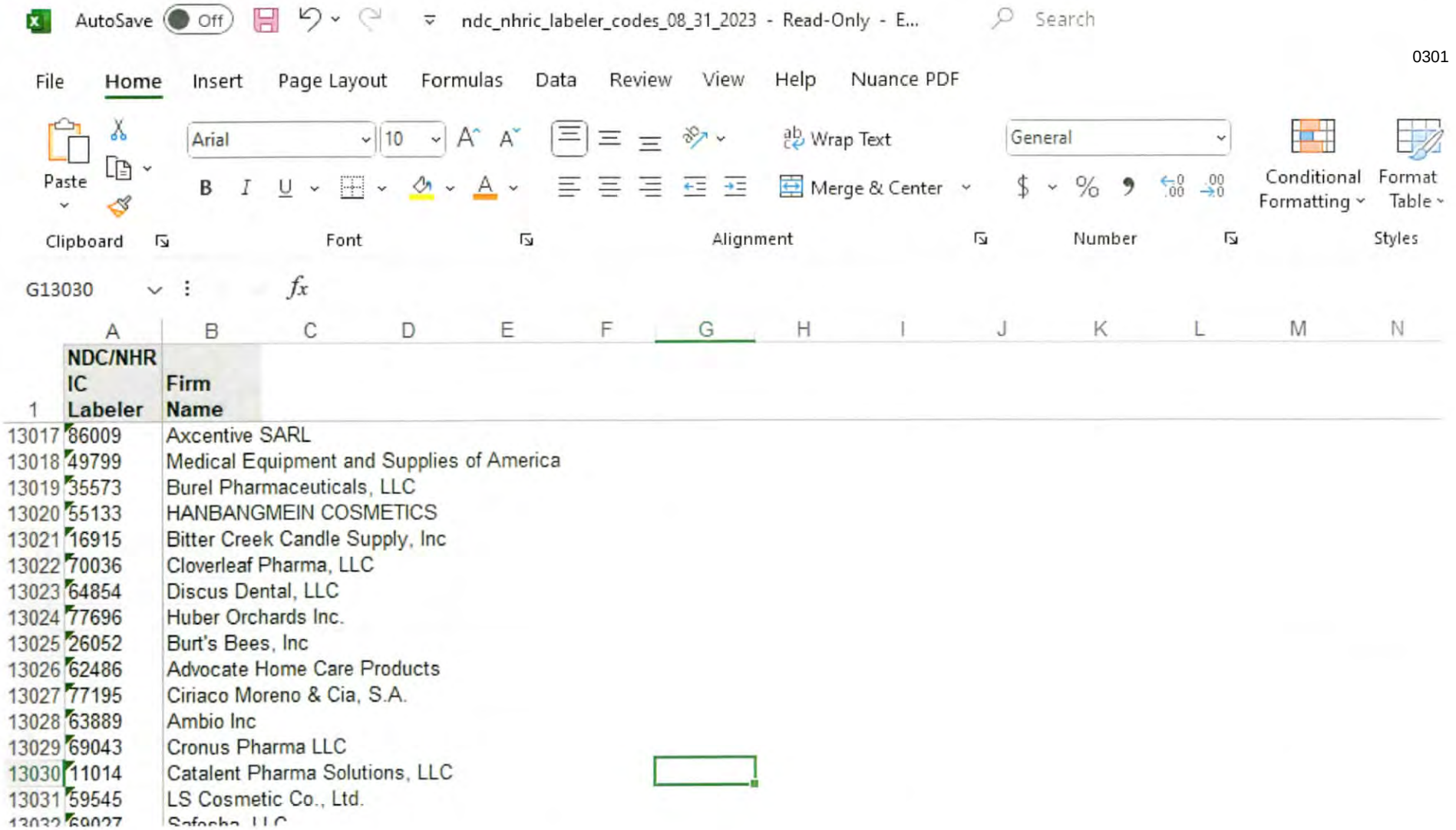
Previous 1 2 3 4 5 6 Next

**Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)**

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
**National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)**

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services




| | A | B |
|---|---|---|
| 1 | NDC/NHRIC Labeler | Firm Name |
| 13017 | 86009 | Axcentive SARL |
| 13018 | 49799 | Medical Equipment and Supplies of America |
| 13019 | 35573 | Burel Pharmaceuticals, LLC |
| 13020 | 55133 | HANBANGMEIN COSMETICS |
| 13021 | 16915 | Bitter Creek Candle Supply, Inc |
| 13022 | 70036 | Cloverleaf Pharma, LLC |
| 13023 | 64854 | Discus Dental, LLC |
| 13024 | 77696 | Huber Orchards Inc. |
| 13025 | 26052 | Burt's Bees, Inc |
| 13026 | 62486 | Advocate Home Care Products |
| 13027 | 77195 | Ciriaco Moreno & Cia, S.A. |
| 13028 | 63889 | Ambio Inc |
| 13029 | 69043 | Cronus Pharma LLC |
| 13030 | 11014 | Catalent Pharma Solutions, LLC |
| 13031 | 59545 | LS Cosmetic Co., Ltd. |
| 13032 | 69027 | Safesha, LLC |

Catalent

## Attachment A

## Ownership and Officer Information

**Parent Company:**
Catalent Pharma Solutions, Inc.
14 Schoolhouse Road
Somerset, NJ 08873

Catalent Pharma Solutions, LLC is 100% owned by its parent company, Catalent Pharma Solutions, Inc.

**Corporate Officers:**

**Alessandro Maselli**
*President & Chief Executive Officer*

**Steven L. Fasman**
*Executive Vice President & Chief Administrative Officer*

**Lawrence Shapiro**
*Vice President, Global Tax & Treasurer*

**Joseph Ferraro**
*Senior Vice President, General Counsel & Secretary*

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CATALENT PHARMA SOLUTIONS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF SEPTEMBER, A.D. 2023.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CATALENT PHARMA SOLUTIONS, LLC" WAS FORMED ON THE FIFTH DAY OF NOVEMBER, A.D. 2003.*

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

Jeffrey W. Bullock, Secretary of State

3724407 8300

SR# 20233617995

Authentication: 204278042

Date: 09-29-23

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

# STATE OF CALIFORNIA

## DEPARTMENT OF PUBLIC HEALTH
## FOOD AND DRUG BRANCH

## DRUG MANUFACTURING LICENSE

**Catalent Pharma Solutions, LLC**
**8926 Ware Court**
**San Diego , CA 92121**

**LICENSE NUMBER: 114238**
**EXPIRATION DATE: 9/1/2024**

**The person named herein is licensed to manufacture drugs through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.**

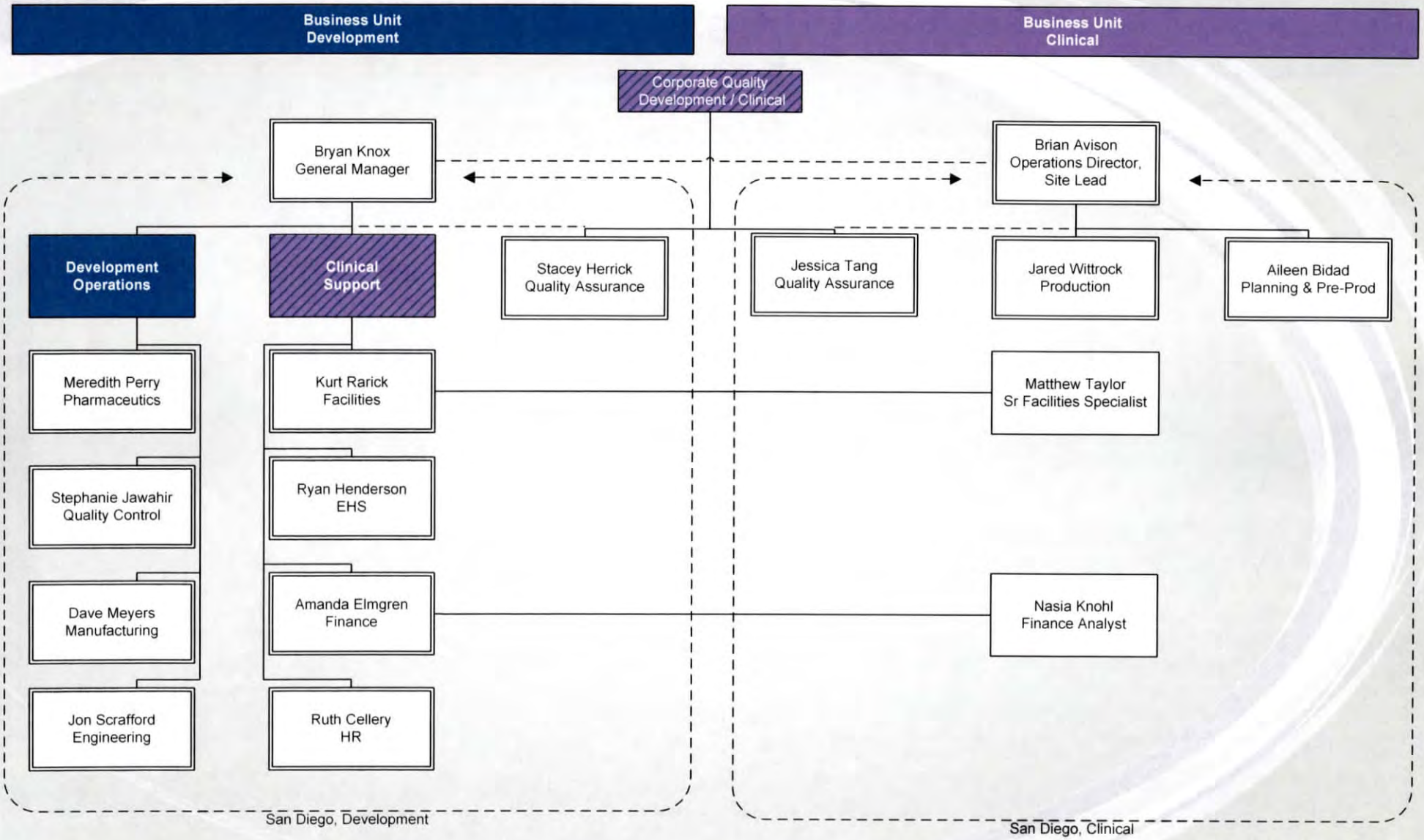
**Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500**

Printed: 9/1/2022

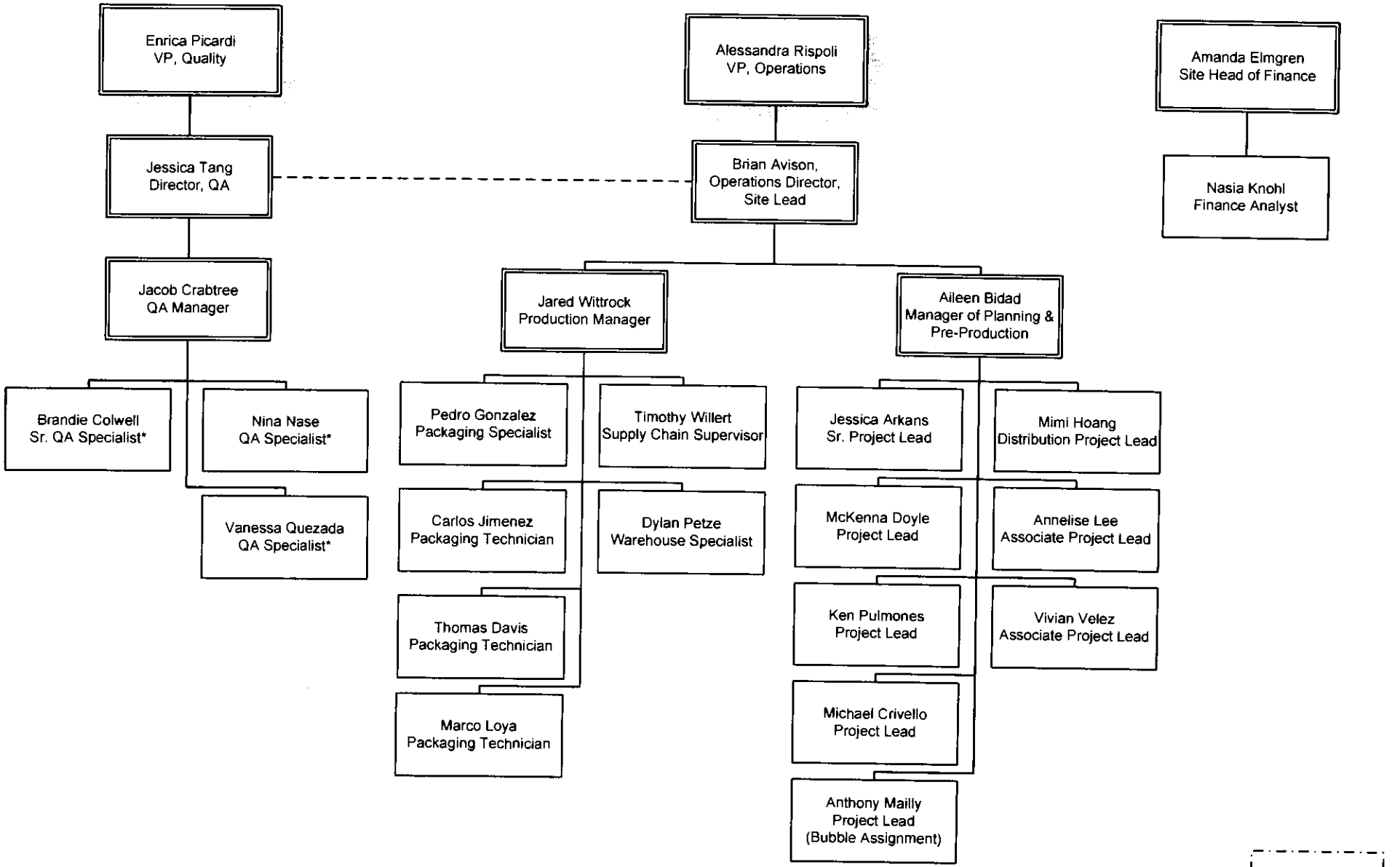
OSP 07 102308

Attachment D

**Catalent San Diego**
Site Leadership Overview
Effective Date: 24 Mar 2023



**Catalent San Diego, CSS**
Site Leadership Overview
Effective Date: 24 Mar 2023




*Performs Quality Control functions

ARGO SURETY

# RIDER

To be attached to and form part of Bond No. SUR0070530

Issued on behalf of CATALENT PHARMA SOLUTIONS, LLC
as Principal, and in favor of THE NEVADA STATE BOARD OF PHARMACY
as Obligee dated 10th day of August, 2022.

It is agreed that:

☐ 1. The Surety hereby gives its consent to change the Name:

from: _____

to: _____

☐ 2. The Surety hereby gives its consent to change the Address:

from: _____

to: _____

☒ 3. The Surety hereby gives its consent to change the: Bond amount

from: Twenty Five Thousand and 00/100 Dollars ($25,000.00)

to: One Hundred Thousand and 00/100 Dollars ($100,000.00)

4. This rider shall become effective as of March 30, 2023

PROVIDED, however, that the liability of the Surety under the attached bond as changed by this Rider shall not be cumulative.

Signed, sealed and dated March 30, 2023.

Argonaut Insurance Company

By: _____

Sandra Diaz, Attorney-in-Fact

CATALENT PHARMA SOLUTIONS, LLC

By: _____

, Principal.

Acknowledged & Accepted by: _____ Date: _____

, Obligee

# Argonaut Insurance Company
## Deliveries Only: 225 W. Washington, 24th Floor
## Chicago, IL 60606
## United States Postal Service: P.O. Box 469011, San Antonio, TX 78246
## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint:

Sandra Diaz, Debra A Deming, Anne Potter, Beverly A Woolford, Valorie Spates, Jennifer L Jakaitis, Susan A Welsh, Peter Healy, Aklima Noorhassan, Frances Rodriguez, Francesca Kazmierczak, Kemal Brkanovic

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of:

$107,116,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company:

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 19th day of November, 2021.

Argonaut Insurance Company

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

by: _____

Gary E. Grose, President

STATE OF TEXAS
COUNTY OF HARRIS SS:

On this 19th day of November, 2021 A.D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force.

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written

KATHLEEN M MEEKS
NOTARY PUBLIC
STATE OF TEXAS
MY COMM. EXP. 07/15/25
NOTARY ID 557902-6

_____
(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 30th day of March 2023.

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

_____
Austin W. King, Secretary

**IF YOU HAVE QUESTIONS ON AUTHENTICITY OF THIS DOCUMENT CALL (833) 820 - 9137.**

FINANCIAL STATEMENT
ARGONAUT INSURANCE COMPANY
STATUTORY BASIS as of 12/31/2021

**ASSETS**

| | |
|---|---|
| CASH & INVESTED ASSETS | $138,580,956 |
| BONDS | $1,181,510,930 |
| STOCKS | [illegible] |
| INVESTMENT INCOME DUE AND ACCRUED | $5,760,618 |
| PREMIUM BALANCES | $114,828,986 |
| [illegible] | [illegible] |
| [illegible] | [illegible] |
| OTHER ASSETS | $40,514,052 |
| TOTAL ASSETS | $2,392,360,630 |

**LIABILITIES AND SURPLUS**

| | |
|---|---|
| UNEARNED PREMIUMS | $304,943,789 |
| LOSSES | $595,583,927 |
| LOSS ADJUSTMENT EXPENSES | $198,745,975 |
| COMMISSIONS | $4,787,791 |
| TAXES, LICENSES, AND FEES | $10,269,946 |
| [illegible] | [illegible] |
| [illegible] | [illegible] |
| CURRENT FEDERAL AND FOREIGN INCOME TAXES | $0 |
| REMITTANCES AND ITEMS NOT ALLOCATED | $2,530,048 |
| AMOUNTS WITHHELD/RETAINED BY COMPANY FOR OTHERS | $13,771,696 |
| PAYABLES TO PARENT, SUBSIDIARIES, & AFFILIATES | $52,193,204 |
| PAYABLE FOR SECURITIES | $3,599,449 |
| PROVISION FOR REINSURANCE | $16,445,734 |
| CEDED REINSURANCE PREMIUMS PAYABLE | $47,083,249 |
| OTHER ACCRUED EXPENSES AND LIABILITIES | $1,597,617 |
| TOTAL LIABILITIES | $1,321,201,703 |
| COMMON CAPITAL STOCK | $4,500,000 |
| GROSS PAID IN AND CONTRIBUTED SURPLUS | $525,520,936 |
| UNASSIGNED SURPLUS | $541,137,991 |
| TOTAL SURPLUS TO POLICYHOLDERS | $1,071,158,927 |
| TOTAL LIABILITIES & SURPLUS | $2,392,360,630 |

Jace Westbrook, being duly sworn, says that he is Head of US Segment Accounting of Argonaut Insurance Company and that to the best of his knowledge, and belief, the foregoing statement is a true and correct statement of the financial condition of said Company as of the 31st of December, 2021.

Subscribed and sworn to before me this 5th day of April 2022

Notary Public

Julian Jennifer Westbrook III, Head of US Segment Accounting

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

# PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SUR0070530

Application/License No. _____

CATALENT PHARMA SOLUTIONS, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 8926 Ware Ct. San Diego, CA 92121 (Address of Applicant/Principal), as PRINCIPAL, and ARGONAUT INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of IL (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is P.O. Box 469011 San Antonio, TX 78246 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 10, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 10th day of August, 2021.

APPLICANT/PRINCIPAL
CATALENT PHARMA SOLUTIONS, LLC

Authorized Representative

SURETY COMPANY
ARGONAUT INSURANCE COMPANY

Surety Company's Representative

Frances Rodriguez, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of

Witness Grace Laterza

Witness Sandra Diaz

Countersigned by

Nevada Resident Agent Frances A. Rodriguez

Posted February 20, 2020

# Argonaut Insurance Company
## Deliveries Only: 225 W. Washington, 24th Floor
## Chicago, IL 60606
## United States Postal Service: P.O. Box 469011, San Antonio, TX 78246
## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS That the Argonaut Insurance Company, a Corporation duly organized and existing under the laws of the State of Illinois and having its principal office in the County of Cook, Illinois does hereby nominate, constitute and appoint

Cynthia Farrell, Sandra Diaz, Debra A Deming, Anne Potter, Beverly A Woolford, Valorie Spates, Jennifer L Jakaitis, Susan A Welsh, Peter Healy, Nancy Schnee, Aklima Noorhassan, Frances Rodriguez, Francesca Kazmierczak, Kemal Brkanovic

Their true and lawful agent(s) and attorney(s)-in-fact, each in their separate capacity if more than one is named above, to make, execute, seal and deliver for and on its behalf as surety, and as its act and deed any and all bonds, contracts, agreements of indemnity and other undertakings in suretyship provided, however, that the penal sum of any one such instrument executed hereunder shall not exceed the sum of

$95,621,000.00

This Power of Attorney is granted and is signed and sealed under and by the authority of the following Resolution adopted by the Board of Directors of Argonaut Insurance Company

"RESOLVED, That the President, Senior Vice President, Vice President, Assistant Vice President, Secretary, Treasurer and each of them hereby is authorized to execute powers of attorney, and such authority can be executed by use of facsimile signature, which may be attested or acknowledged by any officer or attorney, of the Company, qualifying the attorney or attorneys named in the given power of attorney, to execute in behalf of, and acknowledge as the act and deed of the Argonaut Insurance Company, all bond undertakings and contracts of suretyship, and to affix the corporate seal thereto."

IN WITNESS WHEREOF, Argonaut Insurance Company has caused its official seal to be hereunto affixed and these presents to be signed by its duly authorized officer on the 8th day of May, 2017

Argonaut Insurance Company

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

by

Joshua C Betz, Senior Vice President

STATE OF TEXAS
COUNTY OF HARRIS SS

On this 8th day of May, 2017 A.D., before me, a Notary Public of the State of Texas, in and for the County of Harris, duly commissioned and qualified, came THE ABOVE OFFICER OF THE COMPANY, to me personally known to be the individual and officer described in, and who executed the preceding instrument, and he acknowledged the execution of same, and being by me duly sworn, deposed and said that he is the officer of the said Company aforesaid, and that the seal affixed to the preceding instrument is the Corporate Seal of said Company, and the said Corporate Seal and his signature as officer were duly affixed and subscribed to the said instrument by the authority and direction of the said corporation, and that Resolution adopted by the Board of Directors of said Company, referred to in the preceding instrument is now in force

IN TESTIMONY WHEREOF, I have hereunto set my hand, and affixed my Official Seal at the County of Harris, the day and year first above written

Kathleen M. Mills
(Notary Public)

I, the undersigned Officer of the Argonaut Insurance Company, Illinois Corporation, do hereby certify that the original POWER OF ATTORNEY of which the foregoing is a full, true and correct copy is still in full force and effect and has not been revoked

IN WITNESS WHEREOF, I have hereunto set my hand, and affixed the Seal of said Company, on the 10th day of August, 2021

ARGONAUT INSURANCE COMPANY CORPORATE SEAL 1948 ILLINOIS

James Blizard, Vice President-Surety

IF YOU HAVE QUESTIONS ON AUTHENTICITY OF THIS DOCUMENT CALL (833) 820 - 9137.

ARGO POWER OF ATTORNEY

FINANCIAL STATEMENT
ARGONAUT INSURANCE COMPANY
STATUTORY BASIS as of 12/31/2020

| ASSETS | |
|---|---|
| CASH & INVESTED ASSETS | $158,499,834 |
| BONDS | $1,054,092,626 |
| STOCKS | $650,147,228 |
| INVESTMENT INCOME DUE AND ACCRUED | $5,764,999 |
| PREMIUM BALANCES | $137,318,710 |
| NET DEFERRED TAX ASSET | $25,246,782 |
| REINSURANCE RECOVERABLE | $64,889,336 |
| OTHER ASSETS | $45,219,794 |
| TOTAL ASSETS | $2,141,179,309 |

| LIABILITIES AND SURPLUS | |
|---|---|
| UNEARNED PREMIUMS | $289,279,454 |
| LOSSES | $525,826,062 |
| LOSS ADJUSTMENT EXPENSES | $166,554,738 |
| COMMISSIONS | $5,043,149 |
| TAXES, LICENSES, AND FEES | $16,089,949 |
| OTHER EXPENSES | $9,990,100 |
| FUNDS HELD UNDER REINSURANCE TREATIES | $83,850,484 |
| CURRENT FEDERAL AND FOREIGN INCOME TAXES | $4,511,006 |
| REMITTANCES AND ITEMS NOT ALLOCATED | $1,380,869 |
| AMOUNTS WITHHELD/RETAINED BY COMPANY FOR OTHERS | $8,624,453 |
| PAYABLES TO PARENT, SUBSIDIARIES, & AFFILIATES | $3,618,938 |
| PAYABLE FOR SECURITIES | $4,622,776 |
| PROVISION FOR REINSURANCE | $16,443,084 |
| CEDED REINSURANCE PREMIUMS PAYABLE | $39,002,167 |
| OTHER ACCRUED EXPENSES AND LIABILITIES | $930,971 |
| TOTAL LIABILITIES | $1,165,681,902 |
| COMMON CAPITAL STOCK | $4,500,000 |
| GROSS PAID IN AND CONTRIBUTED SURPLUS | $525,520,936 |
| UNASSIGNED SURPLUS | $445,476,471 |
| TOTAL SURPLUS TO POLICYHOLDERS | $975,497,407 |
| TOTAL LIABILITIES & SURPLUS | $2,141,179,309 |

Lauren T. Welch, being duly sworn, says that she is VP US Financial Controller of Argonaut Insurance Company and that to the best of her knowledge, and belief, the foregoing statement is a true and correct statement of the financial condition of said Company as of the 31st of December, 2019.

Subscribed and sworn to before me this 3rd day of March 2021

Notary Public

Lauren T. Welch, VP US Financial Controller

DEBBIE BAUMANN
My Notary ID # 128375987
Expires April 5, 2021

OFFICIAL SEAL
ILLINOIS

# NEVADA STATE BOARD OF PHARMACY

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

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Catalent Pharma Solutions, LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 8926 Ware Court

City: San Diego State: CA Zip: 92121

Mailing Address (if different from physical address): N/A - Same as physical address

City: N/A State: N/A Zip: N/A

Telephone: 858-529-8000 Website: www.catalent.com

Licensing Company Email: GMB-CPSLLC-SAN-CSS@catalent.com

**Section 2: Personal Information**

First: Brian Middle: David Last: Avison

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

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

Mailing Address: [redacted] Ware Court

City: San Diego State: CA Zip: 92121

Telephone: [redacted] Email: GMB-CPSLLC-SAN-CSS@catalent.com

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| The Pennsylvania State University | | 08/09 - 05/13 | |
| **Address** | **City** | **State** | **Zip** |
| 201 Old Main | University Park | PA | 16802 |
| Diploma/Degree obtained, if any | | | |
| B.S. Engineering Science, Minors in Bioengineering & Economics | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Unionville High School | | 08/05 - 05/09 | |
| **Address** | **City** | **State** | **Zip** |
| 740 Unionville Rd | Kennett Square | PA | 19348 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

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

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 11/22 - Present | [redacted] Centraloma Dr. | San Diego | CA | 92107 |
| 12/2019 - 12/2022 | [redacted] Herschel Ave, Unit 2F | La Jolla | CA | 92037 |
| 04/2018 - 12/2019 | [redacted] Beach Blvd, Apt 101 | Huntington Beach | CA | 92648 |
| 05/2015-04/2018 | [redacted] North Vernon Street | Arlington | VA | 22201 |
| 05/2013-05/2015 | [redacted] North Taft Steet | Arlington | VA | 22201 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Catalent Pharma Solutions, LLC | | | 07/22 - Current | |
| **Business Address** | | **City** | **State** | **Zip** |
| 8926 Ware Ct | | San Diego | CA | 92121 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 858-529-8000 | Director of Operations, Site Lead | | 1,904 | |
| **Description of Duties** | | | | |
| Responsible for maintaining and growing site operations and adhere to standard operating procedures (SOPs) for Clinical Supply Services in San Diego. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| PCI Pharma Services | | | 12/19 - 06/22 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 6166 Nancy Ridge Dr. | | San Diego | CA | 92121 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 858-997-1490 | Production Manager | | 5,216 | |
| **Description of Duties** | | | | |
| Responsible for overseeing the execution of primary and secondary packaging and labeling operations for clinical trials. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Axalta | | | 12/2017-12/2019 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 5361 Via Ricardo | | Riverside | CA | 92509 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 951-341-6500 | Plant Manager | | 4,016 | |
| **Description of Duties** | | | | |
| Accountable for all aspects of a 65-employee single unit, joint venture, high-hazard manufacturing facility including environmental, health, safety, security, operations, quality assurance, distribution, maintenance, technology, purchasing, | | | | |

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

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

Continue on next page if additional space is needed.

N/A

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

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

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

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

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

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

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

N/A

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

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

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

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

| Reason/Charge |
|---|
| |

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

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

N/A

B.C

Original Signature (electronic, copies or stamps not accepted)

25 May 2023

Date

I, Brian Avison, **certify that as the designated representative for**

Catalent Pharma Solutions, LLC - 8926 Ware Court, San Diego, CA. 92121,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. BDA I am at least 21 years of age;
3. BDA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. BDA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. BDA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. BDA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. BDA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Brian Avison

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

25 May 2023

Date

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

Brian, Avison

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

25May2023

Date

---

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

State of California, ss. County of San Diego

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

**Original Signature**

25May2023

**Date**

Subscribed and Sworn to before me this _____ day of 25 May 2023.

Refer to attached pg

**Notary Public Signature**

**(Seal)**

# ACKNOWLEDGMENT

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

State of California
County of San Diego )

On 25 May 2023 before me, Jessica Tang, Notary Public
(insert name and title of the officer)

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

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

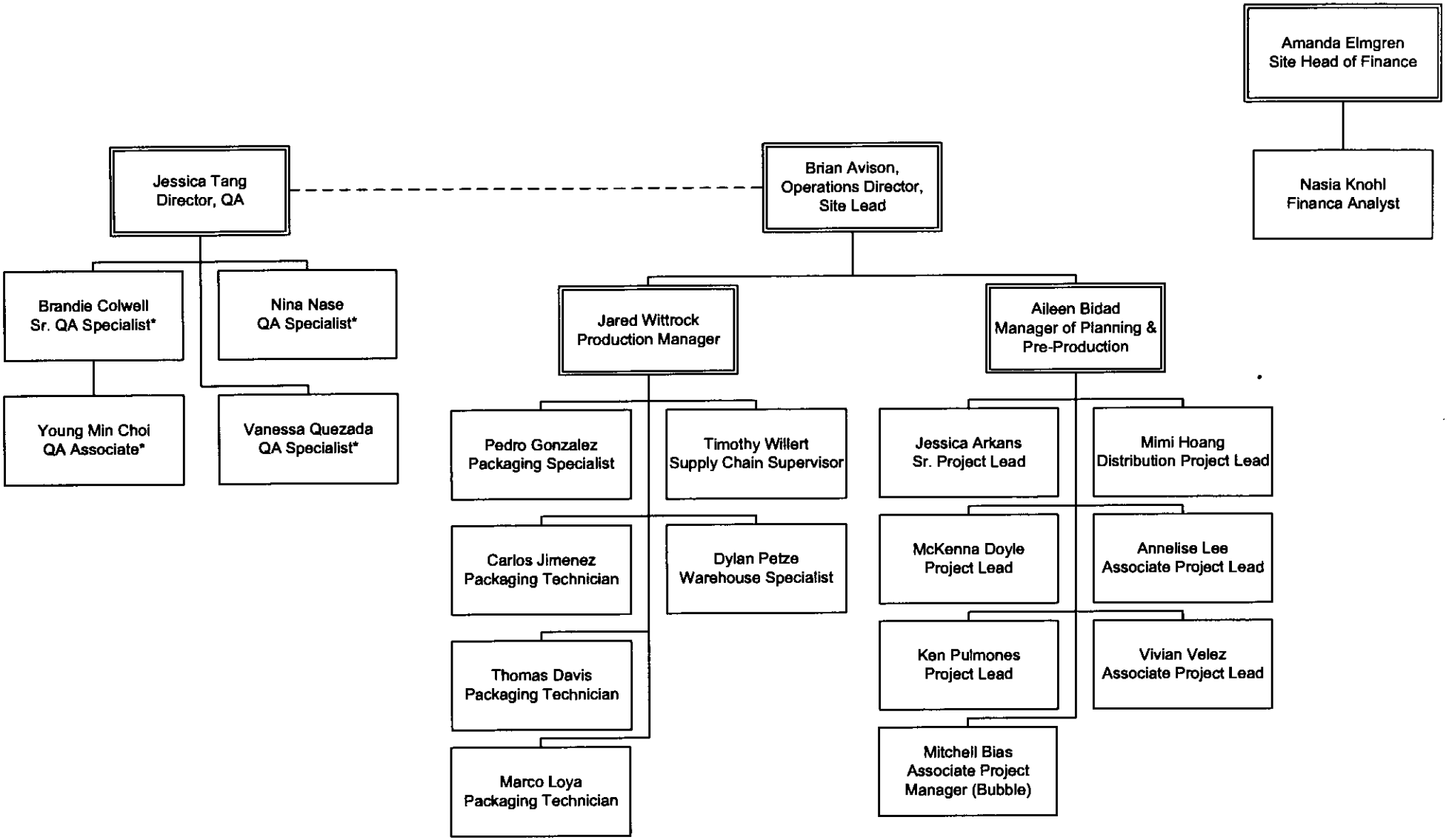
WITNESS my hand and official seal.

Signature _____ **(Seal)**

NRO1 JESSICA TANG COMM. #2369604 Notary Public - California San Diego County My Comm. Expires Aug. 4, 2025 NRO1

**Catalent San Diego, CSS**
Employee List






*Performs Quality Control functions

# 41

# NEVADA STATE BOARD OF PHARMACY

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

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

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

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

**Section 1: General Information**

Facility Name: Coloplast Corp.

Physical Address: 4495 E Wall Street, Suite 101

City: Ontario State: CA Zip: 91761

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 909-229-9861 Website: https://www.coloplast.us/

Name of Designated Representative (DR): Francisco Gonzalez Guzman

Licensing Company Email: N/A DR Email: usfgg@coloplast.com

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

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

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

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

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

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: N/A - Coloplast Corp. does not distribute drugs or controlled substances.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware

Parent Company (if any): Coloplast A/S

Corporation/Organization Name: Coloplast Corp.

Mailing Address: 1601 West River Road North

City: Minneapolis State: MN Zip: 55411

Telephone: 1-800-788-0293 Email: uslegal@coloplast.com

Contact Person Name: General Counsel, Stephen Froehle

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration Enclosed<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. Enclosed | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** Enclosed | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** Noted in cover letter | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** Enclosed | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ Enclosed | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ Noted in cover letter | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** N/A | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** Enclosed | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** Enclosed | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ Enclosed | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). Enclosed | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Coloplast Corp.

Facility Name

Stephen G. Froehle

Print Name of Authorized Person Submitting Application

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

June 27, 2023

Date

| Board Use Only | Date Received: 7/10/23 | Amount: 1000 - CC ✓ 7/11/23 |
|---|---|---|

# CITY OF ONTARIO

**2023 - 2024**

## BUSINESS LICENSE

TO BE POSTED IN A CONSPICUOUS PLACE AND NOT TRANSFERABLE OR ASSIGNABLE.

The party shown is granted this certificate pursuant to License and Permit Provisions of the Municipal Code. This is not an endorsement of the activity, nor certification of compliance with other laws. This license is issued without verification that the licensee is subject to or exempt from licensing by the State of California.

| | | | |
|---|---|---|---|
| **Business Name** | COLOPLAST MANUFACTURING US, LLC | **License Number** | 12415209 |
| **Business Location** | 4495 E WALL ST STE 101<br>ONTARIO, CA 91761-8186 | **Business Type** | WAREHOUSE |
| **Business Owner(s)** | COLOPLAST MANUFACTURING US LLC<br>NARINDER DHALIWAL | **Effective Date** | February 01, 2023 |
| | | **Expiration Date** | January 31, 2024 |

MIKE HODGSON
COLOPLAST MANUFACTURING US, LLC
4495 E WALL ST STE 101
ONTARIO, CA 91761-8186

**Conditions** Warehouse Distribution of medical devices, some packaging of some products prior to shipment.

COLOPLAST MANUFACTURING US, LLC :

Thank you for your payment on your City of Ontario Business License. **ALL LICENSES MUST BE AVAILABLE FOR INSPECTION UPON REQUEST.** If you have questions concerning your business license, contact the Business Support Center via email at: Ontario@HDLgov.com or by telephone at: (909) 395-2022.

Contact the Business Registration Division at (909) 395-2022 if the business closes prior to the expiration date of the certificate. Please notify this office within ten (10) days of any change of business name, ownership, address location or activity.

Starting January 1, 2021, Assembly Bill 1607 requires the prevention of gender-based discrimination of business establishments. A full notice is available in English or other languages by going to: https://www.dca.ca.gov/publications/.

CITY OF ONTARIO SOUTHERN CALIFORNIA

LICENSING DIVISION
303 EAST B STREET
ONTARIO, CA. 91764-4196

**City of Ontario**
**BUSINESS LICENSE**

MIKE HODGSON
COLOPLAST MANUFACTURING US, LLC
4495 E WALL ST STE 101
ONTARIO, CA 91761-8186

**License Number:** **12415209**

**Date of Issue:** **02/01/2023**

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COLOPLAST CORP." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF MAY, A.D. 2023.*

Jeffrey W. Bullock, Secretary of State

4408961 8300

SR# 20232279556

Authentication: 203402238

Date: 05-23-23

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

# COLOPLAST CORP.
# CORPORATE GOVERNANCE SUMMARY

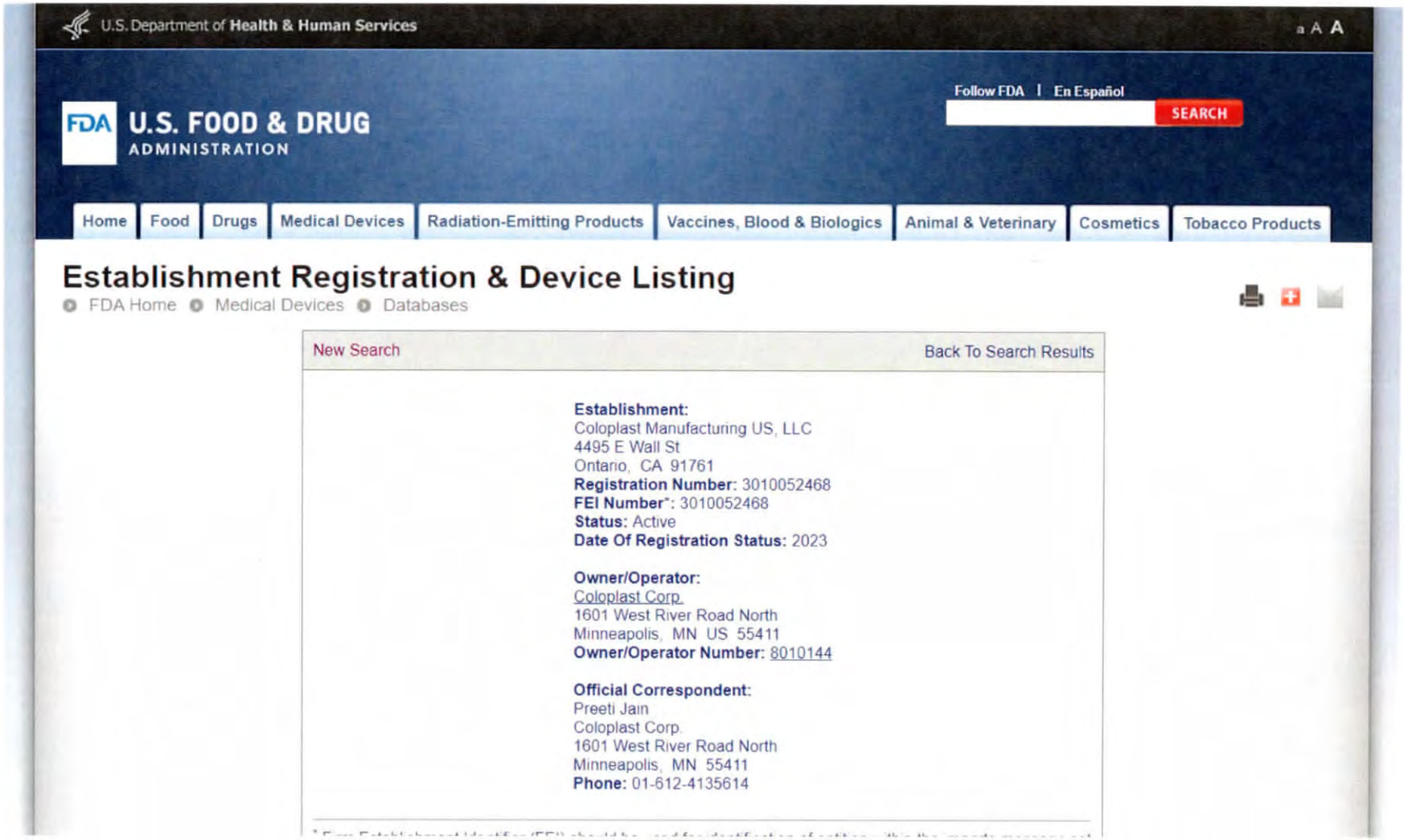
**Coloplast Corp.**

Directors:

Henrik Deneke
Manu Varma
Thomas NP Johns, Jr.

Officers:

Manu Varma, Chief Executive Officer
Thomas NP Johns, Jr., Vice President
Kimberly Ditter, Vice President
Shelley Mueller, Treasurer
Stephen G. Froehle, Secretary


U.S. Department of Health & Human Services
a A A
FDA U.S. FOOD & DRUG ADMINISTRATION
Follow FDA | En Español
SEARCH
Home
Food
Drugs
Medical Devices
Radiation-Emitting Products
Vaccines, Blood & Biologics
Animal & Veterinary
Cosmetics
Tobacco Products
Establishment Registration & Device Listing
FDA Home
Medical Devices
Databases
New Search
Back To Search Results
Establishment:
Coloplast Manufacturing US, LLC
4495 E Wall St
Ontario, CA 91761
Registration Number: 3010052468
FEI Number*: 3010052468
Status: Active
Date Of Registration Status: 2023
Owner/Operator:
Coloplast Corp.
1601 West River Road North
Minneapolis, MN US 55411
Owner/Operator Number: 8010144
Official Correspondent:
Preeti Jain
Coloplast Corp.
1601 West River Road North
Minneapolis, MN 55411
Phone: 01-612-4135614

# CERTIFICATE OF LIABILITY INSURANCE

0334

DATE (MM/DD/YYYY): 09/14/2022

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

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

**PRODUCER**
Marsh USA Inc.
333 South 7th Street, Suite 1400
Minneapolis, MN 55402-2400
Attn: Minneapolis.CertRequest@marsh.com Fax 212-948-0114

**CONTACT NAME:**
**PHONE (A/C, No, Ext):** **FAX (A/C, No):**
**E-MAIL ADDRESS:**

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : XL Insurance America, Inc. | 24554 |
| INSURER B : The Charter Oak Fire Insurance Company | 25615 |
| INSURER C : Phoenix Insurance Company | 25623 |
| INSURER D : QBE Insurance Corporation | 39217 |
| INSURER E : | |
| INSURER F : | |

**INSURED**
Coloplast Corp.
1601 West River Road
Minneapolis, MN 55411

**COVERAGES** **CERTIFICATE NUMBER:** CHI-009560485-08 **REVISION NUMBER:** 8

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

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|---|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>X CLAIMS-MADE ☐ OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY ☐ PRO-JECT ☐ LOC<br>OTHER: | | | US00011271LI22A<br>SIR: See Attached | 10/01/2022 | 10/01/2023 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $<br>$<br>$<br>$<br>$<br>$ | 5,000,000<br>100,000<br>5,000<br>5,000,000<br>5,000,000<br>5,000,000 |
| B | AUTOMOBILE LIABILITY<br>X ANY AUTO<br>OWNED AUTOS ONLY ☐ SCHEDULED AUTOS<br>HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | | | 8102G274522 | 10/01/2022 | 10/01/2023 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ | 2,000,000 |
| | ☐ UMBRELLA LIAB ☐ OCCUR<br>☐ EXCESS LIAB ☐ CLAIMS-MADE<br>☐ DED ☐ RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE | $<br>$ | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? (Mandatory in NH) Y / N: Y<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | UB0L9954032212E | 10/01/2022 | 10/01/2023 | X PER STATUTE ☐ OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ | 1,000,000<br>1,000,000<br>1,000,000 |
| D | CYBER LIABILITY<br>(Claims Made) | | | QPL0769038<br>SIR Value: $10,000,000 | 10/01/2022 | 10/01/2023 | EACH OCCURRENCE<br>AGGREGATE | | 1,000,000<br>1,000,000 |

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

**CERTIFICATE HOLDER**
Coloplast Corp.
1601 West River Road N.,
Minneapolis, MN 55411

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

**AUTHORIZED REPRESENTATIVE**
Marsh USA Inc.

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AGENCY CUSTOMER ID: CN102734708

LOC #: Minneapolis

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| Marsh USA Inc. | Coloplast Corp.<br>1601 West River Road<br>Minneapolis, MN 55411 |
| POLICY NUMBER | |
| CARRIER / NAIC CODE | EFFECTIVE DATE: |

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

GENERAL LIABILITY SIR

$79,500 (500,000 DKK) per claim - non implant products and premises

$1,590,000 (10m DKK) per claim - all implants products (excluding penile implants)

$1,590,000 (10m DKK) per claimant - penile implants

Non-ranking deductible - each and every claim $5,963



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# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 20BSBJB5095

Application/License No. _____

Coloplast Manufacturing US, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 4495 E Wall Street, Ontario, CA 91761 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1111 Northshore Drive Knoxville, TN 37919 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 23, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

20BSBJB5095

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 23rd day of June, 2023.

APPLICANT/PRINCIPAL

Coloplast Manufacturing US, LLC

Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Bonnie Rice, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Lori Wright

Witness Andrea Allman

Countersigned by:

N/A
Nevada Resident Agent

# POWER OF ATTORNEY

**Direct Inquiries/Claims to:**
THE HARTFORD
BOND, T-11
One Hartford Plaza
Hartford, Connecticut 06155
Bond.Claims@thehartford.com
*call:* 888-266-3488 *or fax:* 860-757-5835

**KNOW ALL PERSONS BY THESE PRESENTS THAT:**

**Agency Name:** MARSH USA LLC
**Agency Code:** 20-246454

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint Bonnie Rice

its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 20BSBJB5095
Naming Coloplast Manufacturing US, LLC as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**In Witness Whereof,** and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre, Assistant Vice President

**STATE OF FLORIDA**
**COUNTY OF SEMINOLE** } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of June 23, 2023.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois, Assistant Vice President

# NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG Coloplast Corp. MDEG License # (if applicable) _____

Physical Address 4495 E Wall Street, Suite 101

City Ontario State CA Zip 91761

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 909-229-9861 Website https://www.coloplast.us/

Licensing Company Email N/A

**Section 2: Personal Information**

First Francisco Middle J. Last Gonzalez Guzman

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

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

Mailing Address [redacted] Ebony PL

City Fontana State CA Zip 92335

Telephone 909-229-9861 Email usfgg@coloplast.com

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

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

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

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

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Riverside City Collage | | | 08/06 - 05/07 | |
| Address | | City | State | Zip |
| 4800 Magnolia Ave. | | Riverside | CA | 92506 |
| Diploma/Degree obtained, if any | | | | |
| No | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Henry J. Kaiser High School | | | 08/02-05/06 | |
| Address | | City | State | Zip |
| 11155 Almond Ave | | Fontana | CA | 92337 |
| Diploma/Degree obtained, if any | | | | |
| Diploma | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Sequoia Middle School | | | 11/00 - 05/02 | |
| Address | | City | State | Zip |
| 9452 Hemlock Ave | | Fontana | CA | 92337 |
| Diploma/Degree obtained, if any | | | | |
| Diploma | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |
| School Name | | | From - To (MM/YY – MM/YY | |
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 04/17 - Present | [redacted] Ebony Pl | Fontana | CA | 92335 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 09/14 - 03/17 | [redacted] Carob ST | Fontana | CA | 92335 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 02/00 - 08/14 | [redacted] Ebony Pl | Fontana | CA | 92335 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |

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

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Coloplast Corp. | | | 10/14 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 4495 E Wall Street, Suite 101 | | Ontario | CA | 91761 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 909-229-9861 | Warehouse Lead | | 18,000+ | |
| **Description of Duties** | | | | |
| Responsible for distribution and warehouse management. | | | | |

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

07/05/2023
Date

I, Francisco Gonzalez Guzman, **certify that as the MDEG Administrator for**

Coloplast Corp.,

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

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

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

Francisco Gonzalez Guzman
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/05/2023
Date

| Board Use Only | Date Received: |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

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

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Coloplast Corp.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 4495 E Wall Street, Suite 101

City: Ontario State: CA Zip: 91761

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 909-229-9861 Website: https://www.coloplast.us/

Licensing Company Email: N/A

**Section 2: Personal Information**

First: Francisco Middle: J. Last: Gonzalez Guzman

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

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

Mailing Address: [redacted] Ebony PL

City: Fontana State: CA Zip: 91761

Telephone: 909-229-9861 Email: usfgg@coloplast.com

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Riverside City Collage | | 08/06 - 05/07 | |
| Address | City | State | Zip |
| 4800 Magnolia Ave. | Riverside | CA | 92506 |
| Diploma/Degree obtained, if any | | | |
| No | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Henry J. Kaiser High School | | 08/02-05/06 | |
| Address | City | State | Zip |
| 11155 Almond Ave | Fontana | CA | 92337 |
| Diploma/Degree obtained, if any | | | |
| Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Sequoia Middle School | | 11/00 - 05/02 | |
| Address | City | State | Zip |
| 9452 Hemlock Ave | Fontana | CA | 92335 |
| Diploma/Degree obtained, if any | | | |
| Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 04/17 - Present | [redacted]Ebony Pl | Fontana | CA | 92335 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 09/14 - 03/17 | [redacted] Carob ST | Fontana | CA | 92335 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 02/00 - 08/14 | [redacted] Ebony Pl | Fontna | CA | 92335 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
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| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Coloplast Corp. | | | 10/14 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 4495 E Wall Street, Suite 101 | | Ontario | CA | 91761 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | Warehouse Lead | | 18,000+ | |
| **Description of Duties** | | | | |
| Responsible for distribution and warehouse management. | | | | |

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

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

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

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

Continue on next page if additional space is needed.

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

07/05/2023
Date

I, Francisco Gonzalez Guzman, **certify that as the designated representative for**

Coloplast Corp.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. FGG I am at least 21 years of age;
3. FGG I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. FGG I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. FGG I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. FGG I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. FGG I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Francisco Gonzalez Guzman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/05/2023

Date

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

Francisco Gonzalez Guzman

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/05/2023

Date

---

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

State of California, ss. County of San Bernardino

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

**Original Signature**

7/5/23

Date

Subscribed and Sworn to before me this 5 day of July 2023.

**Notary Public Signature**

CHARISMA MARTINEZ
Notary Public - California
San Bernardino County
Commission # 2439101
My Comm. Expires Feb 24, 2027

(Seal)


Michael Hodgson
Warehouse Manager
Carlos Rodriguez Vences
Shipper
Francisco Gonzalez Guzman
Warehouse Lead
Gustavo Rodriguez Vences
Shipper
Jesus Cordova Ibarra
Shipper
Joshua Barragan
Shipper
Rogelio Loreto
Shipper
Mario Vazquez
Shipper

Coloplast

June 30, 2023

Aaron Rodriquez
Senior Legal Counsel, North America
Mobile: 612-889-0672
Mail: usarodr@coloplast.com

Coloplast Corp
1601 West River Road North
Minneapolis, MN 55411
United States

Tel: 612.372.7400
Toll Free Number
1.800.788.0293
www.coloplast.us

Executive Secretary Dave Wuest
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

**RE: Coloplast Corp. Wholesaler Application**

To Whom It May Concern:

By this letter, Coloplast Corp. is requesting a temporary wholesaler license for the Coloplast Corp. facility listed below. We are making this request at the same time as we are providing to the Nevada State Board of Pharmacy (BOP) our wholesaler application as discussed on a June 6, 2023 teleconference with me, Tara Farrington and from the BOP, Mr. Zunino, Mr. Wuest and Mr. Cedars. At the conclusion of that call, you sent me an email indicating that I should submit this request for Temporary Licensure on Coloplast letterhead and addressed to you. It is my understanding that, if approved, BOP staff will issue the "temp" license valid until the board meeting date which will be assigned to this application.

This request for temporary licensure is made for Coloplast Corp. (Coloplast) at this facility:

4495 E Wall Street, Suite 101
Ontario, CA 91761

Sincerely,

Aaron Rodriquez
Senior Legal Counsel, North America

Coloplast

June 28, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

Aaron Rodriquez
Senior Legal Counsel, North America
Mobile: 612-889-0672
Mail: usarodr@coloplast.com

Coloplast Corp
1601 West River Road North
Minneapolis, MN 55411
United States

Tel: 612.372.7400
Toll Free Number:
1.800.788.0293
www.coloplast.us

**RE: Coloplast Corp. Wholesaler Application – Ontario, CA Facility**

To Whom It May Concern:

By this letter, Coloplast Corp. is providing to the Nevada State Board of Pharmacy (BOP) its wholesaler application as discussed on a June 6, 2023 teleconference with me, Tara Farrington and from the BOP, Mr. Zunino, Mr. Wuest and Mr. Cedars. This wholesaler application is made for Coloplast Corp. (Coloplast) at 4495 E Wall Street facility in Ontario, CA 91761 (CA Application).

I am providing the following information to supplement the CA Application.

Coloplast Corp. (Applicant) is a Delaware Corporation and a wholly owned subsidiary of Coloplast A/S which, in turn, is a Danish company that is publicly traded on the Danish stock exchange. Applicant is the U.S. based operating company and is based at the address shown above and in the CA Application. Coloplast A/S and Applicant are medical device manufacturers operating in the U.S (principally through Applicant) and globally, principally through Coloplast A/S. Neither Coloplast A/S nor Applicant manufactures or distributes drugs or controlled substances. The information in this paragraph may be helpful for Sectian 9. Page 5, of the CA Application in bullet three ("all corporation shareholders" for Coloplast Corp).

Coloplast Manufacturing US, LLC is a wholly owned subsidiary and operating unit of Coloplast Corp., the Applicant. Coloplast Manufacturing US, LLC operates a facility in Ontario, CA. The information in this paragraph may be helpful for Section 8, page 5 of the CA Application as Coloplast Manufacturing US, LLC is listed with the Applicant, Coloplast Corp., on the public FDA registration website and in the FDA registration materials included in the CA Application. The information in this paragraph may also be helpful for Section 9 of the CA Application, bullet 11 (license in the city where wholesaler is located).

Coloplast has included a list of the management and leadership employees at the Applicant's CA address, rather than listing every involved employee's name and other information in detail. The management and leadership employees that are identified in the CA Application are responsible for the Applicant's activities at the address set out in this letter. The information in this paragroph may be helpful for Section 9 of the CA Application in bullet 10 ("list containing each employee").

Coloplast

The Personal Record History Record Application described in bullet 7 of CA Application Section 9 is not applicable to Coloplast Corp.

In a separate letter, copy attached, Coloplast is requesting, as discussed in a June 6, 2023 email from Mr. Cedars to me, a temporary license for CA Applicant's facility.

Sincerely,

Aaron Rodriquez
Senior Legal Counsel, North America

CC: Executive Secretary Dave Wuest, Nevada BOP

Enclosures:
1) Wholesaler Application Package with Check Payment

Coloplast

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

June 28, 2023

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Senior Legal Counsel, North America
Mobile: 612-889-0672
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Minneapolis, MN 55411
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Sincerely,

Aaron Rodriquez
Senior Legal Counsel, North America

CC: Executive Secretary Dave Wuest, Nevada BOP

Enclosures:
1) Wholesaler Application Package with Check Payment

# 4J

# NEVADA STATE BOARD OF PHARMACY

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

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

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

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

**Section 1: General Information**

Facility Name: Creekwood Pharmaceuticals LLC

Physical Address: 1130 Route 46 West, Suite 21

City: Parsippany State: NJ Zip: 07054

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.creekwoodpharma.com

Name of Designated Representative (DR): Arun R Heble

Licensing Company Email: CRK@slsny.com DR Email: arun.heble@gmail.com

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

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

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

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

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

**Provide explanation below:**

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

N/A

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: DE

Parent Company (if any): V-Ensure Pharma Technologies Pvt Ltd

Corporation/Organization Name: Creekwood Pharmaceuticals LLC

Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Email: CRK@slsny.com

Contact Person Name: Christine Cannon

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: Labeler Code: 82619 | X | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ N/A - 100% sole ownership | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| N/A **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Creekwood Pharmaceuticals LLC

**Facility Name**

Arun R Heble

**Print Name of Authorized Person Submitting Application**

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

August 11, 2023

**Date**

| **Board Use Only** | Date Received: 9/11/23 | Amount: 1000-CK-33350 |
|---|---|---|

| NDC/NHRIC Labeler Code | Firm Name |
| --- | --- |
| 82619 | Creekwood Pharmaceuticals LLC |

PROOF OF ASSIGNED LABELER CODE

**From:** <edrls@fda.hhs.gov>
**Subject: Labeler Code Request Approved**
**Date:** March 11, 2022 at 12:49:18 AM GMT+5:30
**To:** <sathya@v-ensure.com>
**Reply-To:** <edrls@fda.hhs.gov>

# eDRLS - Electronic Drug Registration & Listing System

**Current Date: 10-MAR-2022**
**Labeler DUNS: 118582565**
**Labeler Name: Creekwood Pharmaceuticals LLC**
**Labeler Code Assigned: 82619**

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

**For CDER Direct Users:** Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

# Creekwood Pharmaceuticals LLC

**Corporate Address:** 1130 Route 46 West, Suite 21, Parsippany, NJ 07054 USA
**FEIN:** 86-1578973
www.creekwoodpharma.com

**Drug Labeler Code:** 82619
**Incorporation State:** DE
**Incorporation Date:** 12/28/2020

**FACILITY INFORMATION**

| Code | Address | FDA | DEA | DUNS | VAWD | Phone | Fax |
|---|---|---|---|---|---|---|---|
| 46W | 1130 Route 46 West<br>Suite 21<br>Parsippany, NJ 07054<br>County: Morris | NA | N/A - Uses 3PL DEA | 118582565 | No | (215) 666-3200 | (888) 683-0474 |

**FACILITY DESIGNATED REPRESENTATIVES**

| Name | Address | Title | Prescribing Authority |
|---|---|---|---|
| Arun R Heble | [redacted] Daylily Drive<br>Langhorne, PA 19047 | President, Secretary, Treasurer | |

**OWNERSHIP**

| Name | Address | Title | Percent of Ownership | Prescribing Authority |
|---|---|---|---|---|
| V-Ensure Pharma Technologies Pvt Ltd | A-63, TTC, MIDC Industrial Area, Kopar Khairane<br>Navi Mumbai, INDIA 400705 | | 100% | |

**LIST OF OFFICERS**

| Name | Address | Title | Prescribing Authority |
|---|---|---|---|
| Arun R Heble | [redacted] Daylily Drive<br>Langhorne, PA 19047 | President, Secretary, Treasurer | |

**REGISTERED AGENT IN ALL APPLICABLE STATES**

| Name |
|---|
| Incorp Services Inc. |

**3PLS**

| Name | Address | Title | Prescribing Authority |
|---|---|---|---|
| R&S Solutions, LLC | 96 American Drive<br>Suite 100A<br>Jackson , TN 38301 | | |

Company Particulars
0367

CREEKWOOD

**List of Corporate Officers**

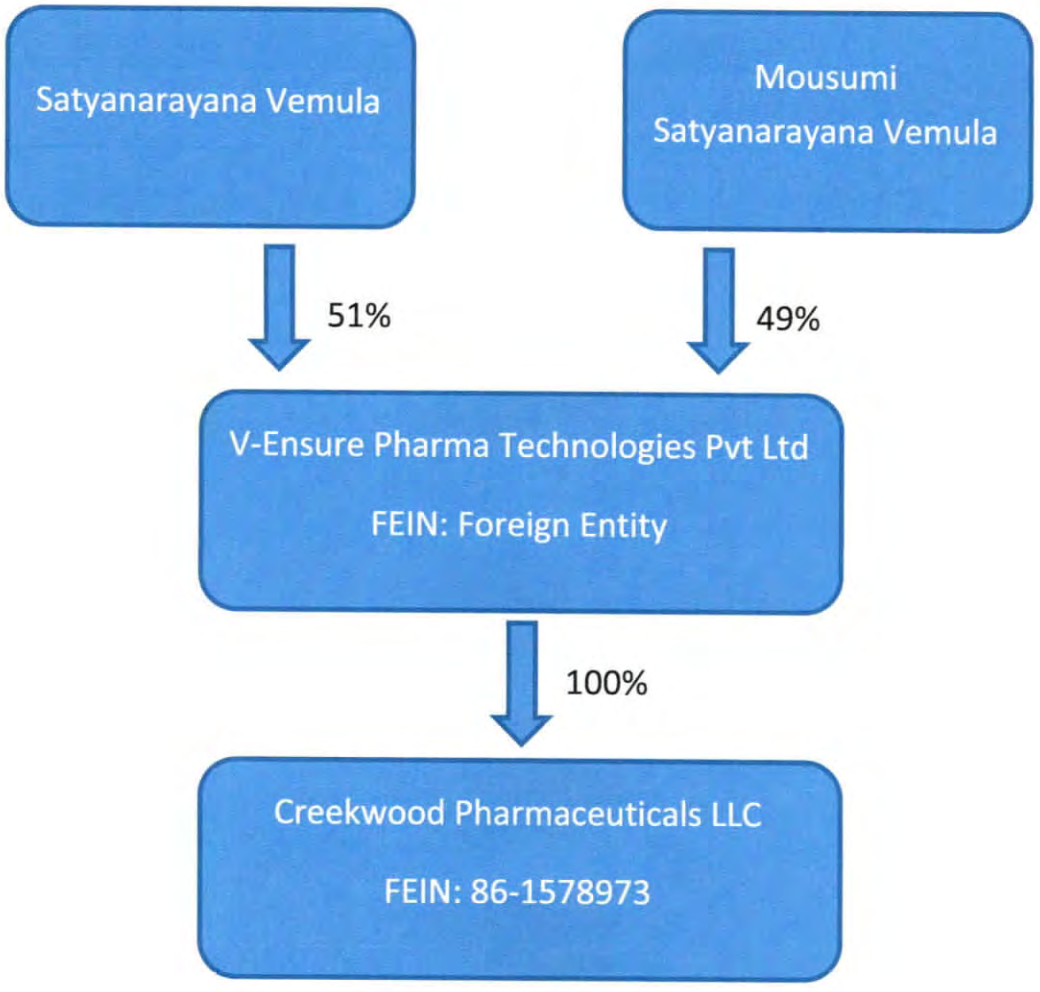
To Whom It May Concern:

The Corporate Officers of Creekwood Pharmaceuticals LLC as of August 3, 2022 are as follows:

Arun R. Heble – President, Secretary, Treasurer

CREEKWOOD

## Ownership Organizational Chart



Good Standing - Formation State

0370

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CREEKWOOD PHARMACEUTICALS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FIFTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CREEKWOOD PHARMACEUTICALS LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2020.

Jeffrey W. Bullock, Secretary of State

4555803 8300

SR# 20231305928

Authentication: 203087967

Date: 04-05-23

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

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 9/14/2023

**Registration Number:** 5006135 **Registered as:** Manufacturer and Wholesale
**Name:** CREEKWOOD PHARMACEUTICALS LLC
**DBA:**
**Address:** 1130 RTE 46 W, STE 21, PARSIPPANY, NJ 07054
**Original Issue Date:** 07/29/2022 **Expiration Date:** 01/31/2024
**Current Issue Date:** 10/19/2022
**Disciplines:** No

3PL DEA

# Registrant Verification For

## R&S SOLUTIONS LLC

| | |
|---|---|
| DEA Number: | RR0519934 |
| Expiration Date: | 04/30/2024 |
| Additional Company Info: | |
| Registered Address: | 96 AMERICAN DR STE 100A |
| City: | JACKSON |
| State: | TN |
| Zip Code: | 38301 |
| Business Activity: | DISTRIBUTOR |
| DEA Schedules: | 2 2N 3 3N 4 5 |
| Payment Indicator: | Paid |
| Registration Status: | ACTIVE |
| Date of Verification: | 09/06/2023 |

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

Drug Enforcement Administration • Diversion Control Division • 75 Morrissette Dr, Springfield, VA 22152

Mackenzie Winne - All Ope... > 77477

☆ Reply Add note Forward Close Merge Delete ⋮

Overdue

## RE: [EXTERNAL] Verification of Licensure

DOH-PHFPP reported via email

Add summary

D **DOH-PHFPP** reported via email

*18 days ago (Fri, 11 Sep 2020 at 4:44 PM)*

To: "'SLSNYSupport.com'" <help@slsnysupport.com>

Thank you. Due to limited resources, the NJ Department of Health cannot complete license verification forms for other states. Please utilize the online verification system on our webpage: https://nj.gov/health/ceohs/food-drug-safety/medical-device-reg/

**Jennifer Steffee** | Public Health Representative
NJ Department of Health | Public Health & Food Protection
PO Box 369 | 135 E State St | Trenton, NJ 08625
609.913.5150 | http://nj.gov/health/ceohs

~~[illegible]~~ 0373
NJ LETTER
STATING NO
VOLS

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. JT002916

Application/License No. _____

Creekwood Pharmaceuticals LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1130 US-46, Parsippany, NJ 07054 (Address of Applicant/Principal), as PRINCIPAL, and Jet Insurance Company (Surety Company), a corporation organized under the laws of the state of North Carolina (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 11440 Carmel Commons Blvd Ste 207 Charlotte, NC 28226 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 02/01/2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 22nd day of February, 2023.

APPLICANT/PRINCIPAL

COMPANY

Creekwood Pharmaceuticals LLC

Authorized Representative

SURETY

Jet Insurance Company

Surety Company's Representative

JET INSURANCE COMPANY CORPORATE SEAL NORTH CAROLINA

David Gonsalves, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Nick Brady
Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by: David Gonsalves 3349773

Nevada Resident Agent

Bond Number: JT002916

# JET INSURANCE COMPANY

## POWER OF ATTORNEY

NOW ALL BY THESE PRESENTS: That **JET INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of North Carolina, having its principal office in Charlotte, North Carolina does hereby constitute and appoint

| Name | Limit of Liability per Bond |
|---|---|
| **David Gonsalves** | **$25,000.00** |

its true and lawful Attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds, undertakings, contracts of indemnity, recognizances and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, provided that the liability of such shall not exceed the limit stated above.

The execution of such instrument(s) in pursuance of these presents, shall be as binding upon **JET INSURANCE COMPANY** as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by its regularly elected officers at the principal office.

The Power of Attorney is executed and may be certified so, and may be revoked, pursuant to and by authority of the following resolutions adopted by the Board of Directors of **JET INSURANCE COMPANY** by unanimous written consent dated August 24, 2022, of which the following is a true excerpt:

RESOLVED that the President, or any Vice President, acting with any Secretary or Assistant Secretary, shall have power and authority to appoint Attorney(s)-in-fact, and to authorize them to execute on behalf of the Company, attach the Seal of the Company thereto and deliver, bonds, undertakings, contracts of indemnity, recognizances and other writings obligatory in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke, at any time, any such Attorney-in-fact and revoke the authority given.

Further, this Power of Attorney is signed and sealed by facsimile pursuant to resolution of the Board of Directors of the Company adopted by unanimous written consent dated August 24, 2022, of which the following is a true excerpt:

RESOLVED that the signature of any authorized officer and the Seal of the Company may be affixed by facsimile to any Power of Attorney or certification thereof authorizing the execution on behalf of the Company and delivery of any bond, undertaking, contract of indemnity, recognizance and other writings obligatory in the nature thereof, and such signature and seal when so used shall have the same force and effect as though manually affixed.

IN WITNESS WHEREOF, **JET INSURANCE COMPANY** has caused this instrument to be signed and its corporate seal to be affixed by its authorized officer, this 24th day of August, 2022.

SEAL

**JET INSURANCE COMPANY**

**Spencer Siino, President**

**Richard Popp, Secretary**

**STATE OF SOUTH CAROLINA**
**County of Lancaster**

On this 24th day of August, 2022 before me came the individuals who executed the preceding instrument, to me personally known, and being by me duly sworn, said that each is the herein described and authorized officer of Jet Insurance Company; that the seal affixed to said instrument is the Corporate Seal of said Company; that the Corporate Seal and each signature were duly affixed by order of the Board of Directors of said Company.

Sara C. Holt
*Notary Public, State of South Carolina*
*County of Lancaster*
***My Commission Expires 05/17/2023***

IN WITNESS WHEREOF, I have hereunto set my hand at Jet Insurance Company offices the day and year above written.

**Sara C. Holt**
**Notary Public, State of South Carolina**
**My Commission Expires May 17, 2023**

I, Richard Popp, Secretary of **JET INSURANCE COMPANY**, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney executed by **JET INSURANCE COMPANY**, which is still in full force and effect.

IN WITNESS WHEREOF, I have thereunto set my hand and attached the seal of said Company this **22nd** day of **February**, **2023**.

SEAL

**Richard Popp, Secretary**

Certificate of Limited Liability



EUCLID LIFE SCIENCE SPECIALTY

234 Spring Lake Drive, Itasca, IL 60143 | www.EuclidLSS.com

Binder Date: December 22, 2022

Notice to policyholder: This policy is written by a domestic surplus lines insurer, an eligible unauthorized insurer pursuant to section 2 of P.L.2011, c.39 (C.17:22-6.69b), and is not subject to the rate or form filing or approval requirements of the New Jersey Department of Banking and Insurance. This policy may contain conditions, limitations, exclusions and different terms than a policy otherwise issued by a New Jersey authorized or admitted insurer. This policy is not covered by the New Jersey Property-Liability Guaranty Association. This policy may be covered by the New Jersey Surplus Lines Insurance Guaranty Fund, but only to the extent provided pursuant to section 2 of P.L.1984, c.101 (C.17:22-6.71).

CREEKWOOD PHARMACEUTICALS, LLC
C/O PAUL ROVELLI
AMWINS INSURANCE BROKERAGE, LLC
88 PINE ST, 6TH FLR
NEW YORK, NY 10005

**Exportable**

F|0|8|7|9|-|2|2|-|0|4|0|3|5|
Transaction Number

RE: CREEKWOOD PHARMACEUTICALS, LLC
Primary Life Science Liability Policy - Binder

Dear Paul,

Euclid Life Science Specialty, LLC is pleased to provide the following binder for CREEKWOOD PHARMACEUTICALS, LLC. This binder is valid for 30 days from the effective date unless withdrawn by us. This binder is not an insurance policy.

Underwriter: Euclid Life Science Specialty, LLC
Policy Issuing Company: Scottsdale Insurance Company
AM Best A+ Rating

New Jersey Premium: $25,758.00
Fees:
Inspection Fees:
Surplus Lines Tax: $1,287.90
Fire Premium Tax:

THIS IS A BINDER FOR A "CLAIMS" MADE POLICY. THE COVERAGE AFFORDED BY THIS POLICY IS LIMITED TO "CLAIMS" FIRST MADE AGAINST THE "INSURED" DURING THE POLICY TERM IN ACCORDANCE WITH THE COMMON CONDITIONS AND DUTIES IN THE EVENT OF A "CLAIM". "DEFENSE COSTS" COVERED BY THIS POLICY ARE SUBJECT TO, WILL REDUCE AND MAY EXHAUST THE LIMITS OF INSURANCE. PLEASE READ CAREFULLY.

| **Item 1. NAMED INSURED AND MAILING ADDRESS** | **POLICY NO.:** LSS2000076 |
|---|---|
| CREEKWOOD PHARMACEUTICALS, LLC<br>1130 US-46 W, STE 21<br>PARSIPPANY, NJ 07054 | PREVIOUS POLICY NO.: NA |
| **AGENT NAME AND ADDRESS**<br>AMWINS INSURANCE BROKERAGE, LLC<br>88 PINE ST, 6TH FLR<br>NEW YORK, NY 10005 | **PROGRAM NUMBER:**<br>12754<br>**CA INSURANCE LICENSE:**<br>0771745 |
| ☐ Additional Named Insured(s) Per Endorsement(s) | |

This insurance is being provided for a policy to be issued by an approved Surplus Lines Company and will be issued pursuant to the surplus lines regulations of the insured address stated in **Item 1**. Any applicable taxes, surcharges and fees are in addition to the Total Premium provided. The producing broker is responsible for all surplus lines filing requirement and collecting/paying any and all taxes and applicable fees.

Insured State of Domicile for Surplus Lines: **NEW JERSEY**

This insurance is issued pursuant to the New Jersey Surplus Lines Law.

Surplus Lines Licensee Name: Amwins Insurance Brokerage, LLC
Address: 4725 Piedmont Row Dr. Suite 600, Charlotte, NC 28210
License Number: 1032293

Originating Agent Name: Michael Welling

LFS-Q-1 (9-19)

| | | |
|---|---|---|
| **Item 2. POLICY PERIOD** | From 12/22/2022 To 12/22/2023 | at 12:01 A.M., Standard Time at the NAMED INSURED mailing address shown above. |

| **Item 3. RETROACTIVE DATES** | |
|---|---|
| PRODUCTS-WORK HAZARD RETROACTIVE DATE: | 12/22/2022 |
| LIFE SCIENCE PROFESSIONAL LIABILITY RETROACTIVE DATE: | |
| ☐ Additional Retroactive Dates Apply Per Endorsement(s) | |

| Audit Terms | Revenue | Test Subjects |
|---|---|---|
| **PREMIUM RATING BASIS** | $5,000,000 of Gross Revenue | |
| **AUDIT COMPOSITE RATE** | $5.25 per $1,000 of Revenue | |
| **AUDIT TYPE** | ☐ Non-Auditable ☐ Regular Audit ☒ Threshold Audit | |
| **THRESHOLD AUDIT PERCENTAGE** | 20% ☒ Increase ☐ Decrease | _____% ☐ Increase ☐ Decrease |
| In return for the payment of the premium, and subject to all the terms of this policy, we agree to provide insurance as stated in this policy. This policy consists of the following coverages for which a limit is indicated. Where no limit is shown, there is no coverage. This premium may be subject to adjustment. | | |

| **Item 4. APPLICABLE COVERAGES** This binder includes only those coverages for which a Limit of Insurance is shown. | |
|---|---|
| **POLICY AGGREGATE LIMIT OF INSURANCE** | $10,000,000 |

| **SECTION I—PRODUCT-WORK HAZARD LIABILITY** | | | | | |
|---|---|---|---|---|---|
| **LIMIT OF INSURANCE** | | **DEDUCTIBLE** | | **SELF-INSURED RETENTION** | |
| **Each Claim** | **Aggregate** | **Each Claim** | **Aggregate** | **Each Claim** | **Aggregate** |
| $10,000,000 | $10,000,000 | $25,000 | $125,000 | | |

| **SECTION II—LIFE SCIENCE PROFESSIONAL LIABILITY** | | | | | |
|---|---|---|---|---|---|
| **LIMIT OF INSURANCE** | | **DEDUCTIBLE** | | **SELF-INSURED RETENTION** | |
| **Each Claim** | **Aggregate** | **Each Claim** | **Aggregate** | **Each Claim** | **Aggregate** |
| | | | | | |

| SUPPLEMENTAL COVERAGES | LIMIT OF INSURANCE | |
|---|---|---|
| Care, Custody or Control Property Damage Expense Reimbursement | Each Occurrence | Aggregate |
| | | |
| Data Breach Liability | Each Data Breach | Aggregate |
| | | |
| Data Breach Expense Reimbursement | Each Data Breach | Aggregate |
| | | |
| Medical Expense Reimbursement | Each Person | Aggregate |
| | $2,500 | $12,500 |
| Crisis Mitigation Expense Reimbursement | Each Circumstance | Aggregate |
| | $100,000 | $100,000 |
| Class 1 Product Recall Expense Reimbursement | Each Recall | Aggregate |
| | $100,000 | $100,000 |

| | | |
|---|---|---|
| **Premium** | $25,758 | ☒ Deposit ☐ Final |
| **Optional Terrorism Premium** | COVERAGE REJECTED – See **NOTICE OF TERRORISM INSURANCE COVERAGE** | |
| **Total Policy Premium** | $25,7S8 | |
| **Surplus Lines/Taxes Estimate** | Agent Responsibility. This is in addition to the Total Policy Premium. | |

| | |
|---|---|
| **Currency** | United States Dollar |
| **Minimum Earned Premium** | 50% |
| **Extended Reporting Period Premium Adjustment Percentage Options** | 12 Months – 100% of Annual Premium<br>24 Months – 12S% of Annual Premium<br>36 Months – 150% of Annual Premium<br>48 Months – 175% of Annual Premium<br>60 Months – 200% of Annual Premium |

**FORMS AND ENDORSEMENTS MADE A PART OF THE POLICY AT TIME OF ISSUE:**

| | |
|---|---|
| UTS-COVPG (03-21) | COVER PAGE |
| NOTX0178CW-LFS (9-19) | CLAIM REPORTING INFORMATION |
| IL P 001 01 04 | OFAC ADVISORY |
| NOTX0423CW (12-20) | NOTICE OF TERRORISM INSURANCE COVERAGE |
| NOTS0223NJ (S-05) | NOTICE TO INSURED-NEW JERSEY |
| LFS-D-1 (9-19) | POLICY DECLARATIONS |
| UTS-SP-2 (12-95) | SCHEDULE OF FORMS AND ENDORSEMENTS |
| LFS-P-1 (01-21) | LIFE SCIENCE SPECIALTY LIABILITY POLICY |
| UTS-9g (06-22) | SERVICE OF SUIT CLAUSE |
| UTS-3g (3-92) | AUDIT THRESHOLD ENDORSEMENT |
| LFS-19 (03-21) | DESIGNATED PRODUCTS EXCLUSION: CARVE BACK FOR HORMONE REPLACEMENT THERAPIES |
| LFS-20 (03-21) | DESIGNATED NUTRACEUTICAL PRODUCTS EXCLUSION |
| LFS-12 (9-19) | CANNABIS EXCLUSION |
| LFS-15 (5-20) | OPIOID OR OPIATE EXCLUSION |
| LFS-61 (5-20) | MICRO-BIO ORGANISMS-ORGANIC CONTAMINANTS EXCLUSION |
| UTS-404g-NJ (7-10) | RETURN OF UNEARNED PREMIUM ENDORSEMENT-NEW JERSEY |
| LFS-60 (5-20) | ADDITIONAL INSURED - CONTROLLING INTEREST ENDORSEMENT: V-ENSURE PHARMA TECHNOLOGIES PVT LTD. INDIA |
| LFS-53 (9-19) | EXCLUSION OF CERTIFIED ACTS OF TERRORISM |

| All policy notices to us required in the policy form should be addressed to: | |
|---|---|
| Email Address: | Service@EuclidLSS.com |
| Mailing Address: | Euclid Life Science Specialty, LLC<br>234 Spring Lake Drive<br>Itasca, IL 60143 |
| All "claim" and "suit" notices to us required in the policy form should be addressed to: | |
| Email Address: | Claim@EuclidLSS.com |
| Mailing Address: | Euclid Life Science Specialty, LLC<br>C/O GB Specialty/Western Litigation, Attention: Denise Greene<br>1900 West Loop South, Suite 1500<br>Houston, TX 77027 |

**Subjectivities**

This binder is based on information provided to us, is subject to change and may be withdrawn and is subject to the receipt, review and underwriting acceptance of the following items:

- Insured Audit Contact, Phone and Email Address
- Broker Responsible for Surplus Lines Filings Acknowledgement Executed and Returned

**Foreign Assets Control (OFAC)**

This insurance does not apply to the extent that trade or economic sanctions or any other law or regulation of the Office of Foreign Assets Control (OFAC) of the US Department of the Treasury that prohibit us or the issuing company from offering or providing insurance, rendering this proposal of insurance void ab initio.

**Premium Remittance** – Agency Bill, Annual Pay

Payment is due within thirty (30) days of the policy effective date and can be remitted as follows:

| Wire/ACH instructions: | Mailing Instructions: |
|---|---|
| The Northern Trust Company<br>50 South LaSalle Street<br>Chicago, IL 60603<br>Domestic Wires<br>ABA #: 071000152<br>Account Number: 3801950964<br>Account Title: Euclid Life Science Specialty, LLC Premium Trust | Euclid Life Science Specialty, LLC<br>c/o Premium Accounting<br>234 Spring Lake Drive<br>Itasca, IL 60143 |

Please review this binder carefully. The limits, attachments, coverage, terms and conditions may vary from those requested in the application or the expiring policy. This insurance proposal is based on information provided in the application and any other materials submitted for underwriting consideration. In the event of any material change or misrepresentation in the information provided, we have the right to amend, void or withdraw this proposal.

Any changes to this binder or direction to change coverage must be submitted in writing and coverage is not bound unless stated so by us. Please note that we will consider claims history for purposes of determining whether to cancel or refuse to renew this policy.

Thank you for the opportunity to be a business partner. We look forward to working with you.

**Enclosures**

Draft and Specimen Forms

Terrorism Notice and Election Form

Broker Responsible for Surplus Lines Filings Acknowledgement

**Freedom Specialty Insurance Company**
**National Casualty Company**
**Scottsdale Indemnity Company**
**Scottsdale Insurance Company**
**Scottsdale Surplus Lines Insurance Company**

## POLICYHOLDER DISCLOSURE
## NOTICE OF TERRORISM INSURANCE COVERAGE

### TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2019 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear, chemical, biological or radioactive events. Under the formula, the United States Government agrees to reimburse eighty percent (80%) of covered terrorism losses that exceed the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a $100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds $100 billion. If the aggregate insured losses for all insurers exceed $100 billion, your coverage may be reduced.

### CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2019 is scheduled to terminate at the end of December 31, 2027, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2027, any terrorism coverage as defined by the Act provided in the policy will also terminate.

# NEVADA STATE BOARD OF PHARMACY

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

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

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Creekwood Pharmaceuticals LLC — MDEG License # (if applicable): _____

Physical Address: 1130 Route 46 West, Suite 21

City: Parsippany — State: NJ — Zip: 07054

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida — State: NY — Zip: 10921

Telephone: (845) 544-2482 — Website: www.creekwoodpharma.com

Licensing Company Email: CRK@slsny.com

### Section 2: Personal Information

First: Arun — Middle: R — Last: Heble

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

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

Mailing Address: c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida — State: NY — Zip: 10921

Telephone: [redacted] — Email: [redacted]

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Kansas | | 01/1965 - 06/1967 | |
| **Address** | **City** | **State** | **Zip** |
| 1540 Jayhawk Blvd | Lawrence | KS | 66045 |
| **Diploma/Degree obtained, if any** | | | |
| MS Pharmacy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Nagpur | | 07/1961 - 05/1964 | |
| **Address** | **City** | **State** | **Zip** |
| 42XQ+4RW, Amravati Rd, Gokulpeth, Nagpur | Maharashtra | India | 440033 |
| **Diploma/Degree obtained, if any** | | | |
| BS Pharmacy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Orient High School | | 06/1954 - 05/1959 | |
| **Address** | **City** | **State** | **Zip** |
| Taikilwadi Dadar | Mumbai, Maharashtra | India | 400012 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/2013 - Present | [redacted] Daylily Drive | Langhorne | PA | 19047 |
| 08/1974 - 09/2013 | [redacted] River Road | Washington Crossing | PA | 18977 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Creekwood Pharmaceuticals LLC | | 03/2022 - Current | |
| **Business Address** | **City** | **State** | **Zip** |
| 1130 Route 46 West, Suite 21 | Parsippany | NJ | 07054 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (215) 666-3200 | President, Secretary, Treasurer | ~ 3,120 hrs | |

**Description of Duties**

Responsible for all Sales and Marketing operations. Oversees distribution of generic Pharmaceuticals. Manages relationships with Contract Manufacturers, and 3PLs to ensure proper procedures are followed

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Lexxus Laboratories Inc. d/b/a Opus Pharma | | 2000 - Present | |
| **Business Address** | **City** | **State** | **Zip** |
| 225 Lincoln Highway, Suite 187 | Fairless Hills | PA | 19030 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (215) 666-3200 | President | ~ 47,840 hrs | |

**Description of Duties**

Responsible for all Sales and Marketing operations. Managed all Mergers and Acquisitions. Ensured proper storage and record retention for sales and shipment documents.

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

**Description of Duties**

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

**Description of Duties**

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

**Description of Duties**

**Continue on next page if additional space is needed.**

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Arun R Heble, **certify that as the MDEG Administrator for**

Creekwood Pharmaceuticals LLC,

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

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

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

Arun R Heble

**Print Name (First, Last)**

ARHeble

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

August 11, 2023

**Date**

| **Board Use Only** | Date Received: |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

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

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Creekwood Pharmaceuticals LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1130 Route 46 West, Suite 21

City: Parsippany State: NJ Zip: 07054

Mailing Address (if different from physical address): c/o State License Servicing 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.creekwoodpharma.com

Licensing Company Email: CRK@slsny.com

### Section 2: Personal Information

First: Arun Middle: R Last: Heble

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

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

Mailing Address: [redacted] Daylily Drive

City: Langhorne State: PA Zip: 19047

Telephone: [redacted] Email: [redacted]

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

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

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

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

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Kansas | | 01/1965 - 06/1967 | |
| **Address** | **City** | **State** | **Zip** |
| 1540 Jayhawk Blvd | Lawrence | KS | 66045 |
| **Diploma/Degree obtained, if any** | | | |
| MS Pharmacy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Nagpur | | 07/1961 - 05/1964 | |
| **Address** | **City** | **State** | **Zip** |
| 42XQ+4RW, Amravati Rd, Gokulpeth, Nagpur | Maharashtra | India | 440033 |
| **Diploma/Degree obtained, if any** | | | |
| BS Pharmacy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Orient High School | | 06/1954 - 05/1959 | |
| **Address** | **City** | **State** | **Zip** |
| Taikilwadi Dadar | Mumbai, Maharashtra | India | 400012 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

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

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

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

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/2013 - Present | [redacted] Daylily Drive (1 hr drive from facility) | Langhorne | PA | 19047 |
| 08/1974 - 09/2013 | [redacted] River Rd | Washington Crossing | PA | 18977 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

[redacted]

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Creekwood Pharmaceuticals LLC | | 03/2022 - Current | |
| **Business Address** | **City** | **State** | **Zip** |
| 1130 Route 46 West, Suite 21 | Parsippany | NJ | 07054 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (215) 666-3200 | President, Secretary, Treasurer | ~ 3,120hrs | |

**Description of Duties**

Responsible for all Sales and Marketing operations. Oversees distribution of generic Pharmaceuticals. Manages relationships with Contract Manufacturers, and 3PLs to ensure proper procedures are followed

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Lexxus Laboratories Inc. d/b/a Opus Pharma | | 2000 - Present | |
| **Business Address** | **City** | **State** | **Zip** |
| 225 Lincoln Highway, Suite 187 | Fairless Hills | PA | 19030 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (215) 666-3200 | President | ~ 47,840 hrs | |

**Description of Duties**

Responsible for all Sales and Marketing operations. Managed all Mergers and Acquisitions. Ensured proper storage and record retention for sales and shipment documents.

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

**Description of Duties**

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

**Description of Duties**

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

**Description of Duties**

**Continue on next page if additional space is needed.**

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

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

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

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

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

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

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

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

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

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

**Provide explanation below:**

N/A

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Arun R Heble, **certify that as the designated representative for**

Creekwood Pharmaceuticals LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. ARH I am at least 21 years of age;
3. ARH I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ARH I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ARH I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ARH I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ARH I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Arun R Heble

**Print Name (First, Last)**

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

August 11, 2023

**Date**

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

Arun R Heble

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

August 11, 2023

Date

---

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

State of Pennsylvania, ss. County of Montgomery

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

Original Signature

Arun R Heble

August 11, 2023

Date

Subscribed and Sworn to before me this 11th day of August.

Notary Public Signature

Commonwealth of Pennsylvania - Notary Seal
Steven D'Adamo, Notary Public
Montgomery County
My commission expires September 20, 2024
Commission number 1300912
Member, Pennsylvania Association of Notaries

(Seal)

# NEVADA STATE BOARD OF PHARMACY

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

## Personal History Application

Rev (05/13/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler: Creekwood Pharmaceuticals LLC

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

Physical Address: 1130 Route 46 West, Suite 21

City: Parsippany State: NJ Zip: 07054

Mailing Address (if different from physical address): State License Servicing, 1751 State Route 17A, Ste 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.creekwoodpharma.com

Licensing Company Email: CRK@slsny.com

**Section 2: Personal Information**

First: Satyanarayana Middle: _____ Last: Vemula

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: N/A Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] IRIS, KESAR GARDEN, SECTOR-20, KHARGHAR

City: NAVI MUMBAI, INDIA State: MH Zip: 410210

Telephone: _____ Email: [redacted]

Are you a citizen of the United States? ☐ Yes ■ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| KAKATIYA UNIVERSITY | | 07/89-04/94 | |
| **Address** | **City** | **State** | **Zip** |
| VIDYARANYAPURI | WARANGAL | TL | 506009 |
| Diploma/Degree obtained, if any | | | |
| BACHELOR IN PHARMACEUTICAL TECHNOLOGIES | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| JADAVPUR UNIVERSITY | | 07/94-04/96 | |
| **Address** | **City** | **State** | **Zip** |
| KOLKATA | KOLKATA | WB | 700032 |
| Diploma/Degree obtained, if any | | | |
| MASTER IN PHARMACEUTICAL TECHNOLOGIES | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/07-08/23 | [redacted]IRIS KESAR GARDEN, KHARGHAR | NAVI MUMBAI | MAHA | 410210 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| V-Ensure Pharma Technologies Pvt Ltd | | | 06/2010 - Currently | |
| **Business Address** | **City** | | **State** | **Zip** |
| A-63, TTC, MIDC Industrial Area, Kopar Khairane | Navi Mumbai, Maharashtra | | India | 400705 |
| **Phone** | **Title** | | | |
| +91 22 2763 0003 | Owner (33.49%) | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Creekwood Pharmaceuticals LLC | | | 12/2020 - Currently | |
| **Business Address** | **City** | | **State** | **Zip** |
| 1130 Route 46 West | Parsippany | | NJ | 07054 |
| **Phone** | **Title** | | | |
| (215) 666-3200 | Grandparent Owner | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | **City** | | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | **City** | | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | **City** | | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |

Continue on next page if additional space is needed.

N/A

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.

This is in response to Question # N/A. Provide all the following *where applicable*:

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

Provide explanation below: N/A

N/A
Original Signature (electronic, copies or stamps not accepted)

N/A
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Satyanarayana Vemula

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

24.08.2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of MAHARASHTRA, ss. County of INDIA

I, SATYANARAYANA VEMULA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature** Satyanarayana Vemula

28/08/2023

**Date**

Subscribed and Sworn to before me this 28 day of August 2023.

**Notary Public Signature**

NOTARISED BY ME
ANITA PRATAP PATIL 28/8/2023
Advocate & Notary Public
Sudarshan House, H. No.347
Gothivali Village, Post. Ghansoli,
Near by. Vitthal Rukhmini Mandir
Navi Mumbai 400 701

(Seal)

29 AUG 2023



ANITA PRATAP PATIL
B.A. L.L.B.
Regd. No. 15077
Advocate & Notary
Govt. of India

# Personal History Application

Rev (05/13/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler: Creekwood Pharmaceuticals LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): Applying

Physical Address: 1130 Route 46 West, Suite 21

City: Parsippany State: NJ Zip: 07054

Mailing Address (if different from physical address): State License Servicing, 1751 State Route 17A, Ste 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.creekwoodpharma.com

Licensing Company Email: CRK@slsny.com

**Section 2: Personal Information**

First: Mousumi Middle: Satyanarayana Last: Vemula

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: NA Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] IRIS KESAR GARDEN, SECTOR 20, KHARGHAR

City: NAVI MUMBAI, INDIA State: MH Zip: 410210

Telephone: _____ Email: [redacted]

Are you a citizen of the United States? ☐ Yes ☒ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| JADAVPUE UNIVERSITY | | 07/94-04/96 0406 | |
| **Address** | **City** | **State** | **Zip** |
| JADAVPUR | KOLKATA | WB | 700032 |
| Diploma/Degree obtained, if any | | | |
| MASTERS IN PHARMACEUTICAL TECHNOLOGIES | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| JADAVPUR UNIVERSITY | | 06/90-04/94 | |
| **Address** | **City** | **State** | **Zip** |
| JADAVPUR | KOLKATA | WB | 700032 |
| Diploma/Degree obtained, if any | | | |
| BACHELOR IN PHARMACEUTICAL TECHNOLOGIES | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| SREERAMPORE GIRL'S HIGH SCHOOL | | 06/88-04/90 | |
| **Address** | **City** | **State** | **Zip** |
| BATTALA | SREERAMPORE | WB | 712201 |
| Diploma/Degree obtained, if any | | | |
| CERTIFICATE OF HIGHER SECONDARY SCHOOL | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/07-08/23 | [redacted] IRIS KESAR GARDEN, KHARGHAR | NAVI MUMBAI | MAHA | 410210 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| V-Ensure Pharma Technologies Pvt Ltd | | | 07/2010 - Currently |
| **Business Address** | **City** | **State** | **Zip** |
| A-63, TTC, MIDC Industrial Area, Kopar Khairane | Navi Mumbai, Maharashtra | India | 400705 |
| **Phone** | **Title** | | |
| +91 22 2763 0003 | Owner (32.79%) | | |
| **Description of Duties** | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Creekwood Pharmaceuticals LLC | | | 12/2020 - Currently |
| **Business Address** | **City** | **State** | **Zip** |
| 1130 Route 46 West | Parsippany | NJ | 07054 |
| **Phone** | **Title** | | |
| (215) 666-3200 | Grandparent Owner | | |
| **Description of Duties** | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # N/A. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:** N/A

N/A
Original Signature (electronic, copies or stamps not accepted)

N/A
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Mousumi Satyanarayana Vemula

Print Name (First, Last)

Mousumi S. Vemula

Original Signature (electronic, copies or stamps not accepted)

25/08/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of MAHARASTRA, ss. County of INDIA

I, MOUSUMI SATYANARAYANA VEMULA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Mousumi S. Vemula

**Original Signature** Mousumi Satyanarayana Vemula

28/08/2023

**Date**

Subscribed and Sworn to before me this 28 day of August 2023.

**Notary Public Signature**

**(Seal)**

NOTARISED BY ME

ANITA PRATAP PATIL 28/8/2023
Advocate & Notary Public
Sudarshan House, H. No. 347
Gothivali Village, Post. Ghansoli,
Near by. Vitthal Rukhmini Mandir
Navi Mumbai 400 701

29 AUG 2023

ANITA PRATAP PATIL
B.A., L.L.B.
Regd. No. 15077
Advocate & Notary
Govt. of India

CREEKWOOD

Employee List

Arun Heble

Sujit Sakpal

# 4K

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | ☐ Nevada ■ Out-of-State |
|---|---|

| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
|---|---|---|
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Dechra Veterinary Products, LLC

Physical Address: 7015 College Blvd, Suite 525

City: Overland Park State: KS Zip: 66211

Mailing Address (if different from physical address): As above.

City: _____ State: _____ Zip: _____

Telephone: 1-913-327-0015 Website: www.dechra-us.com

Name of Designated Representative (DR): Jason Eyre

Licensing Company Email: licensing@dechra.com DR Email: Jason.Eyre@dechra.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ☐ Pharmacies | ■ Dangerous Drugs | ■ Manufacturer *Virtual |
| ☐ Practitioners | ■ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ■ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ☐ Warehouse |
| ■ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | ✓ | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Feb 24, 2023 | May 16, 2023 | Alabama | Birmingham | Shelby |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| 22-L-0202 | | Alabama State Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| Please see associated documentation attached. | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| Dechra Veterinary Products, LLC | | | Deferral Agreement | |
| **Name of Business/Industry/Entity** | | | | |
| Dechra Veterinary Products, LLC | | | | |

**Provide explanation below:**

Violating Board Rule 680-X-2.23(2)(h)(1)(ii) in that a change in a permit holder's Designated Representative requires notification to the Board within (10) days of said change; however, Jason Eyre became (your) new Designated Representative on April 22, 2022 and the Board was not notified of said change until June 23, 2022.

Attached documents:
Notice of Hearing
Deferral Agreement
Confirmation of Payment

Original Signature (electronic, copies or stamps not accepted)

October 17, 2023
Date

| | | |
|---|---|---|
| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA STATE** |
| | ) | |
| **DECHRA VETERINARY PRODUCTS, LLC** | ) | **BOARD OF PHARMACY** |
| | ) | |
| **PRIVATE LABEL DISTRIBUTOR (VIRTUAL) Permit No. 195533** | ) | **CASE NO: 22-L-0202** |

## STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: **Dechra Veterinary Products, LLC**
**7015 College Boulevard, Suite 525**
**Overland Park, Kansas 66211**

Pursuant to the provisions of Code of Alabama (1975), § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board) on May 16, 2023 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine whether any of the discipline allowed by Board Rule 680-X-2.23(2)(h)(1)(ii) should not be imposed based upon any or all of the following:

### COUNT ONE

Violating Board Rule 680-X-2.23(2)(h)(1)(ii) in that a change in a permit holder's Designated Representative requires notification to the Board within (10) days of said change; however, Jason Eyre became your new Designated Representative on April 22, 2022 and the Board was not notified of said change until June 23, 2022.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-

examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 19th day of July, 2022.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

# ALABAMA BOARD OF PHARMACY

Donna C. Yeatman, R.Ph.
Executive Secretary

Location:
111 Village Street
Birmingham, AL 35242

(205) 981-2280
www.albop.com

MEMBERS 2022

Robert Colburn, Jr., R.Ph.
President

Christy Garmon, PharmD
Vice President

Gary Mount, PharmD
Treasurer

Thomas H. Cobb, PharmD

Stacy Sharp Giles, R.Ph.

**Date**
**February 23, 2023**

**To:** DECHRA VETERINARY PRODUCTS, LLC
7015 COLLEGE BLVD. SUITE 525
Overland Park, KS/66211

**FROM:** WENDY PASSMORE, OPERATONS MANAGER
EMAIL- WPASSMORE@ALBOP.COM
FAX - 205-803-6481

**RE:** ADMINISTRATIVE HEARINGS

**CASE #:** 22-L-0202

Your hearing is scheduled for **May 16, 2023** at **8:00 AM**

**Please provide the following information if different than above.**

NAME:_____

**ADDRESS:**

_____

_____

***Please note: The administrative hearing will proceed as scheduled with or without your attendance.***

☐ I plan to attend the Hearing.
☐ I do not plan to attend the Hearing.
☐ I will be represented by the Attorney listed below:

**ATTORNEY'S NAME:** _____ **PHONE #** _____

**ADDRESS:**_____

**EMAIL** _____

**********

WHILE A CONTINUANCE IS NOT AUTOMATIC, ANY REQUEST FOR ONE MUST BE FILED AND RECEIVED BY THE BOARD'S HEARING OFFICER THIRTY (30) DAYS PRIOR TO YOUR SCHEDULED HEARING DATE.

# ALABAMA STATE BOARD OF PHARMACY

## SCHEDULING ORDER

In order to administer the matter, set for hearing in a manner fair to the Respondent and the Alabama State Board of Pharmacy and consistent with the interest in completing this matter in the shortest possible time, this Order is issued. Read carefully; failure to comply with the below listed requirements may result in sanctions.

IT IS ORDERED that the Respondent and the Board are directed to comply with each of the following directives:

### (1) DISCOVERY

All Requests for Production and other discovery requests must be submitted to be received by the Administrative Hearing Officer and a copy to the Board's counsel or Respondent's counsel if request by the Board, no later than forty (40) days before the scheduled hearing at:

James F. Hampton
Administrative Hearing Officer
Alabama Board of Pharmacy
4267 Lomac Street
Montgomery, Alabama 36106
E-mail: jfh@jamesfhampton.com

With a copy to the Respondent and Board's Counsel

Jennifer Muro Neumann, Esquire
Post Office Box 381082
Birmingham, AL, 35238
E-mail: jennifermuroneumann@gmail.com

### (2) REQUESTS FOR CONTINUANCE

All requests for continuances of the matter shall be submitted to be received by the Administrative Hearing Officer no later than thirty (30) days before the scheduled hearing with a copy to the Board's counsel or Respondent and if not, unless there are emergency circumstances, the hearing WILL NOT be continued.

**(3) PLEADINGS**

All other pleadings shall be submitted to be received by the Administrative Hearing Officer no later than fifteen (15) days before the scheduled hearing with a copy to the Board's counsel or Respondent if submitted by the Board. Pleadings shall be submitted with the style, case number and containing a certificate of service.

**(4) CONSENT ORDER/SETTLEMENT PROPOSALS**

If you are interested in a settled proposal from the Board, you must inform Board's counsel seven days in advance of the Board meeting in the month prior to the scheduled hearing. For the attached Statement of Charges and Notice of Hearing the prior Board meeting is 4-18-23. Unless emergency circumstances exist, proposals submitted after the above date will not be considered.

**(5) COPIES**

Prior to the hearing the parties shall prepare a sufficient number of copies of documents which are proposed to be introduced into evidence at the administrative hearing. With the exception of the Statement of Charges and Notice of Hearing, documents which are proposed to be introduced into evidence at the administrative hearing shall not be presented to the Administrative Hearing Officer prior to the hearing unless otherwise ordered.

**(7) REPRESENTATION**

Individuals may represent themselves before the Board. Legal entities such as corporations, LLCs and partnerships must be represented by an attorney licensed to practice in the State of Alabama. Attorneys representing Respondents in administrative hearings before the Board shall file a Notice of Appearance with the Administrative Hearing Officer with a copy to the Board's counsel. Attorney should compare their calendar to the scheduled hearing date before accepting representation to avoid conflict. In the event, an attorney who is not a member of the Alabama Bar, is representing a Respondent in a matter to be heard in an administrative hearing, the attorney shall make Application for Admission Pro Hac Vice To Practice Under Rule VII of The Rules Governing Admission To The Alabama State Bar.

DONE and ORDERED this the 24 day of Feb, 2023.

JAMES F. HAMPTON
ADMINISTRATIVE HEARING OFFICER

Copies to:
Respondent
Mrs. Jennifer Muro Neumann, Esq.
Mrs. Wendy Passmore, Alabama Board of Pharmacy

| | | |
|---|---|---|
| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA STATE** |
| | ) | |
| **DECHRA VETERINARY PRODUCTS, LLC** | ) | **BOARD OF PHARMACY** |
| | ) | |
| **PRIVATE LABEL DISTRIBUTOR** | ) | |
| **(VIRTUAL)** | ) | **CASE NO: 22-L-0202** |
| **Permit No. 195533** | ) | |

**DEFERRAL AGREEMENT**

This Agreement is entered into by and between the Alabama State Board of Pharmacy (Board) and Dechra Veterinary Products, LLC.

WHEREAS, Dechra Veterinary Products, LLC filed a Designated Representative Change/Update Form with the Alabama State Board of Pharmacy pursuant to 680-X-2.23(2)(h)(1)(ii) on June 23, 2022.

WHEREAS, on February 24, 2023, Dechra Veterinary Products, LLC was served with a Statement of Charges and Notice of Hearing (Pending Charges), dated July 19, 2022, alleging violations of the Alabama Pharmacy Practice Act. A copy of the Pending Charges is attached hereto as Exhibit "A".

WHEREAS, the parties, through counsel, have engaged in discussions concerning an informal resolution of the Pending Charges.

WHEREAS, the parties have agreed to resolve this matter pursuant to Code of Alabama (1975) 41-22-12(f) by their approval of the following terms:

IT IS THE THEREFORE UNDERSTOOD AND AGREED BY THE PARTIES AS FOLLOWS:

1. The Pending Charges against Dechra Veterinary Products, LLC shall be deferred until December 31, 2023 (Deferral Period).

2. As a condition to the Deferral described above, Dechra Veterinary Products, LLC shall pay costs in the amount of five thousand dollars ($5,000) within thirty (30) days of the effective date of this Agreement, that being the date it is signed on behalf of the Board. Failure to pay this amount shall be considered a probable cause violation by Dechra Veterinary Products, LLC as defined below. This payment shall not be subject to discharge in bankruptcy nor shall Dechra Veterinary Products, LLC attempt to discharge the same. Payments shall be made payable to Alabama State Board of Pharmacy and mailed to 111 Village Street, Birmingham, Alabama 35242.

3. In the event there are no probable cause violations of the Alabama Pharmacy Practice Act involving Dechra Veterinary Products, LLC during the Deferral Period set forth above, the Pending Charges shall be dismissed.

4. In the event there is a probable cause violation of the Alabama Pharmacy Practice Act involving Dechra Veterinary Products, LLC during the Deferral Period set forth above, both the Pending Charges and any new charges shall be noticed and scheduled for a hearing.

5. Neither the Pending Charges nor this Agreement shall be reported as discipline, during the Deferral Period or thereafter, as long as Dechra Veterinary Products, LLC complies with the conditions of Paragraphs Two and Three of this Agreement.

6. That Dechra Veterinary Products, LLC expressly waives its right pursuant to the Alabama Pharmacy Practice Act, and the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975), §34-23-92(12), Code of Alabama (1975), §41-22-12 and §41-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with the Pending Charges against it and any judicial review. Dechra Veterinary Products, LLC further waives any objection to the attorney for the Board preparing, drafting or making this Deferral Agreement, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

7. By execution of this Deferral Agreement, Dechra Veterinary Products, LLC hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Deferral Agreement and Pending Charges.

8. Dechra Veterinary Products, LLC acknowledges and agrees that it has read this Deferral Agreement and that it fully understands the terms, conditions and contents of the same. Dechra Veterinary Products, LLC acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Deferral Agreement and is signing this Deferral Agreement on the advice of its attorney.

DONE this the 16th day of May, 2023.

Jennifer Muro Neumann
Jennifer Muro Neumann, P.C.
Post Office Box 381082
Birmingham, Alabama 35238

Robert M. Colburn, Jr., R. Ph.,
President
State Board of Pharmacy

DONE this the _____ day of _____, 2023.

Mary Hagler

Dechra Veterinary Products, LLC

By: Mary Hagler

Its: Senior Regulatory Affairs Manager

Nate Arends

Nate Arends
Counsel for Dechra Veterinary Products, LLC

# Alabama - Deferral Agreement Dechra

Final Audit Report 2023-05-10

| | |
|---|---|
| Created: | 2023-05-10 |
| By: | Jo Sitek (jo.sitek@dechra.com) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAoaAF7alvSsWsIF2GoSB1M5QChaZOn8dT |

## "Alabama - Deferral Agreement Dechra" History

Document created by Jo Sitek (jo.sitek@dechra.com)
2023-05-10 - 5:58:18 PM GMT

Document emailed to Mary Hagler (mary.hagler@dechra.com) for signature
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Email viewed by Mary Hagler (mary.hagler@dechra.com)
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Document e-signed by Mary Hagler (mary.hagler@dechra.com)
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2023-05-10 - 6:06:43 PM GMT

Document e-signed by Nate Arends (nate.arends@dechra.com)
Signature Date: 2023-05-10 - 6:07:24 PM GMT - Time Source: server

Agreement completed.
2023-05-10 - 6:07:24 PM GMT

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH [illegible]

**DECHRA VETERINARY PRODUCTS, LLC**
7016 COLLEGE BOULEVARD, SUITE 525
OVERLAND PARK, KS 66211
(913) 327-0015

HSBC BANK USA

1-0108/0210

23742
NUMBER

DATE
5/18/2023

**AMOUNT**
$5,000.00

Five Thousand Dollars & 00/100 **********

**PAY TO THE ORDER OF**
Alabama Board of Pharmacy
Attn: Jennifer Muro Neumann
[redacted] Village Street
Birmingham, AL 35242

Tiffany Blackley
Banking Manager

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR PRESS [illegible]

Memo: Case #22-L-0202

⑈023742⑈ [redacted] [redacted]

DECHRA VETERINARY PRODUCTS, LLC

23742

| | | |
|---|---|---|
| Remit To: | Alabama Board of Pharmacy | |
| Invoice # | License Registration Application | |
| Amount: | $5,000.00 | |
| Description: | 400.405.07020.900 | Case #22-L-0202 |

5/18/2023

**From:** UPS
**To:** Andrea Detweiler
**Subject:** UPS Delivery Notification, Tracking Number 1Z553AX70196614693
**Date:** Friday, May 19, 2023 10:08:46 AM

(Caution! External Email)



**Hello, your package has been delivered.**
**Delivery Date:** Friday, 05/19/2023
**Delivery Time:** 10:05 AM
**Signed by:** LAWERENCE

## DVP LLC OVERLAND PARK

| | |
|---|---|
| **Tracking Number:** | 1Z553AX70196614693 |
| **Ship To:** | ALABAMA STATE BOARD OF PHARMACY<br>111 VILLAGE ST<br>BIRMINGHAM, AL 35242<br>US |
| **Number of Packages:** | 1 |
| **UPS Service:** | UPS Next Day Air® |
| **Package Weight:** | 0.5 LBS |
| **Reference Number:** | 18MAY2023 |

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**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Dechra Limited dba: Dales Pharmaceuticals
Address: Snaygill Industrial Estate, Keighley Road City: Skipton, N. York., U.K. State: N/A Zip: N/A

Name: Sandoz GMBH
Address: Biochemiestrasse 10 City: Kundl, Tyrol, Austria State: N/A Zip: 6250

Name: Par Pharmaceutical
Address: 870 Parkdale Road City: Rochester State: MI Zip: 48307

Name: Belcher Pharmaceuticals
Address: 6911 Bryan Dairy Road City: Largo State: FL Zip: 33777

**Section 4: Publicly Traded Corporation**

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware
Parent Company (if any): Dechra Holdings US Inc.
Corporation/Organization Name: Dechra Veterinary Products, LLC
Mailing Address: 7015 College Blvd, suite 525
City: Overland Park State: KS Zip: 66211
Telephone: 1-913-327-0015 Email: licensing@dechra.com
Contact Person Name: Andrea Detweiler, RA/Licensing

**Section 6: Partnership**

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | ✓ |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| | Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|---|
| 1) | • **List of all Officers and Directors.** | ✓ | ✓ | | |
| | • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| 2) | • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| | • **List of all partners and their percent ownership.** | | | ✓ | |
| 3) | • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| 4) | • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| 5) | • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| 6) | • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| | • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| 7) | • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| 8) | • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| 9) | • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| 10) | • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| | **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| 11) | • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| 12) | • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Dechra Veterinary Products, LLC

Facility Name

John Bardsley

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

October 17, 2023

Date

| Board Use Only | Date Received: _____ | Amount: _____ |
|---|---|---|

Dechra
Veterinary Products

# Virtual Manufacturer Statement

**Facility Description**
Dechra Veterinary Products LLC is a virtual pharmaceutical manufacturer. As a virtual manufacturer, Dechra Veterinary Products LLC utilizes contract manufacturing organizations and third party logistics providers to manufacture, store and distribute Dechra's product. Dechra distributes products to which they hold the NADA/ANADAs, as well as products that they do not hold the NADA/ANADAs; but distribute under the Dechra trade dress. No pharmaceutical products are located, stored or distributed from Dechra Veterinary Products LLC's facility: a 22, 462 sq ft corporate and administrative office.

**Food & Drug Administration Registration**
Dechra Veterinary Products, LLC is a virtual manufacturer, and is not required to have an FDA Establishment Identification Number. As a virtual manufacturer, Dechra Veterinary Products, LLC utilizes contract manufacturing organizations and third party logistics providers to manufacture, store and distribute Dechra's products. No pharmaceutical products are located, stored, distributed or received at Dechra's facility, which is the American corporate headquarters and administrative office. Dechra holds FDA Labeler Code #17033.

**Drug Enforcement Agency Registration**
Dechra Veterinary Products, LLC is a virtual manufacturer, and is not required to have a DEA Registration Certificate. As a virtual manufacturer, Dechra Veterinary Products, LLC utilizes contract manufacturing organizations and third party logistics providers to manufacture, store and distribute Dechra's controlled substance products. No controlled substance products are located, stored, distributed or received at Dechra's facility, which is the American corporate headquarters and administrative office. Dechra's controlled substances are managed under our third party logistics providers' DEA Registration Certificate.

Dechra Veterinary Products LLC • 7015 College Blvd., Suite 525 • Overland Park, KS 66211
Phone (913) 327-0015 • Fax (913) 327-0016 • Toll Free (866) 933-2472

## Maria Herrera

**From:** CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>
**Sent:** Thursday, November 2, 2023 9:47 AM
**To:** Kelsey Biegun
**Cc:** Andrea Detweiler
**Subject:** RE: [EXTERNAL] Proof of labeler code

**Follow Up Flag:** Follow up
**Flag Status:** Flagged

verified 11/6/23

(Caution! External Email)

Here is the record we have on file :

| NAME | DUNS | LABELER CODE | TYPE | STATUS | LABELER COMPLIANCE STATUS |
|---|---|---|---|---|---|
| Dechra Veterinary Products | 362142734 | 17033 | NDC LABELER CODE REQUEST | ACTIVE | CREATE NEW CASE |

Contact

| CONTACT NAME | CONTACT PHONE | CONTACT EMAIL |
|---|---|---|
| Mike Eldred | 1-913-327-0015 | mike.eldred@dechra.com |

US Agent

There is no US Agent

Data Source

| LABELER CODE | SPL CORE ID | SPL ROOT ID | SPL SET ID | VERSION NUMBER | DATA SOURCE | LOAD DATE | SPL DOC |
|---|---|---|---|---|---|---|---|
| 17033 | ci1268852910683.30644@llnap02_te | 3174fdf0-a6f2-47ef-a3a6-74685023328d | 4658542a-6695-46e2-aba2-51f6abe69cb2 | 2 | ESG | 17-MAR-2010 | |

**From:** Kelsey Biegun <kelsey.biegun@dechra.com>
**Sent:** Thursday, November 2, 2023 12:36 PM
**To:** CDER Electronic Drug Registration and Listing <EDRLS@fda.hhs.gov>

# Dechra Veterinary Products LLC

## Top Suppliers

**Dechra Limited**
dba : Dales Pharmaceuticals
Snaygill Industrial Estate, Keighley Road
Skipton, North Yorkshire, England, U.K. BD23 2RW

**Sandoz GmbH**
Biochemiestrasse 10, Kundl
Tyrol A-6250, Austria

**Vetio Animal Health**: non-prescription drug products
15843 Guild Court
Jupiter, FL 33478

**Laboratorios Biogalenic SA de CV** : non-prescription drug products
Blvd del ejercito naci5.5 Soyapango
San Salvador, El Salvador

**Par Pharmaceutical**
870 Parkdale Road
Rochester, MI 48307

**Belcher Pharmaceuticals**
6911 Bryan Dairy Road
Largo, FL 33777

**AmPharmco, LLC**
1401 Joel East Road
Fort Worth, TX 76140

**Felix Pharmaceuticals Private Limited**
Plot No. M-24, 25, 26 & 27 Special Economic Zone
Phase II, Pithampur, Dist. Dhar, Madhya Pradesh, India 454775

Dechra
Veterinary Products

# DECHRA VETERINARY PRODUCTS, LLC
# OWNERSHIP HIERARCHY



Dechra

# Dechra Veterinary Products, LLC

## Corporate Officer List

| Officer Title | Name | Business Address | Home Address | SSN<br>DoB<br>DL |
|---|---|---|---|---|
| **President** | Mike Eldred | 7015 College Blvd, Suite 525<br>Overland Park, KS 66211<br>Ph: 1-913-327-0015 | [redacted] Reinhardt Lane<br>Leawood, KS 66206<br>Ph: [redacted] | XXX-XX-[redacted]<br>K02-34-8671 |
| **Vice President** | Doug Hubert | 7015 College Blvd, Suite 525<br>Overland Park, KS 66211<br>Ph: 1-913-327-0015 | [redacted] Katy Springs Lane<br>Katy, TX 77494<br>Ph: [redacted] | XXX-XX-[redacted]<br>TX: 12319719 |
| **Vice President** | Milton McCann | 24 Cheshire Ave, Lostock Gralam<br>Northwich, England, UK CW9 7UA<br>Ph: +44 7855 471 792 | [redacted] Dale Park Avenue<br>Leeds, UK LS16 7PU<br>Ph: [redacted] | XXXXX-[redacted]<br>MCCAN70423MJ9GG |
| **Treasurer** | John Bardsley | 7015 College Blvd, Suite 525<br>Overland Park, KS 66211<br>Ph: 1-913-815-6312 | [redacted] W 140th Terrace<br>Overland Park, KS 66221<br>Ph: [redacted] | XXX-XX-[redacted]<br>K01-28-6156 |
| **Secretary** | Nate Arends | 7015 College Blvd, Suite 525<br>Overland Park, KS 66211<br>Ph: 1-913-359-1005 | [redacted] Fontana Street<br>Prairie Village, KS 66208<br>Ph: [redacted] | XXX-XX-[redacted]<br>K03-65-8747 |

Dechra Veterinary Products, LLC FEIN: 20-2624279
organized in the State of Delaware on April 1, 2005

# STATE OF KANSAS
## OFFICE OF SECRETARY OF STATE
## SCOTT SCHWAB

I, SCOTT SCHWAB, Secretary of State of the state of Kansas, do hereby certify, that according to the records of this office.

Business Entity ID Number: 4147484

Entity Name: DECHRA VETERINARY PRODUCTS, LLC

Entity Type: FOR: LTD LIABILITY COMPANY

State of Organization: DE

was filed in this office on December 12, 2007, and is in good standing, having fully complied with all requirements of this office.

No information is available from this office regarding the financial condition, business activity or practices of this entity.

In testimony whereof I execute this certificate and affix the seal of the Secretary of State of the state of Kansas on this day of March 23, 2023

Scott Schwab

**SCOTT SCHWAB**
**SECRETARY OF STATE**

Certificate ID: 1257876 - To verify the validity of this certificate please visit https://www.kansas.gov/bess/flow/validate and enter the certificate ID number.

# Manufacturer Certificate of Renewal of Permit

**NOTICE: Display this renewal with original certificate in a prominant location site**

**APPLICANT MAILING ADDRESS**

JASON EYRE
Dechra Veterinary Products, LLC
7015 College Blvd, Suite 525
Overland Park, KS 66211

| | |
|---|---|
| **Original Permit #** | 4-118291 |
| **Company Name** | **Dechra Veterinary Products, LLC** |
| **Schedules** | CS, Legend, NPD, 4 |
| **Address** | 7015 COLLEGE BLVD, SUITE 525 |
| **City/State/Zip** | Overland Park, KS 66211 |
| **Owner** | **Dechra Veterinary Products, LLC** |

**KANSAS STATE BOARD OF PHARMACY**

## 2023 - 2024

**Expires June 30, 2024**
**(This is a renewal, not an original registration)**

**Executive Secretary**
**(785) 296-4056**

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RU0346088 | 05-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | DISTRIBUTOR | 04-13-2023 |

U P S SUPPLY CHAIN SOLUTION INC,
1860 OUTER LOOP ROAD
LOUISVILLE, KY 402190000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
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|---|---|---|
| 2,2N,3, 3N,4,5 | DISTRIBUTOR | 04-13-2023 |

U P S SUPPLY CHAIN SOLUTION INC,
1860 OUTER LOOP ROAD
LOUISVILLE, KY 402190000

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Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RV0240589 | 05-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4 | DISTRIBUTOR | 04-04-2023 |

VEDCO
5503 CORPORATE DR
SAINT JOSEPH, MO 645077752

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RV0240589 | 05-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4 | DISTRIBUTOR | 04-04-2023 |

VEDCO
5503 CORPORATE DR
SAINT JOSEPH, MO 645077752

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

0439

# CERTIFICATE OF LIABILITY INSURANCE

11/1/2023 | DATE (MM/DD/YYYY) 3/15/2023

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

| | |
|---|---|
| **PRODUCER** Lockton Companies<br>444 W. 47th Street, Suite 900<br>Kansas City MO 64112-1906<br>(816) 960-9000<br>kcasu@lockton.com | **CONTACT NAME:**<br>**PHONE (A/C, No, Ext):** **FAX (A/C, No):**<br>**E-MAIL ADDRESS:** |
| **INSURED** 1373003<br>DECHRA VETERINARY PRODUCTS LLC<br>7015 COLLEGE BLVD. SUITE 525<br>OVERLAND PARK KS 66211 | **INSURER(S) AFFORDING COVERAGE** — **NAIC #**<br>**INSURER A :** Hartford Casualty Insurance Company — 29424<br>**INSURER B :** HDI Global Insurance Company — 41343<br>**INSURER C :**<br>**INSURER D :**<br>**INSURER E :**<br>**INSURER F :** |

**COVERAGES** **CERTIFICATE NUMBER:** 19409219 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| B | COMMERCIAL GENERAL LIABILITY<br>[X] CLAIMS-MADE [ ] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] POLICY [ ] PRO-JECT [ ] LOC<br>OTHER: | N | N | GLD1261609 | 11/1/2022 | 11/1/2023 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>$ | $ 1,000,000<br>$ 100,000<br>$ 5,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 1,000,000<br>$ |
| | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY | | | NOT APPLICABLE | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>$ | $ XXXXXXX<br>$ XXXXXXX<br>$ XXXXXXX<br>$ XXXXXXX<br>$ XXXXXXX |
| B | [X] UMBRELLA LIAB [ ] OCCUR<br>EXCESS LIAB [X] CLAIMS-MADE<br>DED [X] RETENTION $ 25,000 | N | N | CUD1262609 | 11/1/2022 | 11/1/2023 | EACH OCCURRENCE<br>AGGREGATE<br>PERS & ADV INJ | $ 5,000,000<br>$ 5,000,000<br>$ 5,000,000 |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N]<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | N | 37WEAE7D6C | 11/1/2022 | 11/1/2023 | [X] PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

**CERTIFICATE HOLDER**

**19409219**
For Information Purposes

**CANCELLATION**

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

**AUTHORIZED REPRESENTATIVE**

Joseph M Agnello

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# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 1103919

Application/License No. _____

Dechra Veterinary Products, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 7015 College Blvd, Suite 5425, Overland Park, KS 66211 (Address of Applicant/Principal), as PRINCIPAL, and The Hanover Insurance Company (Surety Company), a corporation organized under the laws of the state of New Hampshire (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 440 Lincoln Street, Worcester, MA 01653-0002 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 12, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 12th day of October, 2023.

APPLICANT/PRINCIPAL
Dechra Veterinary Products, LLC

Authorized Representative

SURETY COMPANY
The Hanover Insurance Company

Surety Company's Representative

Kellie A. Meyer, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:

Witness Rosanna Dabler

Witness

Witness Kristin D. Thurber

Countersigned by:

Nevada Resident Agent Hillary D. Shepard
Non-Resident License #3436995

**THE HANOVER INSURANCE COMPANY**
**MASSACHUSETTS BAY INSURANCE COMPANY**
**CITIZENS INSURANCE COMPANY OF AMERICA**

***POWER OF ATTORNEY***

**THIS Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.**

**KNOW ALL PERSONS BY THESE PRESENTS:**

That THE HANOVER INSURANCE COMPANY and MASSACHUSETTS BAY INSURANCE COMPANY, both being corporations organized and existing under the laws of the State of New Hampshire, and CITIZENS INSURANCE COMPANY OF AMERICA, a corporation organized and existing under the laws of the State of Michigan, (hereinafter individually and collectively the "Company") does hereby constitute and appoint,

**Jeffrey C. Carey, Mary T. Flanigan, Christy M. Braile, Patrick T. Pribyl, Debra J. Scarborough, Charles R. Teter, III, Cheriese D. Lecuyer, Evan D. Sizemore, Rebecca S. Leal, C. Stephens Griggs, Tehitia M. Fry, Kellie A. Meyer, Veronica Lawver, Hillary D. Shepard, Erin C. Levin and/or Lauren Scott**

Of **Lockton Companies of Kansas City, MO** each individually, if there be more than one named, as its true and lawful attorney(s)-in-fact to sign, execute, seal, acknowledge and deliver for, and on its behalf, and as its act and deed any place within the United States, any and all surety bonds, recognizances, undertakings, or other surety obligations. The execution of such surety bonds, recognizances, undertakings or surety obligations, in pursuance of these presents, shall be as binding upon the Company as if they had been duly signed by the president and attested by the secretary of the Company, in their own proper persons. Provided however, that this power of attorney limits the acts of those named herein; and they have no authority to bind the Company except in the manner stated and to the extent of any limitation stated below:

**Any such obligations in the United States, not to exceed Fifty Million and No/100 ($50,000,000) in any single instance**

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America and affirmed by each Company on March 24, 2014)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 11th day of **April, 2022**.

**THE HANOVER INSURANCE COMPANY**
**MASSACHUSETTS BAY INSURANCE COMPANY**
**CITIZENS INSURANCE COMPANY OF AMERICA**

Bryan J. [illegible], Executive Vice President

**THE HANOVER INSURANCE COMPANY**
**MASSACHUSETTS BAY INSURANCE COMPANY**
**CITIZENS INSURANCE COMPANY OF AMERICA**

James H. Kawiecki, Vice President

THE COMMONWEALTH OF MASSACHUSETTS )
COUNTY OF WORCESTER ) ss.

On this 11th day of **April, 2022** before me came the above named Executive Vice President and Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, to me personally known to be the individuals and officers described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, respectively, and that the said corporate seals and their signatures as officers were duly affixed and subscribed to said instrument by the authority and direction of said Corporations.

**ARLEEN V. SIMONS**
Notary Public
COMMONWEALTH OF MASSACHUSETTS
My Commission Expires
June 15, 2023

Arleen V. Simons, Notary Public
My Commission Expires June 15, 2023

I, the undersigned Vice President of The Hanover Insurance Company, Massachusetts Bay Insurance Company and Citizens Insurance Company of America, hereby certify that the above and foregoing is a full, true and correct copy of the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Powers of Attorney are still in force and effect.

GIVEN under my hand and the seals of said Companies, at Worcester, Massachusetts, this 12th day of October, 2023.

CERTIFIED COPY

**THE HANOVER INSURANCE COMPANY**
**MASSACHUSETTS BAY INSURANCE COMPANY**
**CITIZENS INSURANCE COMPANY OF AMERICA**

Carrick A. Bligh, Vice President

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Dechra Veterinary Products, LLC — MDEG License # (if applicable): new applicant

Physical Address: 7015 College Blvd, suite 525

City: Overland Park — State: Kansas — Zip: 66211

Mailing Address (if different from physical address): as above

City: — State: — Zip:

Telephone: 1-913-327-0015 — Website: www.dechra-us.com

Licensing Company Email: licensing@dechra.com

### Section 2: Personal Information

First: Jason — Middle: Albert — Last: Eyre

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Address: 7015 College Blvd, suite 525

City: Overland Park — State: KS — Zip: 66211

Telephone: [redacted] — Email: jason.eyre@dechra.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | ✓ | |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | ✓ | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Phoenix | | 08/02 - 04/06 | |
| Address | City | State | Zip |
| 4035 S. Riverpoint Pkwy | Phoenix | AZ | 85040 |
| Diploma/Degree obtained, if any | | | |
| Bachelor Science, Business Management | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Hickman Mills High School | | 08/89 - 04/93 | |
| Address | City | State | Zip |
| 7000 E 111th Street | Kansas City | MO | 64134 |
| Diploma/Degree obtained, if any | | | |
| Academic | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| N/A | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/12 - present | [redacted] SW Coldwater Circle | Lee's Summit 25 min. DMV from facility | MO | 64082 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Dechra Veterinary Products, LLC | | | 03/19 - present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 7015 College Blvd, Suite 525 | | Overland Park | KS | 66211 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 1-913-327-0015 | Operations and Demand Manager | | 40+ hrs/week | |
| **Description of Duties** | | | | |
| Strategizes demand planning processes for the US business from a number of different planning points including translation of sales, marketing planning and historical move-out processes into the finished goods forecast. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Ceva Biomune, Ceva Animal Health | | | 05/12 - 03/19 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 8765 Rosehill Road, Suite 300 | | Lenexa | KS | 66215 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 1-800-999-0297 | Production Planner/Distribution Manager | | 40+ hrs/week | |
| **Description of Duties** | | | | |
| DRP/MRP - received incoming forecasts from domestic and international markets into JD Edwards. Demand management - analyze incoming forecasts for changes and accuracy. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Pfizer Animal Health | | | 09/08 - 05/12 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 9225 Indian Creek Pkwy, Suite 400 | | Overland Park | KS | 66210 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| closed | Demand Management/Market Deployment Analyst | | 40+ hrs/week | |
| **Description of Duties** | | | | |
| Created customized and standardized reports related to global backorders, customer service, inventory and other business needs. Create global replenishment plan for Pfizer and various 3rd party contract manufacturing locations. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Bayer Animal Health | | | 01/08 - 08/08 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 12707 Shawnee Mission Pkwy | | Shawnee | KS | 66216 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| closed | Senior Inventory Analyst | | 40+ hrs/week | |
| **Description of Duties** | | | | |
| Performed inventory control functions that ensure accurate and timely data input into SAP and AS400; coordinate product shipments and reconcile inventory for all off-site inventory at consignment warehouses; enforce SOX guidelines. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Sanofi - Aventis Pharmaceuticals | | | 01/96 - 10/07 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 10236 Marion Park Dr | | Kansas City | MO | 64137 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| closed | Warehouse Associate / Distribution Coordinator | | 40+ hrs/week | |
| **Description of Duties** | | | | |
| Receive raw materials, packaging components and third party products into the production plant; ensure accurate, complete and timely data input of all product/material transfers, cycle adjustments, goods issued and other components. | | | | |

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | ✓ | |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Feb 24, 2023 | May 16, 2023 | Alabama | Birmingham | Shelby |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 22-L-0202 | Alabama State Board of Pharmacy |

| Reason/Charge |
|---|
| Please see associated documentation attached. |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Dechra Veterinary Products, LLC | Deferral Agreement |

| Name of Business/Industry/Entity |
|---|
| Dechra Veterinary Products, LLC |

**Provide explanation below:**

Violating Board Rule 680-X-2.23(2)(h)(1)(ii) in that a change in a permit holder's Designated Representative requires notification to the Board within (10) days of said change; however, Jason Eyre became (your) new Designated Representative on April 22, 2022 and the Board was not notified of said change until June 23, 2022.

Attached documents:
Notice of Hearing
Deferral Agreement
Confirmation of Payment

Original Signature (electronic, copies or stamps not accepted)

10-17-2023
Date

I, Jason Eyre, **certify that as the MDEG Administrator for**

Dechra Veterinary Products, LLC,

**that I (initial that you have read and meet the following requirements):**

1. _____ Have a high school diploma or its equivalent;
2. _____ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. _____ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. _____ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Jason Eyre
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-17-2023
Date

| **Board Use Only** | Date Received: _____ |
|---|---|

I, Jason Eyre, **certify that as the MDEG Administrator for**

Dechra Veterinary Products, LLC,

**that I (initial that you have read and meet the following requirements):**

1. JE Have a high school diploma or its equivalent;
2. JE Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JE Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JE Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Jason Eyre
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) Date

**Signature:** Jason Eyre

**Email:** jason.eyre@dechra.com

| **Board Use Only** | Date Received: |
|---|---|

| | | |
|---|---|---|
| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA STATE** |
| | ) | |
| **DECHRA VETERINARY PRODUCTS, LLC** | ) | **BOARD OF PHARMACY** |
| | ) | |
| **PRIVATE LABEL DISTRIBUTOR (VIRTUAL)** | ) | |
| **Permit No. 195533** | ) | **CASE NO: 22-L-0202** |
| | ) | |

## STATEMENT OF CHARGES AND NOTICE OF HEARING

**TO: Dechra Veterinary Products, LLC**
**7015 College Boulevard, Suite 525**
**Overland Park, Kansas 66211**

Pursuant to the provisions of Code of Alabama (1975), § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board) on May 16, 2023 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine whether any of the discipline allowed by Board Rule 680-X-2.23(2)(h)(1)(ii) should not be imposed based upon any or all of the following:

### COUNT ONE

Violating Board Rule 680-X-2.23(2)(h)(1)(ii) in that a change in a permit holder's Designated Representative requires notification to the Board within (10) days of said change; however, Jason Eyre became your new Designated Representative on April 22, 2022 and the Board was not notified of said change until June 23, 2022.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-

examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 19th day of July, 2022.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

# ALABAMA
# BOARD OF PHARMACY

Donna C. Yeatman, R.Ph.
Executive Secretary

Location:
111 Village Street
Birmingham, AL 35242

(205) 981-2280
www.albop.com

MEMBERS 2022

Robert Colburn, Jr., R.Ph.
President

Christy Garmon, PharmD
Vice President

Gary Mount, PharmD
Treasurer

Thomas H. Cobb, PharmD

Stacy Sharp Giles, R.Ph.

**Date**
**February 23, 2023**

**To:** DECHRA VETERINARY PRODUCTS, LLC
7015 COLLEGE BLVD. SUITE 525
Overland Park, KS/66211

**FROM:** WENDY PASSMORE, OPERATONS MANAGER
EMAIL- WPASSMORE@ALBOP.COM
FAX - 205-803-6481

**RE:** ADMINISTRATIVE HEARINGS

**CASE #:** 22-L-0202

Your hearing is scheduled for **May 16, 2023** at **8:00 AM**

**Please provide the following information if different than above.**

NAME:_____

**ADDRESS:**

_____

_____

***Please note: The administrative hearing will proceed as scheduled with or without your attendance.***

☐ I plan to attend the Hearing.
☐ I do not plan to attend the Hearing.
☐ I will be represented by the Attorney listed below:

**ATTORNEY'S NAME:** _____ **PHONE #** _____

**ADDRESS:**_____

**EMAIL** _____

**********

WHILE A CONTINUANCE IS NOT AUTOMATIC, ANY REQUEST FOR ONE MUST BE FILED AND RECEIVED BY THE BOARD'S HEARING OFFICER THIRTY (30) DAYS PRIOR TO YOUR SCHEDULED HEARING DATE.

# ALABAMA STATE BOARD OF PHARMACY

## SCHEDULING ORDER

In order to administer the matter, set for hearing in a manner fair to the Respondent and the Alabama State Board of Pharmacy and consistent with the interest in completing this matter in the shortest possible time, this Order is issued. Read carefully; failure to comply with the below listed requirements may result in sanctions.

IT IS ORDERED that the Respondent and the Board are directed to comply with each of the following directives:

### (1) DISCOVERY

All Requests for Production and other discovery requests must be submitted to be received by the Administrative Hearing Officer and a copy to the Board's counsel or Respondent's counsel if request by the Board, no later than forty (40) days before the scheduled hearing at:

James F. Hampton
Administrative Hearing Officer
Alabama Board of Pharmacy
4267 Lomac Street
Montgomery, Alabama 36106
E-mail: jfh@jamesfhampton.com

With a copy to the Respondent and Board's Counsel

Jennifer Muro Neumann, Esquire
Post Office Box 381082
Birmingham, AL, 35238
E-mail: jennifermuroneumann@gmail.com

### (2) REQUESTS FOR CONTINUANCE

All requests for continuances of the matter shall be submitted to be received by the Administrative Hearing Officer no later than thirty (30) days before the scheduled hearing with a copy to the Board's counsel or Respondent and if not, unless there are emergency circumstances, the hearing WILL NOT be continued.

**(3) PLEADINGS**

All other pleadings shall be submitted to be received by the Administrative Hearing Officer no later than fifteen (15) days before the scheduled hearing with a copy to the Board's counsel or Respondent if submitted by the Board. Pleadings shall be submitted with the style, case number and containing a certificate of service.

**(4) CONSENT ORDER/SETTLEMENT PROPOSALS**

If you are interested in a settled proposal from the Board, you must inform Board's counsel seven days in advance of the Board meeting in the month prior to the scheduled hearing. For the attached Statement of Charges and Notice of Hearing the prior Board meeting is 1-18-23. Unless emergency circumstances exist, proposals submitted after the above date will not be considered.

**(5) COPIES**

Prior to the hearing the parties shall prepare a sufficient number of copies of documents which are proposed to be introduced into evidence at the administrative hearing. With the exception of the Statement of Charges and Notice of Hearing, documents which are proposed to be introduced into evidence at the administrative hearing shall not be presented to the Administrative Hearing Officer prior to the hearing unless otherwise ordered.

**(7) REPRESENTATION**

Individuals may represent themselves before the Board. Legal entities such as corporations, LLCs and partnerships must be represented by an attorney licensed to practice in the State of Alabama. Attorneys representing Respondents in administrative hearings before the Board shall file a Notice of Appearance with the Administrative Hearing Officer with a copy to the Board's counsel. Attorney should compare their calendar to the scheduled hearing date before accepting representation to avoid conflict. In the event, an attorney who is not a member of the Alabama Bar, is representing a Respondent in a matter to be heard in an administrative hearing, the attorney shall make Application for Admission Pro Hac Vice To Practice Under Rule VII of The Rules Governing Admission To The Alabama State Bar.

DONE and ORDERED this the 24 day of Feb, 2023.

JAMES F. HAMPTON
ADMINISTRATIVE HEARING OFFICER

Copies to:
Respondent
Mrs. Jennifer Muro Neumann, Esq.
Mrs. Wendy Passmore, Alabama Board of Pharmacy

| | | |
|---|---|---|
| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA STATE** |
| | ) | |
| **DECHRA VETERINARY PRODUCTS, LLC** | ) | **BOARD OF PHARMACY** |
| | ) | |
| **PRIVATE LABEL DISTRIBUTOR** | ) | |
| **(VIRTUAL)** | ) | **CASE NO: 22-L-0202** |
| **Permit No. 195533** | ) | |

**DEFERRAL AGREEMENT**

This Agreement is entered into by and between the Alabama State Board of Pharmacy (Board) and Dechra Veterinary Products, LLC.

WHEREAS, Dechra Veterinary Products, LLC filed a Designated Representative Change/Update Form with the Alabama State Board of Pharmacy pursuant to 680-X-2.23(2)(h)(1)(ii) on June 23, 2022.

WHEREAS, on February 24, 2023, Dechra Veterinary Products, LLC was served with a Statement of Charges and Notice of Hearing (Pending Charges), dated July 19, 2022, alleging violations of the Alabama Pharmacy Practice Act. A copy of the Pending Charges is attached hereto as Exhibit "A".

WHEREAS, the parties, through counsel, have engaged in discussions concerning an informal resolution of the Pending Charges.

WHEREAS, the parties have agreed to resolve this matter pursuant to Code of Alabama (1975) 41-22-12(f) by their approval of the following terms:

IT IS THE THEREFORE UNDERSTOOD AND AGREED BY THE PARTIES AS FOLLOWS:

1. The Pending Charges against Dechra Veterinary Products, LLC shall be deferred until December 31, 2023 (Deferral Period).

2. As a condition to the Deferral described above, Dechra Veterinary Products, LLC shall pay costs in the amount of five thousand dollars ($5,000) within thirty (30) days of the effective date of this Agreement, that being the date it is signed on behalf of the Board. Failure to pay this amount shall be considered a probable cause violation by Dechra Veterinary Products, LLC as defined below. This payment shall not be subject to discharge in bankruptcy nor shall Dechra Veterinary Products, LLC attempt to discharge the same. Payments shall be made payable to Alabama State Board of Pharmacy and mailed to 111 Village Street, Birmingham, Alabama 35242.

3. In the event there are no probable cause violations of the Alabama Pharmacy Practice Act involving Dechra Veterinary Products, LLC during the Deferral Period set forth above, the Pending Charges shall be dismissed.

4. In the event there is a probable cause violation of the Alabama Pharmacy Practice Act involving Dechra Veterinary Products, LLC during the Deferral Period set forth above, both the Pending Charges and any new charges shall be noticed and scheduled for a hearing.

5. Neither the Pending Charges nor this Agreement shall be reported as discipline, during the Deferral Period or thereafter, as long as Dechra Veterinary Products, LLC complies with the conditions of Paragraphs Two and Three of this Agreement.

6. That Dechra Veterinary Products, LLC expressly waives its right pursuant to the Alabama Pharmacy Practice Act, and the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to Code of Alabama (1975), §34-23-92(12), Code of Alabama (1975), §41-22-12 and §41-22-20, and including but not limited to the opportunity for a hearing before the Board in connection with the Pending Charges against it and any judicial review. Dechra Veterinary Products, LLC further waives any objection to the attorney for the Board preparing, drafting or making this Deferral Agreement, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

7. By execution of this Deferral Agreement, Dechra Veterinary Products, LLC hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Deferral Agreement and Pending Charges.

8. Dechra Veterinary Products, LLC acknowledges and agrees that it has read this Deferral Agreement and that it fully understands the terms, conditions and contents of the same. Dechra Veterinary Products, LLC acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Deferral Agreement and is signing this Deferral Agreement on the advice of its attorney.

DONE this the 16th day of May, 2023.

Jennifer Muro Neumann
Jennifer Muro Neumann, P.C.
Post Office Box 381082
Birmingham, Alabama 35238

Robert M. Colburn, Jr., R. Ph.,
President
State Board of Pharmacy

DONE this the _____ day of _____, 2023.

Mary Hagler

_____

Dechra Veterinary Products, LLC

By: Mary Hagler

Its: Senior Regulatory Affairs Manager

Nate Arends

_____

Nate Arends
Counsel for Dechra Veterinary Products, LLC

# Alabama - Deferral Agreement Dechra

Final Audit Report 2023-05-10

| | |
|---|---|
| Created: | 2023-05-10 |
| By: | Jo Sitek (jo.sitek@dechra.com) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAoaAF7alvSsWsIF2GoSB1M5QChaZOn8dT |

## "Alabama - Deferral Agreement Dechra" History

Document created by Jo Sitek (jo.sitek@dechra.com)
2023-05-10 - 5:58:18 PM GMT

Document emailed to Mary Hagler (mary.hagler@dechra.com) for signature
2023-05-10 - 5:59:28 PM GMT

Email sent to jo.sitek@decha.com bounced and could not be delivered
2023-05-10 - 5:59:44 PM GMT

Email viewed by Mary Hagler (mary.hagler@dechra.com)
2023-05-10 - 6:01:47 PM GMT

Document e-signed by Mary Hagler (mary.hagler@dechra.com)
Signature Date: 2023-05-10 - 6:04:06 PM GMT - Time Source: server

Document emailed to Nate Arends (nate.arends@dechra.com) for signature
2023-05-10 - 6:04:07 PM GMT

Email viewed by Nate Arends (nate.arends@dechra.com)
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Document e-signed by Nate Arends (nate.arends@dechra.com)
Signature Date: 2023-05-10 - 6:07:24 PM GMT - Time Source: server

Agreement completed.
2023-05-10 - 6:07:24 PM GMT

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Dechra Veterinary Products, LLC

Pharmacy/Wholesaler License # (if applicable): new applicant

Physical Address: 7015 College Blvd, suite 525

City: Overland Park State: Kansas Zip: 66211

Mailing Address (if different from physical address): as above

City: State: Zip:

Telephone: 1-913-327-0015 Website: www.dechra-us.com

Licensing Company Email: licensing@dechra.com

### Section 2: Personal Information

First: Jason Middle: Albert Last: Eyre

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 7015 College Blvd, suite 525

City: Overland Park State: KS Zip: 66211

Telephone: [redacted] Email: jason.eyre@dechra.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | ✓ | |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | ✓ | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Phoenix | | 08/02 - 04/06 | |
| Address | City | State | Zip |
| 4035 S. Riverpoint Pkwy | Phoenix | AZ | 85040 |
| Diploma/Degree obtained, if any | | | |
| Bachelor Science, Business Management | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Hickman Mills High School | | 08/89 - 04/93 | |
| Address | City | State | Zip |
| 7000 E 111th Street | Kansas City | MO | 64134 |
| Diploma/Degree obtained, if any | | | |
| Academic | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| N/A | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/12 - present | [redacted] SW Coldwater Circle | Lee's Summit | MO | 64082 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Dechra Veterinary Products, LLC | | | 03/19 - present | |
| **Business Address** | **City** | | **State** | **Zip** |
| 7015 College Blvd, Suite 525 | Overland Park | | KS | 66211 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 1-913-327-0015 | Operations and Demand Manager | | 40+ hrs/week | |
| **Description of Duties** | | | | |
| Strategizes demand planning processes for the US business from a number of different planning points including translation of sales, marketing planning and historical move-out processes into the finished goods forecast. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Ceva Biomune, Ceva Animal Health | | | 05/12 - 03/19 | |
| **Business Address** | **City** | | **State** | **Zip** |
| 8765 Rosehill Road, Suite 300 | Lenexa | | KS | 66215 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 1-800-999-0297 | Production Planner/Distribution Manager | | 40+ hrs/week | |
| **Description of Duties** | | | | |
| DRP/MRP - received incoming forecasts from domestic and international markets into JD Edwards. Demand management - analyze incoming forecasts for changes and accuracy. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Pfizer Animal Health | | | 09/08 - 05/12 | |
| **Business Address** | **City** | | **State** | **Zip** |
| 9225 Indian Creek Pkwy, Suite 400 | Overland Park | | KS | 66210 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| closed | Demand Management/Market Deployment Analyst | | 40+ hrs/week | |
| **Description of Duties** | | | | |
| Created customized and standardized reports related to global backorders, customer service, inventory and other business needs. Create global replenishment plan for Pfizer and various 3rd party contract manufacturing locations. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Bayer Animal Health | | | 01/08 - 08/08 | |
| **Business Address** | **City** | | **State** | **Zip** |
| 12707 Shawnee Mission Pkwy | Shawnee | | KS | 66216 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| closed | Senior Inventory Analyst | | 40+ hrs/week | |
| **Description of Duties** | | | | |
| Performed inventory control functions that ensure accurate and timely data input into SAP and AS400; coordinate product shipments and reconcile inventory for all off-site inventory at consignment warehouses; enforce SOX guidelines. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Sanofi - Aventis Pharmaceuticals | | | 01/96 - 10/07 | |
| **Business Address** | **City** | | **State** | **Zip** |
| 10236 Marion Park Dr | Kansas City | | MO | 64137 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| closed | Warehouse Associate / Distribution Coordinator | | 40+ hrs/week | |
| **Description of Duties** | | | | |
| Receive raw materials, packaging components and third party products into the production plant; ensure accurate, complete and timely data input of all product/material transfers, cycle adjustments, goods issued and other components. | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| N/A | N/A | N/A | N/A | N/A |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| N/A | | N/A | | |
| **Reason/Charge** | | | | |
| N/A | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| N/A | | | N/A | |
| **Name of Business/Industry/Entity** | | | | |
| N/A | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

10-17-2023
Date

I, Jason Eyre, **certify that as the designated representative for**

Dechra Veterinary Prodcuts, LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. _____ I am at least 21 years of age;
3. _____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. _____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. _____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. _____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. _____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jason Eyre
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10-17-2023
Date

I, Jason Eyre, **certify that as the designated representative for**

Dechra Veterinary Prodcuts, LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. JE I am at least 21 years of age;
3. JE I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JE I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JE I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JE I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JE I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jason Eyre

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/20/2023

Date

10/13/23

Dechra Employees - Overland Park, Kansas

| Employee Name | Job Title |
|---|---|
| Andrasik, Melissa | Product Development Manager, Clinical |
| Arends, Nathan | Legal Counsel |
| Atwell, Dosha | Veterinary Technician & Compliance Manager |
| Bardsley, John | VP, Finance |
| Best-Person, Courtney | Senior Regulatory Affairs Specialist |
| Betzen, Alexander | Technical Services Veterinarian |
| Biegun, Kelsey | Regulatory Affairs Professional |
| Blacketer, Tiffany | NA Financial Planning & Analysis Partner |
| Cargill, Mary | Veterinary Technician |
| Champion, Madison | Customer Service & Finance Coordinator |
| Cook McAnulty, Lydia | Product Development Manager |
| Cordero, Julie | Veterinary Technician |
| Culley, Tara | Technical Services Veterinarian |
| Domer-Blede, Robyn | Accounts Receivable-Staff Accountant |
| Dory, Jean | Senior Regulatory Affairs Manager |
| Eldred, Michael | President, North American Operations |
| Engler, Kathleen | Professional Services Veterinarian |
| Eyre, Jason | Operations and Demand Manager |
| Fisher, Kalin | Accounts Payable Specialist |
| Freeman, Christopher | US/Canada Tax Manager |
| Gunby, Eric | Sr. Systems Administrator |
| Hagedorn, Susan | Sr. Payroll Specialist |
| Hagler, Mary | Senior Manager, Regulatory Affairs |
| Harding, Samantha | Senior Study Monitor |
| Horn, Lauren | Customer Service & Finance Coordinator |
| Huwe, Curtis | Sales Manager |
| Kanoy, Andrea | Veterinary Technician |
| Kenser, Annette | Director of Clinical Quality Assurance |
| Lewis, Jennifer | Associate Study Monitor |
| Long, Brianna | Finance Support Analyst |
| Luna-Lee, Katlynn | Payroll Specialist |
| Magdaleno, Nicole | Project Manager & Portfolio Support |
| Mattson, Kendall | IT Technician |
| McCaskey, Belinda | Senior Accountant |
| McCord, Valerie | Commercial Systems & Support Analyst |
| McVicker, Anna | Study Coordinator |

| | |
|---|---|
| Miller, Zachary | Technical Services Veterinarian |
| Myers, Alyssa | Regenerative Therapy Territory Manager |
| Nelson, Christopher | IT Manager |
| Olinger, Robyn | Clinical Supply Coordinator |
| Pierce, Mara | Senior Regulatory Affairs Scientist |
| Poelling, Richard | Senior Regulatory Affairs Scientific Leader, Global RA CMC |
| Reder, Caitlin | Accounts Payable Specialist |
| Rostic, Daryn | Office Manager |
| Schuler, Paula | Senior Accountant |
| Schwanke, Jennifer | Regulatory Affairs Associate |
| Shearon, Boyd | Regional Sales Manager |
| Sherman, Brandy | Associate Data Manager |
| Simmons, Andrea | Veterinary Product Support Coordinator |
| Sitek, Josephine | Paralegal |
| Skeels, Mandy | Veterinary Technician |
| Stohs, Jill | Director of Pharmacovigilance and Veterinary Technical Services |
| Storm, Christina | Project Manager |
| Stouffer, Douglas | Marketing Manager |
| Strode, Justina | Pharmacovigilance Professional |
| Uhart, Hannah | Internal Audit Manager - Americas |
| Walls, Debra | Director, HRBP |
| Whittaker, Melissa | Regulatory Affairs Associate |
| Wika, Eric | Development Statistician |
| Wilbur, Trisha | Marketing Coordinator |
| Wilson, Misty | Senior Accountant |
| Woywod, Karilyn | US Financial Controller |
| Young, Margaret | Legal Counsel |
| Zolynas, Tadas | US Finance – Revenue and Reporting |

# 4L

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

## Non-Refundable $1,000 Fee

Rev (08/17/2022)

| Where is the facility located? | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: DJO, LLC

Physical Address: 3300 Eagle Parkway

City: Fort Worth State: TX Zip: 76177

Mailing Address (if different from physical address): 7000 Cardinal Pl, Attn: QRA

City: Dublin State: OH Zip: 43017

Telephone: 737-228-5760 Website: www.djoglobal.com

Name of Designated Representative (DR): Chip Kugler

Licensing Company Email: licensure@cardinalhealth.com DR Email: chip.kugler@enovis.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ■ Hospitals | ■ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ■ Others: Patients | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:** N/A

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| **Reason/Charge** | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| **Name of Business/Industry/Entity** | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: SAVA Rubber Sporting Products Co, LTD
Address: Beimen Industrial Zone City: State: China Zip: 523430

Name: Xiamen J Brace Medical Equipment
Address: 2F 19# Tongan Park City: State: China Zip: 361000

Name: Overland International Corporation
Address: 10F, No. 91, Ln. 136, Sec 3 City: New Taipei City State: Taiwan Zip: 23546

Name: Enventys Medical
Address: 520 Elliot Street City: Charlotte State: NC Zip: 28202

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware
Parent Company (if any): DJO Finance, LLC
Corporation/Organization Name:
Mailing Address: 5919 Sea Otter Place, Ste. 200
City: Carlsbad State: CA Zip: 92010
Telephone: 800-321-9549 Email: licensure@cardinalhealth.com
Contact Person Name: Jeanette Peat

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partnership | Sole Owner |
|---|---|---|---|---|
| ✓ **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| ✓ **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| ✓ **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| ✓ **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| ✓ **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** NOT APPLICABLE | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| ✓ **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| ✓ **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| ✓ [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| ✓ **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

DJO, LLC

Facility Name

Keegan Chamberlain

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

1/11/2023

Date

| Board Use Only | Date Received: 5-8-23 | Amount: 1000.00 CC |
|---|---|---|

FDA

FDA Home[3] Medical Devices[4] Databases[5]

## Establishment Registration & Device Listing

New Search Back To Search Results

**Establishment:**
DJO, LLC
3300 Eagle Parkway
Fort Worth, TX 76177
**Registration Number:** 3014694377
**FEI Number*:** 3014694377
**Status:** Active
**Date Of Registration Status:** 2023

**Owner/Operator:**
DJO, LLC[6]
5919 Sea Otter Place
Suite 200
Carlsbad, CA US 92010
**Owner/Operator Number:** 9015378[7]

**Official Correspondent:**
Dave Hunter
5919 Sea Otter Place
Suite 200
Carlsbad, CA 92010
**Phone:** 1-858-2458747

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9015378&
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=&Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9015378&

Page Last Updated: 11/14/2022

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of **Health & Human Services**

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9015378&
7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9015378&

# DJO, LLC - Corporate Officers

3300 Eagle Parkway
Fort Worth, Texas 76177

| Officer Name | Title | Company |
|---|---|---|
| Brady Rodgers Shirley | President and CEO | DJO, LLC |
| Bradley J. Tandy | Executive Vice President and General Counsel | DJO, LLC |

DJO, LLC is a privately owned entity.

Parent Company with 100% ownership is DJO Finance, LLC (also privately held).

DJO Finance, LLC is located at 5919 Sea Otter Place, Ste. 200 Carlsbad, CA 92010.

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DJO, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF AUGUST, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DJO, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MARCH, A.D. 1999.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

3019890 8300

SR# 20233307207

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204012932

Date: 08-22-23

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

DJO LLC / CARDINAL HEALTH / ORA FACILITY LICENSING
7000 CARDINAL PL
DUBLIN OH 43017

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES**
**REGULATORY LICENSING UNIT**

# DJO LLC

3300 EAGLE PARKWAY
FORT WORTH, TX 76177

***Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:***

**WHOLESALE DISTRIBUTOR OF NONPRESCRIPTION DRUGS**

License # 1000408
Expires: October 16, 2024

**NON-TRANSFERABLE**

Commissioner

502505

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

DJO LLC C/O ORA
7000 CARDINAL PLACE
DUBLIN OH 43017

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES**
**REGULATORY LICENSING UNIT**

# DJO LLC

3300 EAGLE PKWY
FORT WORTH, TX 76177

***Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:***

**DEVICE MANUFACTURER**

License # 1002257
Expires: September 18, 2024

**NON-TRANSFERABLE**

Commissioner

512593

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

# Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Application For Certificate Of Authority for DJO, LLC, authorized under the name dj orthopedics, llc (file number 705186023), a DELAWARE, USA, Foreign Limited Liability Company (LLC), was filed in this office on June 11, 1999.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 02, 2023.

Jane Nelson
Secretary of State

**DJO Global Ownership Structure**
**(after acquisition by Colfax Corporation)**

Colfax Corporation
TIN: 54-1887631
420 National Business Parkway

***Owner of 100% of:***

Motion Parent, Inc.
TIN: 83-2819343
420 National Business Parkway
Annapolis Junction, MD 20701

***Owner of 100% interest in:***

DJO Global, Inc.
TIN: 65-0572565
1430 Decision St. Vista, CA 92081

***Owner of 100% of:***

DJO Holdings LLC
TIN: 20-5654205
1430 Decision St. Vista, CA 92081

***Owner of 100% of:***

DJO Finance LLC
TIN: 20-5653965
1430 Decision St. Vista, CA 92081

***Owner of 100% of:***

DJO, LLC
TIN: 52-2165554
1430 Decision St. Vista, CA 92081

enovis™

DJO

DJO, LLC, an Enovis company
5919 Sea Otter Place, Suite 200
Carlsbad, California 92010-6750
United States

(800) 321-9549 Toll Free
(800) 457-4221 Fax
enovis.com

November 3, 2022

Subject: Delegation of Authorization for DJO, LLC

The undersigned, Bradley J. Tandy, SVP & General Counsel, an Authorized Officer of DJO, LLC, hereby delegates to Keegan Chamberlain, Director of Quality Management, and LaToyia Martin, Manager of Quality Management, employees of Cardinal Health 200, LLC, the authority to sign for all documents, applications, and submissions, and other related instruments required for the licensing and legally required permits filed on behalf DJO, LLC and that this delegation of authority is subject to revocation, by any officer of DJO, LLC at any time and shall occur automatically when Keegan Chamberlain or LaToyia Martin ceases to be an employee of Cardinal Health 200, LLC.

The undersigned further approves and ratifies any and all actions taken by Keegan Chamberlain or LaToyia Martin prior to this date, in connection with the execution of the above-referenced matters.

Respectfully,

DJO, LLC

By: _____

Name: Bradley J. Tandy

Title: SVP & General Counsel

Date: November 03, 2022

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/14/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**
MARSH USA, LLC.
445 SOUTH STREET
MORRISTOWN, NJ 07962-1966
Attn: morristown.certrequest@marsh.com Fax 212-948-0979

CN101292797-DJO.-GAWUX-22-24

**CONTACT NAME:**
**PHONE (A/C, No, Ext):** **FAX (A/C, No):**
**E-MAIL ADDRESS:**

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : ACE American Insurance Company | 22667 |
| INSURER B : Travelers Prop. Casualty Co. Of America | 25674 |
| INSURER C : N/A | N/A |
| INSURER D : See Attached Acord 101 | |
| INSURER E : | |
| INSURER F : | |

**INSURED**
DJO, LLC
1430 Decision St.
Vista, CA 92081

**COVERAGES** **CERTIFICATE NUMBER:** NYC-011652003-01 **REVISION NUMBER:** 5

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|---|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | OGL G2570132A | 05/31/2023 | 05/31/2024 | EACH OCCURRENCE | $ | 5,000,000 |
| | CLAIMS-MADE [X] OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ | 100,000 |
| | | | | | | | MED EXP (Any one person) | $ | |
| | | | | | | | PERSONAL & ADV INJURY | $ | 5,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ | 10,000,000 |
| | X POLICY [ ] PRO-JECT [ ] LOC | | | | | | PRODUCTS - COMP/OP AGG | $ | EXCLUDED |
| | OTHER: | | | | | | | $ | |
| B | AUTOMOBILE LIABILITY | | | TC2JCAP-2H532302-TIL-23 | 01/01/2023 | 01/01/2024 | COMBINED SINGLE LIMIT (Ea accident) | $ | 2,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | $ | |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ | |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ | |
| | | | | | | | | $ | |
| | UMBRELLA LIAB [ ] OCCUR | | | | | | EACH OCCURRENCE | $ | |
| | EXCESS LIAB [ ] CLAIMS-MADE | | | | | | AGGREGATE | $ | |
| | DED RETENTION $ | | | | | | | $ | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | UB-1W929206-23-51-K (AOS) | 01/01/2023 | 01/01/2024 | X PER STATUTE [ ] OTH-ER | | |
| B | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [N] (Mandatory in NH) | N / A | | UB-1W92950A-23-51-R (AZ,MA,NE,WI) | 01/01/2023 | 01/01/2024 | E.L. EACH ACCIDENT | $ | 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ | 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ | 1,000,000 |
| D | PRODUCTS LIABILITY | | | LSR-PCO-00451-22 | 08/15/2022 | 08/15/2023 | EACH OCC / AGGREGATE | | 10,000,000 |
| | | | | SIR: $1M EA EVENT / $2.5M AGG | | | | | |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**
RE: DJO, LLC, 5919 Sea Otter Place, Suite 200, Carlsbad, CA 92010

**CERTIFICATE HOLDER**

National Supplier Clearinghouse
P O Box 100236
Columbia, SC 29202-3236

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

Marsh USA LLC

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AGENCY CUSTOMER ID: CN101292797

LOC #: Morristown

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# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| MARSH USA, LLC. | DJO, LLC<br>1430 Decision St.<br>Vista, CA 92081 |
| POLICY NUMBER | |
| CARRIER / NAIC CODE | EFFECTIVE DATE: |

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

EXCESS AUTO LIABILITY:
CARRIER: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA
POLICY NO: EX-9S191122-23-NF
EFFECTIVE: 01/01/2023 - 01/01/2024
COMBINED SINGLE LIMIT: $3,000,000

Product Coverage Carriers:
Underwriters:
47.50% Underwriters at Lloyd's
20.00% AXA XL Insurance Company UK Limited
12.50% Arch Specialty Insurance Company
20.00% Scottsdale Insurance Company

Name Insured Schedule:

Enovis Corporation
DJO Consumer LLC
DJO LLC
Elastic Therapy LLC
LiteCure LLC
Surgi-Care Inc.
Trilliant Surgical LLC
Ortho Pros Xpress Inc
Stoody Company
E6259-Central NA
Encore Medical
DJO Consumer LLC
DJO UK Limited
Elastic Therapy LLC
ENCORE MEDICAL, L.P. dba DJO SURGICAL
Matrix Orthopedics Surgical Devices
Apex Health Solutions, LLC
CalSurg. Inc
CP Medical, LLC
Dr. Comfort



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LICENSE OR
PERMIT BOND

**Bond** K41764314

**LICENSE OR PERMIT BOND**

KNOW ALL BY THESE PRESENTS, That we, DJO LLC
3300 Eagle Parkway, Fort Worth, TX 76177
as Principal, and the Federal Insurance Company, a Indiana corporation,
as Surety, are held and firmly bound unto Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206, Reno, NV 89521, as Obligee,
in the sum of Twenty-five Thousand & 00/100
Dollars ( $25,000.00 )
for which sum, well and truly to be paid, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Signed and sealed this 1st day of September, 2023.

THE CONDITION OF THIS OBLIGATION IS SUCH, That WHEREAS, the Principal has been or is about to be granted a license or permit to do business as Medical Devices, Equipment & Gases Supplier Warehouse Distribution Center by the Obligee.

NOW, Therefore, if the Principal well and truly comply with applicable local ordinances, and conduct business in conformity therewith, then this obligation to be void; otherwise to remain in full force and effect.

PROVIDED, HOWEVER; 1. This bond shall continue in force:

☐ Until _____, _____, or until the date of expiration of any Continuation Certificate executed by the Surety

OR

☑ Until canceled as herein provided.

2 This bond may be canceled by the Surety by the sending of notice in writing to the Obligee, stating when, not less than thirty days thereafter, liability hereunder shall terminate as to subsequent acts or omissions of the Principal.

DJO LLC

Principal

By _____

Federal Insurance Company

By _____
April D. Perez
NV Non-Resident License #722132
Attorney-in-Fact

LMS-10908 10/06

CHUBB

# Power of Attorney

## Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
## Westchester Fire Insurance Company | ACE American Insurance Company

**Know All by These Presents**, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint

April D. Perez

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

**In Witness Whereof**, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **10th** day of **March, 2020**.

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

Steven M. Haney

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **10th** day of **March, 2020** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 16, 2024

Notary Public

## CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this September 1, 2023

Dawn M. Chloros

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

# FEDERAL INSURANCE COMPANY

## STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

**Statutory Basis**

**December 31, 2022**

**(in thousands)**

| *ASSETS* | | *LIABILITIES AND SURPLUS TO POLICYHOLDERS* | |
|---|---|---|---|
| Cash and Short Term Investments | $ 123,147 | Outstanding Losses and Loss Expenses | $ 9,263,034 |
| United States Government, State and Municipal Bonds | 3,769,695 | Reinsurance Payable on Losses and Expenses | 1,723,798 |
| Other Bonds | 5,964,508 | Unearned Premiums | 2,632,590 |
| Stocks | 245,498 | Ceded Reinsurance Premiums Payable | 380,182 |
| Other Invested Assets | 1,979,194 | Other Liabilities | 471,526 |
| TOTAL INVESTMENTS | 12,082,042 | TOTAL LIABILITIES | 14,471,130 |
| Investments in Affiliates | | | |
| Great Northern Ins Co. | 422,405 | Capital Stock | 20,980 |
| Vigilant Ins. Co | 361,723 | Paid-In Surplus | 2,711,474 |
| Chubb Indemnity Ins Co | 185,044 | Unassigned Funds | 1,545,403 |
| Chubb National Ins Co | 194,379 | SURPLUS TO POLICYHOLDERS | 4,277,857 |
| Other Affiliates | 124,046 | | |
| Premiums Receivable | 1,859,933 | | |
| Other Assets | 3,519,415 | | |
| TOTAL ADMITTED ASSETS | $ 18,748,987 | TOTAL LIABILITIES AND SURPLUS | $ 18,748,987 |

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At December 31, 2022, investments with a carrying value of $512,747,832 were deposited with government authorities as required by law

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Federal Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 31 st day of December, 2022.

Sworn before me this March 16, 2023

Senior Vice President

Notary Public

September 19, 2023
My commission expires

Commonwealth of Pennsylvania - Notary Seal
Jaime L. Yates, Notary Public
Philadelphia County
My commission expires September 19, 2023
Commission number 1357070
Member, Pennsylvania Association of Notaries

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG DJO, LLC MDEG License # (if applicable) MP01539

Physical Address 3300 Eagle Parkway

City Ft. Worth State TX Zip 76177

Mailing Address (if different from physical address) 7000 Cardinal Place - QRA

City Dublin State OH Zip 43017

Telephone 737-228-5760 Website www.djoglobal.com

Licensing Company Email licensure@cardinalhealth.com

**Section 2: Personal Information**

First Chip Middle Ryan Last Kugler

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Black Oak Circle

City Coppell State TX Zip 75019

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | N/A |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Texas Tech University | | | |
| **Address** | **City** | **State** | **Zip** |
| 2500 Broadway | Lubbock | TX | 79409 |
| Diploma/Degree obtained, if any | | | |
| Master of Business Administration | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Texas Tech University | | | |
| **Address** | **City** | **State** | **Zip** |
| 2500 Broadway | Lubbock | TX | 79409 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Business Administration | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/15-Present | [redacted] Black Oak Circle | Coppell | TX | 75019 |
| 02/03 - 05/15 | [redacted] Brittainy Drive | Carrollton | TX | 75006 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| DJO, LLC | | | 07/21 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 3300 Eagle Parkway | | Ft. Worth | TX | 76177 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 469-794-9827 | Director, Freight & Logistics | | 3000 | |

Description of Duties

Collaborate cross functionally with key stakeholders to set and drive strategic initiatives to improve the Freight & Logistics OperationsDrive the development of freight analytics for North America to optimize freight operations and spend by customer, channel, and mode Direct continuous improvement activities to enhance and streamline the Freight & Logistics Operation

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |

Description of Duties

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✓ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

12/20/22
Date

I, Chip Kuger, certify that as the MDEG Administrator for

DJO, LLC,

**that I (initial that you have read and meet the following requirements):**

1. CK Have a high school diploma or its equivalent;
2. CK Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CK Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CK Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Chip Kugler
Print Name (First, Last)

Chip M. Kuger
Original Signature (electronic, copies or stamps not accepted)

12/20/22
Date

| Board Use Only | Date Received: 5-8-23 |
|---|---|

# Chip R. Kugler

[redacted]Black Oak Circle - Coppell, TX 75019
[redacted] - [redacted]

## SUMMARY:

Energetic, lean thinking, collaborative leader with hands-on Supply Chain experience in Distribution, Logistics, Manufacturing, Inventory Control and Supply/Production Planning. Execution focused, goal-oriented professional with proven experience leading and developing teams. Passion for problem solving, process improvement, and excelling in fast-paced, complex environments.

## EXPERIENCE:

**DJO Global,** Fort Worth, TX

**Director, Freight & Logistics (July 2021 – Present)**

- Leadership responsibility for the Freight & Logistics Operations to include inbound, outbound, and intermodal
- Multi-site responsibility of the overall freight operations at the DFW Distribution Center, Tijuana Distribution Center, and Tijuana Manufacturing site
- Drive the development of freight analytics for North America to optimize freight operations and spend by customer, channel, and mode
- Collaborate cross functionally with key stakeholders to set and drive strategic initiatives to improve the Freight & Logistics Operations
- Freight Policy ownership to include vendor and supplier transportation agreements
- Direct continuous improvement activities to enhance and streamline the Freight & Logistics Operation
- Full P&L management and ownership of the freight operation

**Hilti North America,** Dallas, TX

**Senior Regional Manager, Value Added Services Center (Jan 2021 – July 2021)**

- Multi-site leadership responsibility the Value-Added Service Centers in the US & Canada
- P&L management for the budget of the Value-Added Service Centers
- Responsible for setting the strategic vision and direction to enhance the operational execution to support the development and growth of Logistic Services within key Distribution sites. Services included engineered & non-engineered, customized kitting, and pre-assembly modification

**Stryker Communications,** Flower Mound, TX

**Senior Manager, Distribution & Logistics (May 2018 – January 2021)**

- Lead the Distribution and Logistics Operations at the Stryker Communications plant in Flower Mound, TX
- Establish strategic direction and vision for warehouse operation that managed $85 million in raw material and finished good inventory across 5500 active SKUs
- Collaborated with cross functional leaders to set and drive strategic initiatives of the Plant
- Managed the onsite 3PL relationship that provided warehouse operation including Receiving, Line Replenishment, and Inventory Control
- Led a $1.2M warehouse improvement project to re-design warehouse including improved racking solution, material flow, enhanced lighting, and implementation of a WMS ERP system
- Managed the P&L for the site Distribution and Logistics Operation
- Collaborated on Inbound freight project to reduce cost on inbound international freight. Project delivered a 2020 savings of $325K annually
- 2019 Q12 Engagement Results = 4.64 (out of 5)

**Operations Manager (October 2012 – May 2018)**

- Leadership positions of the Surgical Lights, Integrated Solutions, and Surgical Tables Manufacturing Business Units
- Managed all aspects of the supply chain to meet Production, Quality and Cost objectives
- Directed cross functional team consisting of Production, Materials, Manufacturing and Quality engineering associates
- Supported acquisition and Manufacturing transfer of Manufacturing line from Charleston, SC to the Flower Mound site
- Key stakeholder in cross-functional team that supported New Product Launches
- Responsible for making budgetary recommendations on capital expenditures
- Direct P&L ownership for the Business Unit
- Led freight cost-savings project that resulted in annual savings of $425K

**Sr. Business Planner (Jan 2011 – October 2012)**

- Responsible for the Production Scheduling and Planning of the Manufacturing unit
- Provided monthly forecast of raw materials to key suppliers to drive material procurement needed for production of finished goods
- Reported on performance to forecast, safety stock, build plan attainment, product availability, and inventory levels

**Catalyst Motorcars, Inc,** Carrollton, TX

**General Manager/Owner (August 2007 – December 2010)**

- Led the day-to-day operations including Sales, Finance, Accounting, Marketing, and Inventory Management
- Responsible for the negotiation and purchase of company inventory
- Annual revenue increased 15% and unit sales increased 30% over a three-year period

**Texascarsdirect.com, LTD,** Dallas, TX

**Director of Operations (Feb 2003 – July 2007)**

- Managed the day-to-day operations of a luxury pre-owned dealership.
- Direct management responsibilities for a full-time staff of 17 employees
- Established financial and budgeting objectives; prepared reports that outlined company's financial position and operating results

**Finance Manager (Jan 1998 – June 2001)**

- Responsible for the implementation and management of a finance department to sell financial service products including retail financing, vehicle leasing, and vehicle service contracts
- Finance department led to an increase in unit sales by 42% over a three-year period and increased annual revenues by 59% over three-year period

## EDUCATION:

**Texas Tech University, Lubbock, Texas**
Bachelor of Business Administration

**Texas Tech University, Lubbock, Texas**
Master of Business Administration

## SKILLS/ACHIEVEMENTS/INTEREST:

- Experience in both SAP and Oracle ERP Systems including WMS Functionality
- Won 2015 Team Innovation Award – *Business Unit Excelling in Continuous Improvement*
- Won 2014 Team Impact Award – *Business Unit Exceeding Yearly Performance Objectives*
- Won 2013 Team Impact Award – *Business Unit Exceeding Yearly Performance Objectives*
- Volunteer Youth Coach - *Basketball, Football, Soccer and Baseball*

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler DJO, LLC

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 3300 Eagle Parkway

City Fort Worth State TX Zip 76177

Mailing Address (if different from physical address) 7000 Cardinal Pl - QRA

City Dublin State OH Zip 43017

Telephone 737-228-5760 Website djoglobal.com

Licensing Company Email licensure@cardinalhealth.com

**Section 2: Personal Information**

First Chip Middle Ryan Last Tugler

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Black Oak Circle

City Coppell State TX Zip 75019

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (see pg. 10) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Delinquent Child Support (see pg. 10) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | N/A |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Texas Tech University | | | |
| **Address** | **City** | **State** | **Zip** |
| 2500 Broadway | Lubbock | TX | 79409 |
| **Diploma/Degree obtained, if any** | | | |
| Masters of Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Texas Tech University | | | |
| **Address** | **City** | **State** | **Zip** |
| 2500 Broadway | Lubbock | TX | 79409 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor of Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/15 - Present | [redacted] Black Oak Circle | Coppell | TX | 75019 |
| 02/03 - 05/15 | [redacted] Brittainy Drive | Carrollton | TX | 75006 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| DJO, LLC | | | 07/21 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 3300 Eagle Parkway | | Fort Worth | TX | 76177 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 737-228-5760 | Director, Freight & Logistics | | 4,704 | |
| **Description of Duties** | | | | |
| See Attached Resume | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Hilti North America | | | 01/21 - 07/21 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 3701 W Royal Ln | | Dallas | TX | 75063 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (800) 879-8000 | Senior Regional Manager | | 1,048 | |
| **Description of Duties** | | | | |
| See Attached Resume | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Stryker Communications | | | 01/11 - 01/21 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 571 Silveron Blvd | | Flower Mound | TX | 75028 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (972) 410-7100 | Multiple Roles | | 21,920 | |
| **Description of Duties** | | | | |
| See Attached Resume | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

2-16-23
Date

I, Chip Kugler, **certify that as the designated representative for** DJO, LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. CK I am at least 21 years of age;
3. CK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Chip Kugler
Print Name (First, Last)

Chip Kugler
Original Signature (electronic, copies or stamps not accepted)

2/16/23
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Chip Kyle

Print Name (First, Last)

Chip R Kyle

Original Signature (electronic, copies or stamps not accepted)

4-25-23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Texas, ss. County of Dallas

I, Chip R Kyle, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Chip R Kyle

**Original Signature**

4-25-23

**Date**

Subscribed and Sworn to before me this 25th day of April 2023

**Notary Public Signature**

ISA NICHELL ACOSTA
My Notary ID # 134085201
Expires December 1, 2026

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler DJO, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 3300 Eagle Parkway

City Fort Worth State TX Zip 76177

Mailing Address (if different from physical address) 7000 Cardinal Pl, Attn: QRA

City Dublin State OH Zip 43017

Telephone 737-228-5760 Website www.djoglobal.com

Licensing Company Email licensure@cardinalhealth.com

### Section 2: Personal Information

First Chip Middle Ryan Last Kugler

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Black Oak Circle

City Coppell State TX Zip 75019

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | N/A |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| Texas Tech University | | | |
| Address: 2500 Broadway | City: Lubbock | State: TX | Zip: 79409 |
| Diploma/Degree obtained, if any: Master of Business Administration | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| Texas Tech University | | | |
| Address: 2500 Broadway | City: Lubbock | State: TX | Zip: 79409 |
| Diploma/Degree obtained, if any: Bachelor of Business Administration | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

| School Name | From - To (MM/YY – MM/YY | | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/15 - Present | [redacted] Black Oak Circle | Coppell | TX | 75019 |
| 02/03 - 05/15 | [redacted] Brittainy Drive | Carrollton | TX | 75006 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| | | | |
|---|---|---|---|
| Business Name: DJO, LLC | | | From - To (MM/YY – MM/YY): 07/21 - Present |
| Business Address: 3300 Eagle Parkway | City: Ft. Worth | State: TX | Zip: 76177 |
| Phone: 469-794-9827 | Title: Director, freight and Logistics | | |
| Description of Duties: Collaborate crossfunctionally with key stakeholders to set and drive strategic initiatives to improve the freight and Logistics Operations. See MDGG form. | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

2-16-23
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Chip Kyle

Print Name (First, Last)

Chip R Kyle

Original Signature (electronic, copies or stamps not accepted)

4-25-23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Texas, ss. County of Dallas

I, Chip R Kyle, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Chip R Kyle

**Original Signature**

4-25-23

**Date**

Subscribed and Sworn to before me this 25th day of April 2023

**Notary Public Signature**

ISA NICHELL ACOSTA
My Notary ID # 134085291
Expires December 1, 2026

| Legal Name | Business Title | Worker Type | Location | Work State/Province |
|---|---|---|---|---|
| Jack Rowland | QA/QC Support Manager-1 | Employee | DJO Fort Worth | Texas |
| Denise Castaneda | Service Ops Processor-2 | Employee | DJO Fort Worth | Texas |
| Nhung Duong | Technical Buyer - 3 | Employee | DJO Fort Worth | Texas |
| Jose Castro | PIT Operator | Employee | DJO Fort Worth | Texas |
| Andy Nzita | PIT Operator | Employee | DJO Fort Worth | Texas |
| Turnette Foret | Clerk | Employee | DJO Fort Worth | Texas |
| Elizabeth Julie Mouser | Lead | Employee | DJO Fort Worth | Texas |
| Kamar Dixon | PIT Operator | Employee | DJO Fort Worth | Texas |
| Giovanni Fletcher | Material Handler - 2 | Employee | DJO Fort Worth | Texas |
| Hanna Tribble | Clerk | Employee | DJO Fort Worth | Texas |
| Harry Bennett | Forklift Operator - 1 | Employee | DJO Fort Worth | Texas |
| Jeffrey Peace | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Izaak Lomax | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Bamana Mukendi A | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Rosario Kirkendoll | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Kristarian Smith | Quality Specialist | Employee | DJO Fort Worth | Texas |
| Linda Elliott | Lead | Employee | DJO Fort Worth | Texas |
| Keshia Wallace | Supervisor, Distribution | Employee | DJO Fort Worth | Texas |
| Tommy Simmons | Supervisor, Distribution | Employee | DJO Fort Worth | Texas |
| Linda Mireles Espinoza | Lead | Employee | DJO Fort Worth | Texas |
| Elnora Twiggs | Clerk | Employee | DJO Fort Worth | Texas |
| Bonita Ely | Shipping/Receiving Clerk - 3 | Employee | DJO Fort Worth | Texas |
| Jechrines Tshionyi | Supervisor, Distribution | Employee | DJO Fort Worth | Texas |
| Troy Robinson | PIT Operator | Employee | DJO Fort Worth | Texas |
| Cristina Vazquez | Logistics and Customer Service Coordinator | Employee | DJO Fort Worth | Texas |
| Dannye Davis | Lead | Employee | DJO Fort Worth | Texas |
| Israel Lopez | Clerk | Employee | DJO Fort Worth | Texas |
| Richard Manson | Material Handler -Junior | Employee | DJO Fort Worth | Texas |
| Thomas Kaul | Material Handler - 2 | Employee | DJO Fort Worth | Texas |
| Elliott Bailey | Supervisor, Distribution | Employee | DJO Fort Worth | Texas |
| Brittine Thompson | Clerk | Employee | DJO Fort Worth | Texas |
| Cynthia Cruz | Logo Clerk | Employee | DJO Fort Worth | Texas |
| LaTasha Roberts | Clerk | Employee | DJO Fort Worth | Texas |
| Daniel Wilson | PIT Operator | Employee | DJO Fort Worth | Texas |
| Maribel Alvarez | Repair Clerk | Employee | DJO Fort Worth | Texas |
| Krystle Benford | Order Central Clerk | Employee | DJO Fort Worth | Texas |
| Kamecia Clayton | Clerk | Employee | DJO Fort Worth | Texas |
| Derrick Cunningham | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Ramsharan Devkota | Lead | Employee | DJO Fort Worth | Texas |

| | | | | |
|---|---|---|---|---|
| Stephanie Diaz | Replenishment Clerk | Employee | DJO Fort Worth | Texas |
| Kennedy Faustin | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Wesley Ferris | Material Handler - 2 | Employee | DJO Fort Worth | Texas |
| Eloisa Garza | Administrative Assistant - 2 | Employee | DJO Fort Worth | Texas |
| Scott Gasch | End User Support Technician | Employee | DJO Fort Worth | Texas |
| Robert Golden | Facilities Technician - 1 | Employee | DJO Fort Worth | Texas |
| Bertha Guillen | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Bobby Green | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Kabita Khanal | Quality Specialist | Employee | DJO Fort Worth | Texas |
| Kojack Kitosi | PIT Operator | Employee | DJO Fort Worth | Texas |
| Jean Claude Lufuluabo | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Mboko Mbula | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Maria Mejia | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Miriam Meza | Clerk | Employee | DJO Fort Worth | Texas |
| Stephano Musese | PIT Operator | Employee | DJO Fort Worth | Texas |
| Aloys Ngoma | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Kyoung Noh | Material Handler - 2 | Employee | DJO Fort Worth | Texas |
| Kamal Pandey | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Kintesh Patel | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Krishnaben Patel | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Nilam Regmi | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Brandon Sangasy | Lead | Employee | DJO Fort Worth | Texas |
| Bounma Siripanyo | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Pauline Toleafoa | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Jose Torres | PIT Operator | Employee | DJO Fort Worth | Texas |
| Brian Weber | Supervisor, Distribution | Employee | DJO Fort Worth | Texas |
| Chaneta White | Quality Specialist | Employee | DJO Fort Worth | Texas |
| Chloe Brown | Material Handler - 4 | Employee | DJO Fort Worth | Texas |
| Paul Massanza | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Maria Gonzalez | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Tyler Bowling | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Binod Khanal | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Elizabeth Rodriguez Torres | Outbound Clerk | Employee | DJO Fort Worth | Texas |
| Dominic Momanyi | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Nathan Goudy | Material Handler - 3 | Employee | DJO Fort Worth | Texas |
| Lilia Valdez | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Thongsavanh Noymany | Material Handler - 2 | Employee | DJO Fort Worth | Texas |
| Benjamin Flores | Forklift Operator - 2 | Employee | DJO Fort Worth | Texas |
| Viengkham Phommavong | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Mary Gomez | Clerk | Employee | DJO Fort Worth | Texas |

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|---|---|---|---|---|
| Bounthong Phommavong | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Grasiela Martinez | Material Handler - 3 | Employee | DJO Fort Worth | Texas |
| Kimberly Harper | Sr Manager Distribution and Freight Bus Partner | Employee | DJO Fort Worth | Texas |
| Kathleen Mills | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Anthony Weaver | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Jocelyn Delaney | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Sengchan Phonephaly | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Keiji Harper | Supply Chain Planning Analyst - 1 | Employee | DJO Fort Worth | Texas |
| Angela Dumas | PIT Operator | Employee | DJO Fort Worth | Texas |
| Chip Kugler | Director, Logistics | Employee | DJO Fort Worth | Texas |
| Harris Lubata | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Joel Kisangwa | PIT Operator | Employee | DJO Fort Worth | Texas |
| Tejas Sambre | Supply Chain Planning Analyst - 2 | Employee | DJO Fort Worth | Texas |
| Sergio Jordan | Repair Tech-3 | Employee | DJO Fort Worth | Texas |
| Irvin Ortiz | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Luis Jose Trinidad Mendez | Forklift Operator - 1 | Employee | DJO Fort Worth | Texas |
| Christian Gurrola | Material Handler - 2 | Employee | DJO Fort Worth | Texas |
| Bart Rataj | Repair Technician-4 | Employee | DJO Fort Worth | Texas |
| Fernando Sosa | Forklift Operator - 2 | Employee | DJO Fort Worth | Texas |
| Ashley Pelaez | Material Handler - 2 | Employee | DJO Fort Worth | Texas |
| Sengdara Mikeo | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Drayon Reed | Material Handler - 3 | Employee | DJO Fort Worth | Texas |
| Willis Frierson | Material Handler - 2 | Employee | DJO Fort Worth | Texas |
| Letha Smith | Material Handler - 2 | Employee | DJO Fort Worth | Texas |
| Kerdell Baker | Sr. Manager, Distribution Operations | Employee | DJO Fort Worth | Texas |
| Jasmine Deleon | Forklift Operator - 2 | Employee | DJO Fort Worth | Texas |
| Elijah Jackson | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Julie Chance | Material Handler - 2 | Employee | DJO Fort Worth | Texas |
| lombu kuta | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Nicholas Clark | Forklift Operator - 2 | Employee | DJO Fort Worth | Texas |
| jean de Dieu makuntima | Forklift Operator - 1 | Employee | DJO Fort Worth | Texas |
| Jane Santos | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Frederic Martel | Sr. Manager, Distribution Inventory | Employee | DJO Fort Worth | Texas |
| Madison Mitchell | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Antoinette Kabagema | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Giang My Tran | Quality Engineer | Employee | DJO Fort Worth | Texas |
| Liz Sostre | Material Handler - 2 | Employee | DJO Fort Worth | Texas |
| KRISTY SOUNAVONG | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Roy Mccravey | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Steven Shavers | Forklift Operator - 2 | Employee | DJO Fort Worth | Texas |

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|---|---|---|---|---|
| William Dial | Forklift Operator - 1 | Employee | DJO Fort Worth | Texas |
| Jesse Ruiz | Manager, Logistics | Employee | DJO Fort Worth | Texas |
| Grace Mbuyi | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Lizeth Estupinan | Material Handler - 2 | Employee | DJO Fort Worth | Texas |
| Heather OWENS | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Lena Zamarripa | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Jade Salas | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Faisal Rahimi | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Keishawn Broussard | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| stephen gadepaka | Forklift Operator - 1 | Employee | DJO Fort Worth | Texas |
| Ajmal Rahimi | Material Handler - 2 | Employee | DJO Fort Worth | Texas |
| James Underwood | Material Handler - 3 | Employee | DJO Fort Worth | Texas |
| Ray Payton | Manager, Distribution | Employee | DJO Fort Worth | Texas |
| Shane Cross | Manager, Quality Assurance | Employee | DJO Fort Worth | Texas |
| Souksavanh Bunyavong | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Dan Mukendi | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Juan Fernando Barrientos | Forklift Operator - 2 | Employee | DJO Fort Worth | Texas |
| Katherine Pry | QC Inspector - 2 | Employee | DJO Fort Worth | Texas |
| Priscilla gama | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| ALEX LOPEZ | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Zack Prater | Forklift Operator - 1 | Employee | DJO Fort Worth | Texas |
| Crispin Luwawu | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| JAVIER PESQUERA | Forklift Operator - 1 | Employee | DJO Fort Worth | Texas |
| MARIA JUDITH ROJAS CARVAJAL | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Priscilla Misengabo | Material Handler - 3 | Employee | DJO Fort Worth | Texas |
| Bobby Cook Jr | Forklift Operator - 1 | Employee | DJO Fort Worth | Texas |
| Erick Andre | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| KELLY STEPHENS | EH&S Professional - 2 | Employee | DJO Fort Worth | Texas |
| Astrid Santiago Santos | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Maria Vargas | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| igilima ngama | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Marirose Mboma | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Boualanh Onemanisone (Boualanh | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Luis Lopez | Forklift Operator - 1 | Employee | DJO Fort Worth | Texas |
| Jazzmin Turner | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| Zarolyn Turner | Material Handler - 1 | Employee | DJO Fort Worth | Texas |
| EDDIE COX | Forklift Operator - 1 | Employee | DJO Fort Worth | Texas |
| Rami Matar | Human Resources Business Partner | Employee | DJO Fort Worth | Texas |

# 4M

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (05/12/2022)

| Where is the facility located? | ☐ Nevada ☒ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☒ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Elanco US Inc. DBA Elanco Clinton Laboratories

Physical Address: 10500 S. State Road 63

City: Clinton State: IN Zip: 47842

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 765-832-4300 Website: www.elanco.com

Name of Designated Representative (DR): Javier Leglise

Licensing Company Email: roxanne.estela@elancoah.com DR Email: javier.leglise@elancoah.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ☒ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☒ Others: OTC, Prescription | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☒ Others: Third Party Logistics | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | x |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | X | |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | X | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | x |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | x |

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC
Address: 6450 LASALLE DR, Suite D City: LOCKBOURNE State: OH Zip: 43137-9283

Name: INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC
Address: 420 International BLVD STE 500 City: Brooks State: KY Zip: 40109

Name: DHL (Facility not in use yet)
Address: 1025 Sandhill Road City: Reno State: NV Zip: 89521

Name:
Address: City: State: Zip:

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Elanco US Inc. DBA Elanco Clinton Laboratories
Parent Company (if any): Elanco Animal Health Incorporated
Corporation/Organization Name: Elanco US Inc
Mailing Address: 2500 Innovation Way
City: Greenfield State: Indiana Zip: 46140
Telephone: 1-877-352-6261 Email: ROXANNE.ESTELA@elancoah.com
Contact Person Name: Roxanne Estela

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | X | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Elanco US Inc. DBA Elanco Clinton Laboratories

Facility Name

Beth Haney

Print Name of Authorized Person Submitting Application

Beth Haney

Original signature of Authorized Person (copies or stamps not accepted)

10/23/2023

Date

| Board Use Only | Date Received: 10/25/23 | Amount: $1000 -CC 11/9/23 |
|---|---|---|

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 01/18/2018 | N/A | ID | Boise | Ada County |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| BOP-18-018 | | Idaho Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| Unlicensed in Idaho | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| Elanco US Inc. | | | N/A | |
| **Name of Business/Industry/Entity** | | | | |
| Elanco US Inc. | | | | |

**Provide explanation below:**

In June 2017, the Idaho State Board of Pharmacy changed the interpretation of their laws regarding Virtual Wholesalers and Virtual Manufacturers. Elanco US Inc. monitors all law changes from the Board of Pharmacies and is notified daily of changes. However, since the change was in interpretation rather than an actual language change we were not aware of the new requirements. When Elanco US Inc. Headquarters, located in Indiana, found this out we applied for a license right away and were issued a license, which we still hold .. However, since we had been shipping into the state using the old interpretation, which didn't require licensure for virtuals, we were out of compliance. Elanco paid a fee to the Idaho Board of Pharmacy to resolve this issue.

Original Signature (electronic, copies or stamps not accepted)

10/23/2023
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 12/4/2020 | N/A | FL | Tallahassee | Leon |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 2019-055050 | Florida Department of Business and Professional Regulation |

| Reason/Charge |
|---|
| Sister State Fine |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Elanco US Inc. | N/A |

| Name of Business/Industry/Entity |
|---|
| Elanco US Inc. |

**Provide explanation below:**

Elanco US Inc. Headquarters, located in Indiana, received a violation in Florida in December 2020 for a fine we received in Idaho two years prior when Idaho changed their interpretation of the law. We notified Florida of this violation every year we renewed. We monitor all state laws using Porizo Compliance Digest to ensure we are registered correctly.

Original Signature (electronic, copies or stamps not accepted)

10/23/2023
Date

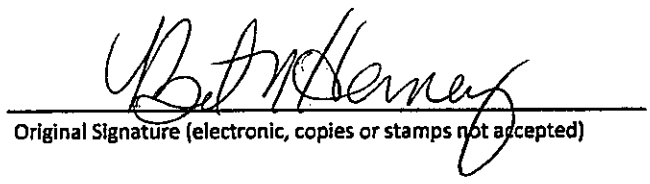
**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 2 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 10/21/2016 | N/A | OH | Columbus | Franklin |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| N/A | | Ohio Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| License Denied | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| Elanco US Inc. | | | N/A | |
| **Name of Business/Industry/Entity** | | | | |
| Elanco US Inc. | | | | |

**Provide explanation below:**

In July 2016, the Ohio State Board of Pharmacy changed its laws regarding Virtual Wholesalers and Virtual Manufacturers requiring either a VAWD Accreditation or a home state license. For our Elanco US Inc. Headquarters site located in Indiana, no home state license is required for veterinary wholesalers or manufacturers. Elanco was in the process of changing over Novartis Animal Health US, Inc. applications to Elanco US Inc. after the acquisition of Novartis Animal Health US, Inc. Since Novartis Animal Health US, Inc. never held a license in Ohio Elanco US Inc. did not get a grace period to comply with these new laws. Elanco US Inc. stopped sales into Ohio for 6 months. Elanco petitioned the Indiana Board of Pharmacy after submitting our VAWD application and an Indiana license was granted. We are now licensed to sell in Ohio.



Original Signature (electronic, copies or stamps not accepted)

10/23/2023

Date

Elanco US Inc.
PO Box 708
2500 Innovation Way
Greenfield, IN 46140
317.276.2000



June 11, 2018

To Whom It May Concern:

In June 2017, the Idaho State Board of Pharmacy changed the interpretation of their laws regarding Virtual Wholesalers and Virtual Manufacturers. Elanco monitors all law changes from the Board of Pharmacies and is notified daily of changes. However, since the change was in interpretation rather than an actual language change we were not aware of the new requirements. When Elanco found this out we applied for a license right away and were issued a license, which we still hold.. However, since we had been shipping into the state using the old interpretation, which didn't require licensure for virtuals, we were out of compliance. Elanco paid a fee to the Idaho Board of Pharmacy to resolve this issue.

Please let me know if you have any further questions.

Roxanne P. Estela
Sr. Associate, Regulatory Affiars
Elanco US Inc.
Estela_Roxanne_P@elanco.com
(317) 220-2913

**BEFORE THE BOARD OF PHARMACY**

**STATE OF IDAHO**

| | | |
|---|---|---|
| In the Matter of the License of:<br><br>ELANCO US INC.,<br>Manufacturer License No. M46280,<br><br>Respondent. | ) | Case No. BOP 18-018<br><br>**STIPULATION AND CONSENT ORDER** |

WHEREAS, information has been received by the Idaho Board of Pharmacy ("Board") that constitutes sufficient grounds for the initiation of an administrative action against Elanco US Inc. ("Respondent"); and

WHEREAS, the parties wish to expeditiously settle this matter in lieu of proceeding to an administrative hearing before the Board; now, therefore,

IT IS HEREBY STIPULATED AND AGREED between the undersigned parties that this matter shall be settled and resolved upon the following terms:

## A. JURISDICTION OF THE BOARD

1. The Board may regulate the practice of pharmacy in the state of Idaho in accordance with title 54, chapter 17, Idaho Code. The Board is further empowered by title 37, chapter 27, Idaho Code, to administer the regulating provisions of the Uniform Controlled Substances Act in the state of Idaho.

2. Respondent is a licensee of the Board and holds Manufacturer License No. M46280. Respondent's license is subject to the provisions of title 54, chapter 17, Idaho Code, title 37, chapter 27, Idaho Code, and the Board's rules promulgated at IDAPA 27.01.01, *et seq.*

## B. STIPULATED FACTS

1. Respondent is a corporation organized in the state of Indiana and is a manufacturer of drugs as defined by Idaho Code § 54-1705(24).

2. Respondent previously held Manufacturer Registration No. M21204, which expired June 30, 2016. The Board received the new Manufacturer Registration Application submitted by Respondent on July 10, 2017. In the course of reviewing the application, Board staff discovered they had a previous registration and contacted Respondent to request a list of medications shipped into Idaho for the time period of June 30, 2016, through the date of the application. Respondent provided Board Staff with a listing of the drug products shipped into the state of Idaho during the period of June 2016 through May 2017.

3. According to the list provided by Respondent, Respondent shipped 548 drug products to veterinary medical providers in the state of Idaho between June 2016 and May 2017. Each product shipped during the period in which Respondent was unlicensed in the state of Idaho is a violation of Idaho law and Board rules.

4. While Respondent's error may have been unintentional, Respondent acknowledges its actions constituted violations of the statutes and rules governing the practice of pharmacy in Idaho. More specifically, Respondent admits the violations are subject to the following statutes and rules:

a. Idaho Code § 54-1726(1)(f) (the Board may suspend, revoke or restrict the license or registration of any person, upon one or more of the following grounds. . .being found by the Board to be in violation of any of the provisions of this chapter, chapter 27, title 37, or rules adopted pursuant to either chapter);

b. Idaho Code § 54-1729(2)(c) (each drug or device outlet shall apply for a certificate of registration or a license in one of the following classifications . . . (c) manufacturer);

c. Idaho Code § 54-1728(1)(f) (upon the finding of the existence of grounds for discipline the Board may impose one or more of the following penalties . . . (f)

imposition of an administrative fine not to exceed two thousand dollars ($2,000) plus costs of prosecution and administrative costs);

d. Idaho Code § 54-1732(1) (no drug outlet designated in § 54-1729 shall be operated until a certificate of registration has been issued to said facility by the Board . . . upon the finding of a violation of this subsection, the Board may impose one or more of the penalties enumerated in § 54-1728, Idaho Code);

e. IDAPA 27.01.01.060 (a license or a certificate of registration, as applicable, is required for drug outlets doing business in or into Idaho); and

f. IDAPA 27.01.01.501 (the Board may suspend, revoke or restrict the registration of an individual on one or more of the grounds provided in Idaho Code § 54-1726);

5. Respondent, in lieu of proceeding with a formal disciplinary hearing, hereby agrees the Board may enter a final order against its license as set forth in Section C below.

## C. STIPULATED PENALTIES

1. The parties agree that under the facts presented and the regulations that apply to such facts, the Board has the authority pursuant to Idaho Code § 54-1728(f) to impose an administrative fine of Two Thousand Dollars ($2,000) per occurrence for each drug product shipped into the state of Idaho during the time it was unlicensed. In the interests of efficiency and economy, it is agreed that Respondent shall pay a fine of Forty Thousand Dollars ($40,000) for the violations outlined above in Section B. This fine shall become due only after the Board approves and executes the Order incorporating this Stipulation and shall be paid to the Board within 180 days of the date the Order is executed.

2. Failure to comply with any of the terms of this Stipulation and Consent Order may result in additional action being taken against Respondent's manufacturer license.

3. All costs associated with Respondent's compliance with the terms of this Stipulation and Order shall be borne solely by Respondent.

## D. COMPLIANCE WITH STIPULATION AND CONSENT ORDER

1. The Board has authority to enforce compliance with the terms and conditions of this Stipulation. By signing this Stipulation, Respondent waives its ability to challenge the Board's lack of authority to enforce compliance on appeal to a district court. If there is reason to believe Respondent has violated any of the terms or conditions of this Stipulation, the Executive Director of the Board shall file an administrative complaint, setting forth the allegations of non-compliance and notifying Respondent, and its attorney, if applicable, that Respondent may request a hearing regarding the allegations of non-compliance. If Respondent does not request a hearing on the administrative complaint, any allegations of non-compliance will be deemed admitted.

2. If Respondent fails to comply with this Stipulation, Respondent's license may be subject to further discipline, up to and including suspension or revocation. Therefore, the Board retains jurisdiction over this proceeding until all matters are finally resolved as set forth in this Stipulation. Any action taken by the Board to enforce compliance with this Stipulation shall be in accordance with this section.

3. Any additional costs and/or attorney fees incurred by the Board in any enforcement action shall be borne solely by Respondent.

## E. ACKNOWLEDGMENTS AND WAIVER OF RIGHTS

Respondent, by signature of its authorized representative hereto, hereby acknowledges the following:

1. Respondent admits to the allegations stated above in Section B. Respondent understands these allegations constitute cause for disciplinary terms upon its license. Respondent agrees the Board has jurisdiction to proceed in this matter with its consent as indicated by signature

on its behalf hereto.

2. Respondent has read the above Stipulation fully and has had the opportunity to discuss it with legal counsel. Respondent understands and acknowledges that by its terms it is waiving certain rights provided under Idaho law.

3. Respondent understands that it has, among other rights, the right to a full and complete hearing; the right to confront and cross-examine witnesses; the right to present evidence or to call witnesses, or to so testify on its own behalf; the right to reconsideration; the right to appeal this matter to district court; and all rights provided by the Idaho Administrative Procedure Act and the laws and rules governing the practice of pharmacy in Idaho. Respondent hereby freely and voluntarily waives these rights, without further process, in order to enter into this Stipulation as a resolution of the allegations contained herein.

4. Respondent understands that in signing this Stipulation, it is enabling the Board to impose disciplinary terms upon its license as set forth in Section C without further process.

5. Respondent understands the Board may approve this Stipulation as proposed, approve it subject to specified changes, or reject it. Respondent understands that, if approved as proposed, the Board will execute and issue this Stipulation and Consent Order according to the aforementioned terms, and Respondent hereby agrees to the above Stipulation for settlement. If the Board approves this Stipulation subject to changes, and those changes are acceptable, Respondent acknowledges the Stipulation will take effect, and an order modifying the terms of the Stipulation will be issued. If the changes are unacceptable or the Board rejects this Stipulation, this Stipulation will be of no effect. Admissions in this Stipulation and negotiations preceding the signing of this Stipulation will not be admissible at any subsequent disciplinary hearing.

6. In the event this Stipulation is rejected by the Board or any changes proposed by the Board are not accepted, Respondent waives any right it may have to challenge the Board's

impartiality to hear the allegations in any subsequent administrative complaint based on the fact that the Board has considered and rejected this Stipulation.

7. Respondent understands the Board shall have the right to make full disclosure of this Stipulation and Consent Order to any state, agency or individual requesting information subject to any applicable provisions of the Idaho Public Records Act, title 9, chapter 3, Idaho Code.

8. Respondent understands this Stipulation and Consent Order is the resolution of a contested case and is a **public record**.

9. This Stipulation contains the entire agreement between the parties, and Respondent is not relying on any other agreement or representation of any kind, verbal or otherwise.

10. This Stipulation shall be presented to the Board with a recommendation for approval from the Executive Director of the Board and the Deputy Attorney General responsible for prosecution before the Board at the next regularly-scheduled meeting of the Board.

11. Except for Paragraph E.6., which becomes effective when Respondent signs this Stipulation, this Stipulation shall not become effective until it has been approved by a majority of the Board, and a Board member signs the attached Order.

DATED this 18 day of January, ~~2017.~~ 2018

ELANCO US INC.

By: _____

Its: Director and CFO

Authorized Representative for Respondent

I concur in this stipulation and order and recommend that the Board adopt the same.

DATED this 18 day of January, 2018.

STATE OF IDAHO
OFFICE OF THE ATTORNEY GENERAL

STEVEN L. OLSEN
Deputy Attorney General

I also concur in this stipulation and order and recommend the Board adopt the same.

DATED this 23rd day of January, 2018.

IDAHO BOARD OF PHARMACY

By: Alex J. Adams

Alex J. Adams, PharmD, MPH
Executive Director

## ORDER

Pursuant to Idaho Code § 54-1728 and § 37-2718, the Idaho Board of Pharmacy hereby accepts the terms and conditions of the foregoing Stipulation and Consent Order, and it is hereby ordered that Respondent comply with said terms and conditions.

DATED this 8th day of February, 2018.

Nicole Chopski, PharmD
Board Chair

## CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 31 day of February, 2018, I caused to be served a true and correct copy of the foregoing STIPULATION AND CONSENT ORDER by the following method to:

Roxanne Estela
Elanco US Inc.
2500 Innovation Way
Greenfield, IN 46140-8767

☒ U.S. Mail
☐ Hand Delivery
☒ Certified Mail, Return Receipt Requested
☐ Overnight Mail
☐ Facsimile:

Steven L. Olsen
Deputy Attorney General
Civil Litigation Division
P. O. Box 83720
Boise, ID 83720-0010

☐ U.S. Mail
☐ Hand Delivery
☐ Overnight Mail
☐ Facsimile:
☒ Email: steven.olsen@ag.idaho.gov
colleen.funk@ag.idaho.gov

Ellen Mitchell
Investigations Support Coordinator

6/10/2022

To Whom it May concern:

Elanco turned in all applicable renewal documentation to the Alabama Board of Pharmacy by the deadline of 12/31/2022. As the documentation was not reviewed by the Regulator by January 1st Alabama considered our renewal expired. Once this was confirmed to Elanco on January 11th we stopped all shipments into the state until approval was received. We were fined $500.00

Roxanne P. Estela

Roxanne Estela
Advisor, State Licensing and Permits, North American Commercial Product Regulatory
Elanco US Inc.
2500 Innovation Way, Greenfield, IN 46140 USA
M [redacted]
Roxanne.Estela@Elancoah.com

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 05/05/21 | N/A | AL | Birmingham | Shelby |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 21-L-0042 | Alabama Board of Pharmacy |

| Reason/Charge |
|---|
| Paperwork not reviewed before renewal end date. |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Elanco US Inc. | N/A |

| Name of Business/Industry/Entity |
|---|
| Elanco US Inc. |

**Provide explanation below:**

Elanco US Inc. Shawnee, located in Kansas, turned in all applicable renewal documentation to the Alabama Board of Pharmacy by the deadline of 12/31/2021. As the documentation was not reviewed by the Regulator by January 1st Alabama considered our renewal expired. Once this was confirmed to Elanco on January 11th we stopped all shipments into the state until approval was received. We were fined $500.00. This wasn't considered a disciplinary action in Alabama. Elanco does not own this site anymore.

Original Signature (electronic, copies or stamps not accepted)

10/23/2023
Date

| | | |
|---|---|---|
| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA STATE** |
| | ) | |
| **ELANCO US INC.** | ) | **BOARD OF PHARMACY** |
| | ) | |
| **Manufacturer** | ) | **CASE NO: 21-L-0042** |
| **Permit No. 195965** | ) | |

## CONSENT ORDER

**THIS MATTER** comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Elanco US, Inc. which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement"), alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975), § 41-22-12(f), the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that Elanco US, Inc. violated the applicable provisions of law based upon the conduct set out in Count One of the Statement.

2. Elanco US, Inc. shall pay to the Board an administrative fine in the amount of Five Hundred dollars ($500.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Elanco US, Inc. shall not attempt to discharge the same in any bankruptcy proceeding.

3. That Elanco US, Inc. expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama

Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242

Your license/registration/permit has been delayed because you failed to complete your renewal before your license expired on **12/31/2020**. In order to continue processing your application, you must send us a written statement as to whether or not you have shipped/sold any drugs/devices/oxygen into Alabama or performed any drug/device/oxygen related duties in Alabama since your license/registration/permit lapsed.

**Please sign, date, and return to the address above. Statement must be notarized**

Sincerely,

Donna Yeatman R.Ph

All documentation was submitted to Alabama for license #195965 on December 31st, 2020 before the expiration of our license. Please find attached a copy of our submission, payment receipt for the license, and documents that were emailed to the board on December 31st, 2020. Elanco was in communication with the board on our license deficency, see attached emails, and received confirmation that our license was considered expired even though documents were sent to the board prior to the expiration date on 12/31/2021. On 1/11/2021 Elanco ordered a stop to all shipments into the state.

It is affirmed that all information provided herein is true and correct and it is recognized that providing false information may result in disciplinary action.

**MUST BE SIGNED BY OWNER, OFFICER, OR CEO ONLY**

Signature [signature] Date 1-12-2020

Printed Name Jose Correia de Simas Title Vice President

License/Registration/Permit # 195965

Subscribed and sworn to before me this_____day of_____20____.

_____

ALABAMA BOARD OF PHARMACY

# MANUFACTURER DISTRIBUTOR RENEWAL

## Instructions

You will need the following information for your renewal:

1. Owner, Officer & Designated Representative Details (Name, SSN, Date of Birth, Home Address, Phone Number, Email, Title)
2. Home State License or Home State Exemption
3. Verification of your home state license, if applicable (This can be a current online verification from the home state issuing agency)
4. Copy of DEA certificate, if applicable
5. Ownership Organizational Chart
6. List of all states licensed in
7. Copy of FDA inspection, FDA 483, warning letters, recalls, seizures, and response to any of these documents received since the last renewal.
8. Discipline received from any other state or regulatory organization since your last renewal

Note: You will have the opportunity to print your application and payment receipt after submission.

## Facility/Business Data

Name of Business

Elanco US Inc.

Address1

12809 Shawnee Mission Parkway

Address2

Products are shipped to: (Please mark all that apply)

- [x] Pharmacies
- [x] Wholesale Distributors
- [ ] Third Party Logistics Providers
- [ ] Repackagers
- [ ] Government Agencies
- [x] Hospitals/Clinics
- [ ] Licensed Prescribe rs
- [ ] Other

If other, please explain

## Controlled Substance

Do you want to renew or add a controlled substance permit?

- [x] Yes
- [ ] No

Schedule:

- [ ] I
- [ ] II
- [ ] III
- [ ] IV
- [ ] V
- [x] AL State specific Controlled Substances

## Contact Details

**All official correspondence regarding this renewal application will be directed to this individual only.**

Person to contact about this Renewal

Roxanne Estela

Phone Number

(131) 722-0291

Pro

City

Shawnee Mission

State

KS

Phone Number

If o [redacted]

FEIN Number

[redacted]

Business email

Cont Estela_Roxanne_P@Elanco.com

Do DEA number

RE0582002

Sch

## Type of Operations

FDA Establishment Identification Number of each Manufacturing Facility that you distribute for:

1910953

Cont Type of Products Distributed: (Please mark all that apply)

All ☑ Controlled Substances ☐ Human Prescription Drugs ☑ Veterinary Prescription Drugs ☐ Prescription Devices ☐ Active Pharmaceutical Ingredient (API)

Per

R

Phc

(

Email

Estela_Roxanne_P@Elanco.com

## Designated Representative

Full Name

Larry Geivett

Email

larry.geivett@bayer.com

Is this still the facility designated representative? ☑ Yes ☐ No

## Owners/Officers

List all entities/people that own 10% or more

This submitted information does not constitute a notification of change of ownership. If you have a change of ownership, you must submit a facility change of ownership application; the application is available on our website.

☐ This applicant has individual owners ☑ This applicant has business entities as owners ☐ This business has both individual and business owners

☐ Publicly Traded or 501c3

## Business Owner(s)

Name : Elanco Animal Health Incorporated EIN/TIN/FEIN# : [redacted] % of Ownership : 100
Phone Number : [redacted] Address (Street, City, State, Zip Code) : 2500 Innovation Way City :
State : IN Zip :

## Officer(s)

Full Name : Darlene Andrea Quashie Henry Title : Secretary Date Of Birth : [redacted]
Social Security Number : [redacted] Email : Darlene.Henry@Elanco.com
Phone Number : [redacted]
Home Address (Street, City, State, Zip Code) : [redacted]Finchley Rd, Carmel, IN 46032

Full Name : William Shawn Mckee Title : President Date Of Birth : [redacted]
Social Security Number : [redacted] Email : Mckee_William_Shawn@Elanco.com
Phone Number : [redacted]
Home Address (Street, City, State, Zip Code) : [redacted]Harbor Bay, Fishers, IN 46040

Full Name : Jose Manuel Correia de Simas Title : Vice President Date Of Birth : [redacted]
Social Security Number : [redacted] Email : simas_jose@elanco.com
Phone Number : [redacted]
Home Address (Street, City, State, Zip Code) : [redacted]Kingston Dr, Fishers, IN 46055

Full Name : David Richard Pugh Title : Treasurer Date Of Birth : [redacted]
Social Security Number : [redacted] Email : pughdr@elanco.com
Phone Number : [redacted]
Home Address (Street, City, State, Zip Code) : [redacted]Red Alder Drive, Avon IN 46123

## Regulatory Questions (Since last renewal)

| | | |
|---|---|---|
| 1 | Since the last renewal has applicant or any Owner, Officer, Member, Director, Manager or Partner thereof been arrested and/or convicted of a felony or misdemeanor , excluding minor traffic convictions? | ☐ Yes ☑ No |
| 2 | Since the last renewal does applicant or any Owner, Officer, Member, Director, Manager or Partner thereof own, in whole or in part, any pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503B Outsourcer and/or third-party logistics company? | ☐ Yes ☑ No |
| 3 | Since the last renewal has any license or permit issued to any described entity (Owner, Officer, Member, Director, Manager, or Partner) been surrendered or subject to discipline in connection with the activities of any such entity or charged and/or convicted of any felony or misdemeanor excluding minor traffic violations? | ☑ Yes ☐ No |
| 4 | Since the last renewal has applicant been denied or refused an application for a permit for a pharmacy, manufacturer, wholeseler, distributor, repackager, private label distributor, 503B Outsourcer and/or third-party logistics company? | ☐ Yes ☑ No |
| 5 | Since the last renewal has applicant withdrawn an application for a permit or surrendered license once issued to any pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503B Outsourcer and/or third-party logistic company? | ☐ Yes ☑ No |
| 6 | Since the last renewal does Owner, Officer, Member, Director, Manager or Partner of the applicant own, in whole or inpart, or now own any entity that has been denied, refused or withdrawn an application for a permit or license of a pharmacy, manufacturer, distributor, repackager, private label distributor, 503B outsourcer and/or third-party logistics company? | ☐ Yes ☑ No |

| | | |
|---|---|---|
| 7 | Since the last renewal has Applicant or any Owner, Officer, Member, Director, Manager or Partner thereof been issued a license to practice pharmacy or as a pharmacy technician? | ☐ Yes ☑ No |
| 8 | Since last renewal has an FDA 483 or Warning Letter been issued to Applicant or to any entity in which any Owner, Officer, Member, Director, Manager or Partner of the Applicant has been or is currently involved/affiliated? | ☐ Yes ☑ No |
| 9 | Since the last renewal has any final judgement been entered or settlement reached resulting from a claim or action for damages caused by any error, omission, or negligence in the performance of any pharmacy or pharmaceutical professional services by the Applicant or any Owner, Officer, Member, Director, Manager or Partner. | ☐ Yes ☑ No |

## Attachments

Please upload the proper documents listed in this section.

| | | |
|---|---|---|
| 1 | Home State License or Proof of Exemption ℹ | View/Download (https://albop.igovsolution.net/docs/albopdocuments/\2020\12\69bc51363cac4ddebaf2c2faf8a9c901.pdf) |
| 2 | Verification of Home State Permit <30 days old ℹ | View/Download (https://albop.igovsolution.net/docs/albopdocuments/\2020\12\710207c84c3a46378b51a9fa63b27637.pdf) |
| 3 | List of all states the applicant is currently permitted in ℹ | View/Download (https://albop.igovsolution.net/docs/albopdocuments/\2020\12\dfbd36a8aea4449380a5fd9e3fefd268.pdf) |

Ownership Organizational Chart

View/Download

(https://albop.igovsolution.net/docs/albopdocuments/\2020\12\fbea043f3f7d446482435074f747ce7c.pdf)

Question 3 Supporting Documents

View/Download

(https://albop.igovsolution.net/docs/albopdocuments/\2020\12\22bff60073734f539c0c10a45a5a032f.pdf)

## Affirm And Submit

☑ It is affirmed that all information provided herein is true and correct and it is recognized that providing false information may result in disciplinary action. It is understood that there must be compliance with the provisions of the Alabama Pharmacy Act the Rules of the Board and all other applicable statutes and rules.

☑ All fees once submitted are non-refundable. Care should be taken to ensure all requested information and documentation is submitted/supplied. Failure to submit all requested deficient information or documentation within 30 days of issuance of notification will result in non-renewal of your permit and forfeiture of fees.

☑ It is acknowledged and agreed that the issuance of your renewal does not in any way waive or prevent the Board from initiating disciplinary charges based on your responses on this renewal application and/or any information obtained or discovered by the Board as a result of any such response.

Date

12/31/2020

E-Signature

Roxanne Estela

Email to send receipt

Estela_Roxanne_P@Elanco.com

(Board of Pharmacy charge, including a convenience fee, will appear on your statement with a description including IGOVSOL*.)

Amount Due

1100.00

Transaction Fee

44.00

Total

1144.00

Payment Type

Credit Card

Person's Name on Card

Roxanne Estela

Card #

*****9914

Order ID

20201231000038412

Billing Zip Code

46220

# [EXTERNAL] ALBOP Renewal Receipt



From: ALBOP albop@igovsolution.net
To: Roxanne Estela ROXANNE.ESTELA@elancoah.com
Date: Thursday, December 31, 12:46 PM

EXTERNAL EMAIL: Use caution before replying, clicking links, and opening attachments.

## Manufacturer Distributor Renewal

Your Renewal Order # : 20201231000038412

Name : Elanco US Inc.

License # : 195965

Submission Date : 12/31/2020

Renewal Fee : $500.00

CS Fee : $600.00

Convenience Fee : $44.00

Total Paid : $1144.00

Please click here to download your Renewal Application and Receipt.

Office: 111 Village Street, Birmingham, AL 35242 Voice: 205-981-2280 Fax: 205.981.2330 OFFICE HOURS: 8:00AM -

# :enewal 12809 Shawnee - License #196965



From: Roxanne Estela ROXANNE.ESTELA@elancoah.com
To: Kim Pickett kpickett@albop.com
Date: Thursday, December 31, 1:20 PM
12809 Current Licenses.pdf 105 KB
Elanco US Inc._Kansas 12809.pdf 1.1 MB
License Verification 12809.pdf 226 KB

li Kim,

ıpologies. I accidently attached documents for our 12707 license to the 12809 application.
'lease find the correct documents for 12809 attached.

}est,

Roxanne

**:oxanne Estela** (she/her/hers)
ıdvisor, Licenses and Permits
lorth American Regulatory Affairs, Commercial Products
:lanco US Inc.
:500 Innovation Way, Greenfield, IN 46140 USA
/ +1 317.220.2913
:stela_Roxanne_P@elanco.com
vww.elanco.com




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P **Please consider the environment before printing this email**

**Ask me about how you can get involved in the Clothe-A-Child Feed-A-Family.**

# Alabama State Board of Pharmacy
# Facility Renewal Deficiency Notice

0550

| Date Received |
| --- |
| Office Use Only |

| Applicant Name: Elanco US Inc | Permit Number: 195965 | Notification Date: 1/4/2021 |
| --- | --- | --- |
| Applicant Address: 12809 Shawnee Mission Parkway Shawnee Mission, KS 66216 | | |

1. These items are needed to continue processing your application.

- A copy of your home state license for the permitted facility
- Provide a verification of your home state license. This can be from your states electronic verification but must not be more than 30 days old.

2. **Submit all required information at one time in a packet with this form as your cover page.**

3. Your renewal will be withdrawn if the deficiency packet is not received within 30 days of the notification date above.

4. The deficiency response packet **cannot** be submitted by email. You must send it by US Mail or common carrier to the address below.

**Alabama State Board of Pharmacy**
**111 Village Street**
**Birmingham, AL 35242**

# W: Alabama Permti#195965



From: Kim Pickett kpickett@albop.com
To: Roxanne Estela ROXANNE.ESTELA@elancoah.com
Date: Friday, January 8, 4:21 PM
Alabama Permit#195965.eml 226 KB
Revised Renewal Statement.docx 32 KB

EXTERNAL EMAIL: Use caution before replying, clicking links, and opening attachments.

he attached renewal deficiency email was sent to you on 1/4/2021. To date our office has not received the equired response. Permit#195965 expired on 12/31/2020 along with the renewal deficiency response you must omplete and submit the attached renewal statement.

hanks,

Kim Pickett
acilities Licensing Manager
labama State Board of Pharmacy
11 Village Street
irmingham, AL 35242
ax:205-803-6515
ww.albop.com

---

From: Roxanne Estela ROXANNE.ESTELA@elancoah.com
To: Kim Pickett kpickett@albop.com
Date: Friday, January 8, 4:38 PM

Hi Kim,

ust sent it off in the mail today it will arrive Monday.

est,

oxanne

**oxanne Estela** (she/her/hers)
dvisor, Licenses and Permits
orth American Regulatory Affairs, Commercial Products
lanco US Inc.
500 Innovation Way, Greenfield, IN 46140 USA
l +1 317.220.2913
stela_Roxanne_P@elanco.com
ww.elanco.com




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**\sk me about how you can get involved in the Clothe-A-Child Feed-A-Family.**

---

From: Roxanne Estela ROXANNE.ESTELA@elancoah.com
To: Kim Pickett kpickett@albop.com
Date: Friday, January 8, 5:21 PM
Renewal 12809 Shawnee - License #196965.pdf 1.5 MB

Kim,

As you can see in the attached email I also provided this information to you before the license expired via email stating I made a mistake in the online application.

Since this information was provided to the board before the license expired and before the deficiency notice was sent do you need the renewal statement?

oxanne

oxanne Estela (she/her/hers)
dvisor, Licenses and Permits
orth American Regulatory Affairs, Commercial Products
lanco US Inc.
500 Innovation Way, Greenfield, IN 46140 USA
l +1 317.220.2913
stela_Roxanne_P@elanco.com
ww.elanco.com




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**Please consider the environment before printing this email**

**sk me about how you can get involved in the Clothe-A-Child Feed-A-Family.**

---

From: Kim Pickett kpickett@albop.com
To: Roxanne Estela ROXANNE.ESTELA@elancoah.com
Date: Monday, January 11, 12:00 PM

EXTERNAL EMAIL: Use caution before replying, clicking links, and opening attachments.

Not matter when you submitted the documents the renewal is not complete until it is reviewed and approved. This is why we open the renewal season on September 1, to allow adequate processing and review time. Your permit expired on 12/31/2020. The renewal has not been approved because the submission was incomplete. You need to submit the renewal statement and the items requested in the deficiency notice.

Thanks,
Kim Pickett

From: Roxanne Estela ROXANNE.ESTELA@elancoah.com
To: Kim Pickett kpickett@albop.com
Date: Monday, January 11, 4:58 PM

li Kim,

am working getting signatures for the renewal statement. The deficiency paperwork was delivered today at am.

n the meantime we have stopped shipments in to Alabama until you are able to process our registration.

Can you give us an idea of the application processing time once you have our renewal statement?

Thank you,

Roxanne

**Roxanne Estela** (she/her/hers)
Advisor, Licenses and Permits
North American Regulatory Affairs, Commercial Products
Elanco US Inc.
2500 Innovation Way, Greenfield, IN 46140 USA
M +1 317.220.2913
Estela_Roxanne_P@elanco.com
www.elanco.com

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Please consider the environment before printing this email

sk me about how you can get involved in the Clothe-A-Child Feed-A-Family.

---

From: Kim Pickett kpickett@albop.com
To: Roxanne Estela ROXANNE.ESTELA@elancoah.com
Date: Monday, January 11, 5:09 PM

EXTERNAL EMAIL: Use caution before replying, clicking links, and opening attachments.

-10 business days

hanks,
Kim Pickett

---

From: Roxanne Estela ROXANNE.ESTELA@elancoah.com
To: Kim Pickett kpickett@albop.com
Date: Monday, January 11, 5:24 PM

Thank you.

---

From: Roxanne Estela ROXANNE.ESTELA@elancoah.com
To: FERNANDO BERTAZZO FERNANDO.BERTAZZO@elancoah.com, GREGORY BUSSING GREGORY.BUSSING@elancoah.com
Date: Monday, January 11, 5:25 PM

Hello Greg and Fernando,

Please see the below email where Alabama confirms that processing will take 7-10 business days.

hank you,

.oxanne

---

Emails

To Whom it May Concern:

We received a violation in Florida in December 2020 for a fine we received in Idaho two years prior when Idaho changed their interpretation of the law. We notified Florida of this violation every year we renewed. We monitor all state laws using Porizo Compliance Digest to ensure we are registered correctly.

Sincerely,

Roxanne P. Estela

Roxanne Estela
Advisor, State Licensing and Permits
North American Commercial Product Regulatory
Elanco US Inc.
2500 Innovation Way, Greenfield, IN 46140 USA
M +1 317.220.2913
Roxanne.Estela@Elancoah.com

FILED
Department of Business and Professional Regulation
Senior Deputy Agency Clerk
CLERK Brandon Nichols
Date 1/7/2021
File # 2021-00019



**STATE OF FLORIDA**
**DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,**

**Petitioner,**

**v.** **Case Nos.: 2019-055050**

**ELANCO US, INC.,**

**Respondent.**
_____/

# FINAL ORDER

The Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (Department), in accordance with the provisions of Section 120.57(4), Florida Statutes, hereby enters this Final Order incorporating and adopting, *in toto*, the Settlement Agreement entered into between Elanco US, Inc. and the Department, attached hereto and incorporated by reference. This Final Order resolves alleged violation of Section 499.0121(10), Florida Statutes (2018), failing to operate in compliance with applicable federal, state, and local laws and regulations.

This Final Order is effective on the date it is filed with the Agency Clerk of the Department of Business & Professional Regulation as indicated on this Final Order.

DONE and ORDERED this 29th day of December, 2020 in Tallahassee, Florida.

HALSEY BESHEARS, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

By: _____
Walter Copeland
Division Director
Drugs, Devices, and Cosmetics

Prepared by:

Kathryn H. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

**NOTICE OF RIGHT TO APPEAL**

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular United States mail to: Elanco US, Inc., 2500 Innovation Way, Greenfield, Indiana 46140 this _____ day of December, 2020.

By: _____
Agency Clerk's Office

STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION

**DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION, DIVISION OF DRUGS, DEVICES, AND COSMETICS,**

**Petitioner,**

Case No.: 2019-055050

**v.**

**ELANCO US, INC.,**

**Respondent.**
_____/

## SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2019-055050 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

## STIPULATED FACTS

1. Elanco US, Inc. (hereinafter, "Respondent") is permitted as a non-resident prescription drug manufacturer by the Department, having been issued permit number 26:1837.

2. Respondent's address of record is 2500 Innovation Way, Greenfield, IN 46140.

3. Respondent was issued a Notice of Violation on December 4, 2020, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

## CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2019-055050, but enters into this agreement for the purpose of resolving the issues raised by the Department.

## SETTLEMENT TERMS

6. Respondent affirms that it is currently in compliance with Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of five thousand dollars ($5,000.00). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Taya Orozco, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

## STANDARD PROVISIONS

9. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

10. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2019-055050. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

11. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

12. Respondent waives the right to seek any attorney's fees or costs from the Department in connection with this proceeding.

13. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

14. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

15. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

16. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

17. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such

principals.

**ELANCO US, INC.,**

By: Roxanne P. Estela

Name: Roxanne P. Estela

Title: Advisor, State Licenses

Date: 12/21/2020

**FLORIDA DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION DIVISION OF DRUGS, DEVICES, AND COSMETICS,**

By: Walter Copeland

Name: Walter Copeland

Title: Division Director

Date: 12.29.2020

Prepared by:

Kathryn E. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

To Whom It May Concern:

In July 2016, the Ohio State Board of Pharmacy changed its laws regarding Virtual Wholesalers and Virtual Manufacturers requiring either a VAWD Accreditation or a home state license. In Indiana, no home state license is required for veterinary wholesalers or manufacturers. Elanco was in the process of changing over Novartis Animal Health US Inc. applications to Elanco US Inc. after the acquisition. Since Novartis Animal Health US Inc. never held a license in Ohio Elanco US Inc. did not get a grace period to comply with these new laws. Elanco US Inc. stopped sales into Ohio for 6 months. Elanco petitioned the Indiana Board of Pharmacy after submitting our VAWD application and an Indiana license was granted. We are now licensed to sell in Ohio.

Please let me know if you have any further questions.

Sincerely,

*Roxanne P Estela*

Roxanne Estela
Sr. Regulatory Associate
Elanco US Inc.
317-220-2913
Estela_Roxanne_P@Elanco.com

Steven W. Schierholt, Esq.
Executive Director

John R. Kasich
Governor

STATE OF OHIO BOARD OF PHARMACY

October 21, 2016

Elanco Animal Health
ATTN: Roxanne Estela
PO Box 708
Greenfield, IN 46140

Re: Application for Virtual Wholesale Distributor of Dangerous Drugs Licensing

Ms. Estela,

We are in receipt of your application for an Ohio Wholesale Distributor of Dangerous Drugs license as a Virtual Manufacturer/Broker. Your application is incomplete because you have not submitted your state license verification where the facility is physically located and/or proof of Verified-Accredited Wholesale Distributors (VAWD) accreditation pursuant to rule 4729-9-28 of the Ohio Administrative Code.

The State of Ohio Board of Pharmacy recognizes that virtual distributors/brokers do not store drugs onsite; however, virtual distributors/brokers are responsible for proper record keeping of wholesale transactions and for ensuring that the dangerous drugs are legitimate, FDA approved drugs. Therefore, the wholesale distributor of dangerous drugs shall possess a current, valid license in the state in which they are physically located and must be in good standing. If the home state does not license virtual wholesale distributors/brokers, one of the requirements for Ohio licensure is that the facility must obtain/maintain VAWD accreditation from the National Association of Boards of Pharmacy (NABP).

**Please resubmit your application with your home state license verification or VAWD accreditation with a copy of this letter within thirty (30) days**. If the requested documents are not received within this time frame, the application will be considered abandoned and the application fee forfeited.

We appreciate your concern regarding this matter. If you need any additional assistance or have any additional questions, please do not hesitate to contact me directly.

Thank you,

Chandra Galante, RPh

Chandra Galante, RPh
Director of Licensing
State of Ohio Board of Pharmacy

(1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Elanco US, Inc. further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, Elanco US, Inc. hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. Elanco US, Inc. acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against Elanco US, Inc.'s permit, including, but not limited to revocation.

6. That Elanco US, Inc. acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Elanco US, Inc. acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and had the right to seek advice of counsel before executing this Consent Order.

DONE this the 24th day of September, 2021.

Elanco US, Inc.

By: José Simas
Its: Vice President, Jose Correia de Simas

DONE this the _____ day of _____, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: _____
Brenda Denson, PharmD, President

By: _____
James S. Ward
Its Attorney

WARD & COOPER, LLC
2100 Southbridge Parkway
Suite 645
Birmingham, Alabama 35209
(205) 871-5404

# EXHIBIT "A"



| | | |
|---|---|---|
| IN THE MATTER OF: | ) | BEFORE THE ALABAMA STATE |
| | ) | |
| ELANCO US INC. | ) | BOARD OF PHARMACY |
| | ) | |
| Manufacturer<br>Permit No. 195965 | ) | CASE NO: 21-L-0042 |

## STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Elanco US Inc.
12809 Shawnee Mission Parkway
Shawnee Mission, Kansas 66216

Pursuant to the provisions of Code of Alabama (1975), § 34-23-32, § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on October 12, 2021 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Elanco US Inc. (Elanco) as a Manufacturer should not be revoked, suspended or placed on probation or a monetary penalty imposed and/or a renewal of the same should be granted in that it is alleged that Elanco has been guilty of the following, to-wit:

1. Board Rule 680-X-2.23 is entitled Drug Manufacturers, Wholesale Distributors.

2. Board Rule 680-X-2.23(3) provides that the Board of Pharmacy shall consider, at a minimum, certain factors in reviewing the qualifications of those who engage in the wholesale distribution of drugs within Alabama. Those minimum factors include:

(a) Compliance with licensing requirements under previously granted license, if any.

(b) Any other factors or qualifications the Board of Pharmacy considers relevant to and consistent with public health and safety.

3. Board Rule 680-X-2.23(3)(k)(1) provides that it shall be a violation of this Rule to operate in such a manner as to endanger public health.

4. Board Rule 680-X-2.23(3)(k)(2) provides any violation of this Rule may be grounds for the revocation, suspension, probation or refusal to issue the permit and/or to impose a fine not to exceed the sum of One Thousand and no/100 Dollars ($1,000) for each violation.

5. Board Rule 680-X-2.23(3)(k)(3) provides that must operate in compliance with applicable Federal and State law.

6. Code of Alabama (1975), § 34-23-32 requires a current and valid permit in order to engage in the activities set out therein.

**COUNT ONE**

Violating Code of Alabama (1975), § 34-23-32(2)(a), (d) and/or (f) by conducting business during 2021 without a current or valid permit to do so.

The Board alleges that each distribution is a separate and distinct violation.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 5th day of May, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

# Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **clinton**

CSVExcel

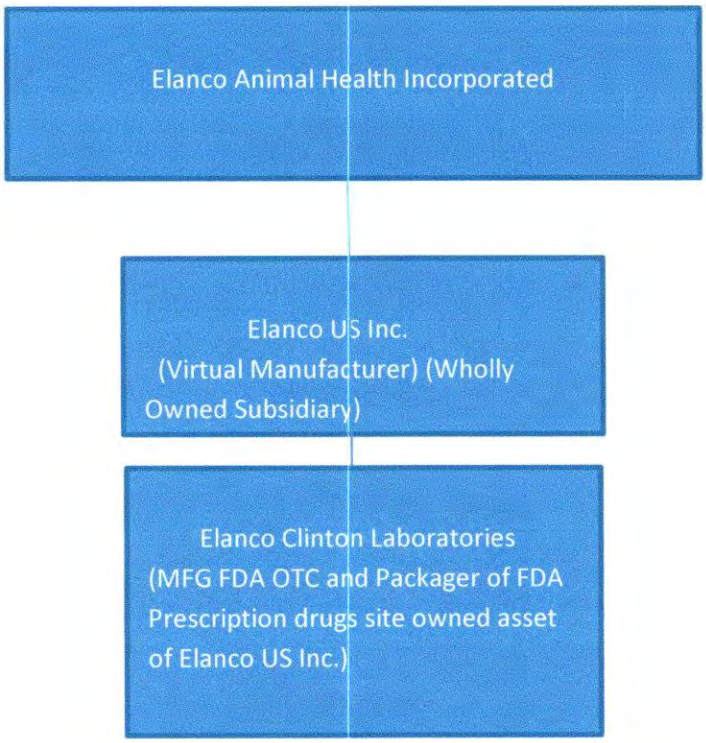
**Filter:** elanco

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Expiration Date |
|---|---|---|---|---|---|
| Elanco Clinton Laboratories | 1820381 | 039138631 | ANALYSIS; API MANUFACTURE; LABEL; MANUFACTURE; PACK; | 10500 S. State Road 63, Clinton, Indiana (IN) 47842, United States (USA) | 12/31/2023 |

Showing 1 to 1 of 1 entries (filtered from 2 total entries)
Previous1Next
Data Current through: Monday, Aug 7, 2023

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

# Ownership Chart



Ivy Corporate Officers

Jose Correia de Simas, Beth Haney - Director

Jose Correia de Simas - President

Beth Haney - Vice President and Treasurer

Catherine Powell - Secretary

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IVY ANIMAL HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF APRIL, A.D. 2023.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IVY ANIMAL HEALTH, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF APRIL, A.D. 1998.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.*

Jeffrey W. Bullock, Secretary of State

2881164 8300

SR# 20231636604

Authentication: 203218303

Date: 04-26-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

HSL Exemption



**Professional Licensing Agency**
402 West Washington Street
Room W072
Indianapolis, Indiana 46204

**Michael R. Pence**
*Governor of Indiana*
**Deborah J. Frye**
*IPLA Executive Director*

July 22, 2016

**To Whom it May Concern:**

Under Indiana Code 25-26-14-1, "any individual, partnership, limited liability company, corporation, or business form (1) located inside or outside Indiana; and (2) engaging in the wholesale distribution of legend drugs in Indiana" is subject to the chapter addressing wholesale legend drug distributors (IC 25-26-14). Indiana Code 25-26-14-7 states that "'legend drug' has the meaning set forth in IC 16-18-2-199. The term includes any human drug required by federal law or regulation to be dispensed only by a prescription, including finished dosage forms and active ingredients subject to 21 U.S.C. 811 through 812." So long as Elanco Animal Health, a Division of Eli Lilly and Company and Elanco US Inc. are not distributing legend drugs, as defined above, then a wholesale legend drug distributor license is not required.

If you have any questions, please feel free to contact our office at pla3@pla.in.gov

Regards,

*Jody Edens*

Jody Edens
Assistant Board Director
Indiana Board of Pharmacy

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 9350333

Application/License No. _____

Ivy Animal Health, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 10850 Lakeview Avenue, Lenexa, KS 66219 (Address of Applicant/Principal), as PRINCIPAL, and Fidelity and Deposit Company of Maryland (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1299 Zurich Way, 5th Floor, Schaumburg, IL 60196-1056 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 9, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of August, 20 23.

APPLICANT/PRINCIPAL

Elanco US Inc. DBA Clinton Laboratories

By: Beth Haney
Authorized Representative

SURETY COMPANY

Fidelity and Deposit Company of Maryland

By: Karen L Roider
Surety Company's Representative

Karen L. Roider, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Shannon Stafford
Witness

Jeffrey L Willis
Witness

SIGNED and SEALED in the presence of:

Cynthia L. Choren
Witness Cynthia L. Choren

Debra C Schneider
Witness Debra C. Schneider

Countersigned by:

n/a
Nevada Resident Agent

**ZURICH AMERICAN INSURANCE COMPANY**
**COLONIAL AMERICAN CASUALTY AND SURETY COMPANY**
**FIDELITY AND DEPOSIT COMPANY OF MARYLAND**
**POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Karen L. Roider, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 11th day of July, A.D. 2019.

**ATTEST:**
**ZURICH AMERICAN INSURANCE COMPANY**
**COLONIAL AMERICAN CASUALTY AND SURETY COMPANY**
**FIDELITY AND DEPOSIT COMPANY OF MARYLAND**

*By: Robert D. Murray*
*Vice President*

*By: Dawn E. Brown*
*Secretary*

**State of Maryland**
**County of Baltimore**

On this 11th day of July, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

## EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

## CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 9th day of August, 2023.

Brian M. Hodges, Vice President

**TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:**

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Elanco Animal Health

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 10500 IN-63

City: Clinton State: IN Zip: 47932

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 765-832-4300 Website: elanco.com

Licensing Company Email: Roxanne-Estela@Elancoah.com

**Section 2: Personal Information**

First: Craig Middle: Edward Last: Dixon

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] W 1000 S

City: Covington State: IN Zip: 47932

Telephone: [redacted] Email: craig.dixon@elancoah.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

An application for a license, or a licensee with a license, to conduct a pharmacy or to operate as a wholesaler shall designate at least one natural person to serve as the representative of the pharmacy or wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a pharmacy or wholesaler unless the Board determines that the designated natural person meets the following qualifications per NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler):

1. Is at least 21 years of age;
2. Has been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.

The designated representative of a pharmacy or a wholesaler:

1. Must be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
2. Must be employed full-time in a managerial level position with the pharmacy or wholesaler;
3. Must be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
4. May serve in this representative capacity for only one pharmacy or wholesaler at a time

A pharmacy or wholesaler that is required to designate a natural person as its representative shall not open or operate the pharmacy or wholesaler unless that representative is actually employed full-time in the operation of the pharmacy or wholesaler and is physically present at the site of the pharmacy or wholesaler during regular working hours, not including sick leave, vacation leave and other authorized absences from work. If the natural person designated as the representative of a pharmacy leaves the employ of the pharmacy or wholesaler, thus leaving the pharmacy or wholesaler without a representative in violation of this section, the pharmacy or wholesaler shall:

1. Immediately cease conducting business until another qualified natural person is approved by the Board to serve as the representative of the pharmacy or wholesaler; and
2. Not later than 48 hours after that person leaves its employ, notify the Board that the person designated as the representative of the pharmacy or wholesaler has left the employ of the pharmacy or wholesaler.

Before a pharmacy or wholesaler, that is in violation of NAC 639.5005 (Pharmacy) or NAC 639.5935 (Wholesaler) because the natural person designated as the representative of the pharmacy or wholesaler left the employ of the pharmacy or wholesaler, may continue conducting business:

1. The pharmacy or wholesaler must designate, on a form provided by the Board, a new natural person to serve as the representative of the pharmacy; and
2. The Board must approve the natural person so designated.

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Ball State University | | 08/17- 12/19 | |
| **Address** | **City** | **State** | **Zip** |
| 2000 W. University Ave. | Muncie | IN | 47306 |
| **Diploma/Degree obtained, if any** | | | |
| MBA | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Indiana State University | | 8/86-12/89 | |
| **Address** | **City** | **State** | **Zip** |
| 200 N 7th. Street | Terre Haute | IN | 47809 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelors of Science | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Vincennes University | | 8/84 - 5/86 | |
| **Address** | **City** | **State** | **Zip** |
| 1002 North First Street | Vincennes | IN | 47591 |
| **Diploma/Degree obtained, if any** | | | |
| Associates of Science | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Covington Community High School | | 08/80 - 05/84 | |
| **Address** | **City** | **State** | **Zip** |
| 1017 6th St. | Covington | IN | 47932 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/13 - 08/23 | [redacted] W 1000 S | Covington | IN | 47932 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Elanco Animal Health | | | 6/03-12/17 & 9/19 - 8/23 | |
| Business Address | | City | State | Zip |
| 10500 State Road 63 North | | Clinton | IN | 47842 |
| Phone | Title | | Number of Employed Hours | |
| 765 832 4300 | Senior Director, Pet Health Operations | | 37,440 | |
| Description of Duties | | | | |
| Oversight of all pet health manufacturing for the Clinton Laboratories facility. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | Number of Employed Hours | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 2 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 10/21/2016 | N/A | OH | Columbus | Franklin |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| N/A | | Ohio Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| License Denied | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | **Lawsuit/Arbitration/Bankruptcy** | | |
| Elanco US Inc. | | N/A | | |
| **Name of Business/Industry/Entity** | | | | |
| Elanco US Inc. | | | | |

**Provide explanation below:**

In July 2016, the Ohio State Board of Pharmacy changed its laws regarding Virtual Wholesalers and Virtual Manufacturers requiring either a VAWD Accreditation or a home state license. For our Elanco US Inc. Headquarters site located in Indiana, no home state license is required for veterinary wholesalers or manufacturers. Elanco was in the process of changing over Novartis Animal Health US, Inc. applications to Elanco US Inc. after the acquisition of Novartis Animal Health US, Inc. Since Novartis Animal Health US, Inc. never held a license in Ohio Elanco US Inc. did not get a grace period to comply with these new laws. Elanco US Inc. stopped sales into Ohio for 6 months. Elanco petitioned the Indiana Board of Pharmacy after submitting our VAWD application and an Indiana license was granted. We are now licensed to sell in Ohio.

Original Signature (electronic, copies or stamps not accepted)

10/16/2023
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 12/4/2020 | N/A | FL | Tallahassee | Leon |
| **Case #** | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | | |
| 2019-055050 | Florida Department of Business and Professional Regulation | | | |
| **Reason/Charge** | | | | |
| Sister State Fine | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | **Lawsuit/Arbitration/Bankruptcy** | | | |
| Elanco US Inc. | N/A | | | |
| **Name of Business/Industry/Entity** | | | | |
| Elanco US Inc. | | | | |

**Provide explanation below:**

Elanco US Inc. Headquarters, located in Indiana, received a violation in Florida in December 2020 for a fine we received in Idaho two years prior when Idaho changed their interpretation of the law. We notified Florida of this violation every year we renewed. We monitor all state laws using Porizo Compliance Digest to ensure we are registered correctly.

Original Signature (electronic, copies or stamps not accepted)

10/16/2023
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 05/05/21 | N/A | AL | Birmingham | Shelby |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| 21-L-0042 | | Alabama Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| Paperwork not reviewed before renewal end date. | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| Elanco US Inc. | | | N/A | |
| **Name of Business/Industry/Entity** | | | | |
| Elanco US Inc. | | | | |

**Provide explanation below:**

Elanco US Inc. Shawnee, located in Kansas, turned in all applicable renewal documentation to the Alabama Board of Pharmacy by the deadline of 12/31/2021. As the documentation was not reviewed by the Regulator by January 1st Alabama considered our renewal expired. Once this was confirmed to Elanco on January 11th we stopped all shipments into the state until approval was received. We were fined $500.00. This wasn't considered a disciplinary action in Alabama. Elanco does not own this site anymore.

Original Signature (electronic, copies or stamps not accepted)

10/16/2023
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 3 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 01/18/2018 | N/A | ID | Boise | Ada County |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| BOP-18-018 | | Idaho Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| Unlicensed in Idaho | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| Elanco US Inc. | | | N/A | |
| **Name of Business/Industry/Entity** | | | | |
| Elanco US Inc. | | | | |

**Provide explanation below:**

In June 2017, the Idaho State Board of Pharmacy changed the interpretation of their laws regarding Virtual Wholesalers and Virtual Manufacturers. Elanco US Inc. monitors all law changes from the Board of Pharmacies and is notified daily of changes. However, since the change was in interpretation rather than an actual language change we were not aware of the new requirements. When Elanco US Inc. Headquarters, located in Indiana, found this out we applied for a license right away and were issued a license, which we still hold .. However, since we had been shipping into the state using the old interpretation, which didn't require licensure for virtuals, we were out of compliance. Elanco paid a fee to the Idaho Board of Pharmacy to resolve this issue.

Original Signature (electronic, copies or stamps not accepted)

10/16/2023
Date

I, Craig Edward Dixon, **certify that as the designated representative for**

Elanco Animal Health, Clinton Laboratories,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. CEL I am at least 21 years of age;
3. CEL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. CEL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. CEL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. CEL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. CEL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Craig Dixon
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/6/2023
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Craig Dixon
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/6/2023
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Indiana, ss. County of Vermillion

I, Craig Dixon, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

9/6/2023
**Date**

Subscribed and Sworn to before me this 16th day of September.

Karmyn Newburn
**Notary Public Signature**

KARMYN NEWBURN
Notary Public, State of Indiana
Vermillion County
Commission Number NP0731696
My Commission Expires
February 14, 2029

**(Seal)**

# Ivy Employees

| First Name | Last Name | Worker Type |
|---|---|---|
| Charley | Adams | Employee |
| Laura | Anderson | Employee |
| Samantha | Beloate | Employee |
| Amanda | Benefield | Employee |
| Angela | Billingsley | Employee |
| Briley | Blessing | Employee |
| Lynn | Browning | Employee |
| Bill | Burnich | Employee |
| Thomas | Docherty | Employee |
| Angelia | Dunbar | Employee |
| Diana | Garten | Employee |
| Caetlin | Girard | Employee |
| Brian | Gorrell | Employee |
| Iris | Guthmiller | Employee |
| Ellen | Henderson | Employee |
| LeErika | Hillen | Employee |
| Allyson | Kauth | Employee |
| Cody | Kirschner | Employee |

| | | |
|---|---|---|
| Sarah | Krickeberg | Employee |
| Kosha | Kumar | Employee |
| Mark | Langemach | Employee |
| David | Lyons | Employee |
| Shana | Lyons | Employee |
| Gargi | Maity | Employee |
| Joseph | Maloney | Employee |
| Caleb | Mason | Employee |
| Jeremy | McClintock | Employee |
| Ken | McConnell | Employee |
| RICKY | MCCRARY | Employee |
| Sara | McCue | Employee |
| Chad | Michalski | Employee |
| Felicia | Nguyen | Employee |
| Chris | Parks | Employee |

| | | |
|---|---|---|
| Larry | Payne | Employee |
| Courtney | Paz | Employee |
| Jay | Peterson | Employee |
| Jesica | Phelan | Employee |
| Robert | Pierce | Employee |
| Meera | Reiff | Employee |
| Shawna | Russell | Employee |
| Casey | Rutherford | Employee |
| Sammie | Shultz | Employee |
| Eric | Siegfreid | Employee |
| Alexander | Simon | Employee |
| Alan | Stewart | Employee |
| Margaret Rachel | Vandever | Employee |
| Ryan | Vandivert | Employee |
| Kristen | Vice | Employee |
| Adam | Workman | Employee |

# 4N

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

### Non-Refundable $1,000 Fee

Rev (08/17/2022)

| Where is the facility located? | | ☐ Nevada ☒ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☒ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Elevar Therapeutics, Inc

Physical Address: 1 Bridge Plaza North, Suite 850

City: Fort Lee State: NJ Zip: 07024

Mailing Address (if different from physical address): 1 Bridge Plaza North, Suite 850

City: Fort Lee State: NJ Zip: 07024

Telephone: (801) 303-7440 Website: https://elevartherapeutics.com/

Name of Designated Representative (DR): Saeho Chong

Licensing Company Email: statelicensing@elevartherapeutics.com DR Email: schong@elevartherapeutics.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☒ Dangerous Drugs | ☐ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☒ Others: Biologics | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: Specialty Pharmacies, Specialty Distributors, | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | x |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | x |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | x |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | x |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | x |

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: No suppliers sold, dispensed or distributed within last year.

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: UT

Parent Company (if any): HLB

Corporation/Organization Name: Elevar Therapeutics, Inc.

Mailing Address: 1 Bridge Plaza North, Suite 850

City: Fort Lee State: NJ Zip: 07024

Telephone: 801-303-7440 Email: statelicensing@elevartherapeutics.com

Contact Person Name: Seong Jang

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | x |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | x | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • **[a]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Elevar Therapeutics, Inc
Facility Name

Seong Jang
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

06/26/2023
Date

| Board Use Only | Date Received: 9/14/23 | Amount: 1000-CK-18752 |
|---|---|---|

## Kolath, Sherri

**From:** Jessica Ponce <jponce@elevartherapeutics.com>
**Sent:** Tuesday, June 13, 2023 11:32 AM
**To:** Shockney, Robin
**Subject:** Labeler Code

**[External]**

---

**From:** edrls@fda.hhs.gov <edrls@fda.hhs.gov>
**Sent:** Thursday, June 30, 2022 1:22 PM
**To:** Donna Gale <dgale@elevartherapeutics.com>
**Subject:** Labeler Code Request Approved

**This message came from an external sender.**
Please make sure you can verify the sender's name and email address before clicking any links or attachments, as well as before replying with any personal or corporate information. **Senders should never be asking for your password or personal information under any circumstance.** Please forward any suspicious emails to emailthreats@elevartherapeutics.com.

### eDRLS - Electronic Drug Registration & Listing System

**Current Date: 30-JUN-2022**
**Labeler DUNS: 933766854**
**Labeler Name: Elevar Therapeutics Inc.**
**Labeler Code Assigned: 82827**

√ verified 9/22/23

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. **The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

**For CDER Direct Users:** Open the previously submitted and accepted Labeler Code Request, click Create New Version, enter the Labeler Code assigned in the field for "Labeler Code", and Submit SPL.

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit Drug Registration and Listing System or reply back to this email (edrls@fda.hhs.gov).

# ELEVAR THERAPEUTICS, INC.

Update this Business

**Entity Number:** 11334317-0142
**Company Type:** Corporation - Domestic - Profit
**Address:** ONE BRIDGE PLAZA #850 Fort Lee, NJ 07024
**State of Origin:**
**Registered Agent:** CT CORPORATION SYSTEM
**Registered Agent Address:**
1108 E SOUTH UNION AVE
Midvale, UT 84047

View Management Team

## Status: Active

Purchase Certificate of Existence

**Status:** Active *as of 08/05/2023*
**Renew By:** 06/30/2024
**Status Description:** Current
The "Current" status represents that a renewal has been filed, within the most recent renewal period, with the Division of Corporations and Commercial Code.
**Employment Verification:** Not Registered with Verify Utah

## History

View Filed Documents

**Registration Date:** 06/07/2019
**Last Renewed:** 08/05/2023

## Additional Information

**NAICS Code:** 9999 **NAICS Title:** 9999-Nonclassifiable Establishment

## Doing Business As

HLB USA
ELEVAR THERAPEUTICS

<< Back to Search Results

Business Name:

NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

0749507

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 – "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

1 BRIDGE PLAZA NORTH, STE 850 FORT LEE, NJ 07024-

Reg. No.
5006291

ELEVAR THERAPEUTICS, INC
1 BRIDGE PLAZA NORTH, STE 850
FORT LEE, NJ 07024-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2024

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 9/13/2023

**Registration Number:** 5006291 **Registered as:** Wholesale

**Name:** ELEVAR THERAPEUTICS, INC

**DBA:**

**Address:** 1 BRIDGE PLAZA NORTH, STE 850, FORT LEE, NJ 07024

**Original Issue Date:** 05/16/2023 **Expiration Date:** 01/31/2024

**Current Issue Date:** 05/16/2023

**Disciplines:** No

## OWNERSHIP

Elevar Therapeutics, Inc. is a rapidly growing, fully integrated biopharmaceutical company built on the promise of elevating treatment experiences and outcomes for patients who have limited or inadequate therapeutic options. Our experience is rooted in oncology, and we apply the same rigor and diligence that comes with this knowledge to identifying and developing promising medicines for complex yet under-treated health conditions across a range of therapeutic areas.

Elevar Therapeutics, Inc. is owned by :
HLB

(45011)216-53, Dangwol-R, Onsan-eup, Ulju-gun

Ulsan, South Korea 45011

## COMPANY INFORMATION

Elevar Therapeutics, Inc.
1 Bridge Plaza North, Suite 850
Fort Lee, New Jersey 07024
(801) 303-7440
www.elevartherapeutics.com
statelicensing@elevartherapeutics.com

State of Formation: Utah
Date Incorporated: 06/07/2019

## CORPORATE OFFICERS

Seong Jang, Chief Operating Officer
1 Bridge Plaza North, Suite 850
Fort Lee, New Jersey 07024
801-303-7440
sjang@elevarthearpeutics.com

Saeho Chong, Chief Executive Officer
1 Bridge Plaza North, Suite 850
Fort Lee, New Jersey 07024
801-303-7440
schong@elevartherapeutics.com

Wade Smith, Chief Financial Officer
1 Bridge Plaza North, Suite 850
Fort Lee, New Jersey 07024
801-303-7440
wsmith@elevartherapeutics.com

## DESCRIPTION OF OPERATIONS

Elevar Therapeutics, Inc. is a rapidly growing, fully integrated biopharmaceutical company built on the promise of elevating treatment experiences and outcomes for patients who have limited or inadequate therapeutic options. Our experience is rooted in oncology, and we apply the same rigor and diligence that comes with this knowledge to identifying and developing promising medicines for complex yet under-treated health conditions across a range of therapeutic areas.

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Ulsan, South Korea 45011

## COMPANY INFORMATION

Elevar Therapeutics, Inc.
1 Bridge Plaza North, Suite 850
Fort Lee, New Jersey 07024
(801) 303-7440
www.elevartherapeutics.com
statelicensing@elevartherapeutics.com

## THIRD-PARTY LOGISTICS

Elevar Therapeutics, Inc. products are manufactured by contract manufacturers and distributed to customers by their third-party logistics provider

Cardinal Health
15 Ingram Blvd Ste 140
La Vergne TN 37086

elevar therapeutics

## CONTRACT MANUFACTURERS

Elevar Therapeutics, Inc. uses the following contract manufacturers to produce product:

Jiangsu Hengrui Pharmaceuticals Co. Ltd (Dongjin Road Site)
Dongjin Road, Port Industry Area, Economic and Technological Development Zone
Lianyungang, Jiangsu, China 222069

PCI
4545 Assembly Drive
Rockford, IL 61109
FEI# 1421377

## PRODUCTS

As a virtual manufacturer, Elevar Therapeutics, Inc. does not manufacture, distribute, or store product at their New Jersey facility. At no time do contact manufacturers own Elevar Therapeutics, Inc. products, contract with Elevar Therapeutics, Inc. customers, invoice or sell Elevar Therapeutics, Inc. products. Elevar Therapeutics, Inc does not have products that are Controlled Substances. Accordingly, Elevar Therapeutics, Inc. is not required to maintain DEA Registration.
Elevar Therapeutics, Inc.. records are stored at their New Jersey Facility.

**Labeler Code:** 82827
Hours of Operation: Open As needed Monday-Friday, Closed Weekends; Number of Employees: 75

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 0840439

Application/License No. _____

Elevar Therapeutics (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 1 Bridge Plaza North, Ste 850, Fort Lee, NJ 07024 (Address of Applicant/Principal), as PRINCIPAL, and Harco National Insurance Company (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 3003 Oak Road, Suite 200, Walnut Creek, CA 94597 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 23, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 23rd day of June, 2023.

APPLICANT/PRINCIPAL

COMPANY Elevar Therapeutics

Authorized Representative

Sworn to and subscribed
before me
this 1 of August 2023

SIGNED and SEALED in the presence of:

Witness

Witness

Commonwealth of Pennsylvania - Notary Seal
Bonnie Michaels Funari, Notary Public
Washington County
My commission expires November 4, 2026
Commission number 1286726

SURETY
Harco National Insurance Company

Surety Company's Representative

Karen Rhodes, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Walt Clayland

Witness Gina Gogna

Countersigned by:

N/A
Nevada Resident Agent

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT** **CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )
County of Marin )

On June 23, 2023 before me, K. Holtemann, Notary Public,
*Date* *Here Insert Name and Title of the Officer*

personally appeared Karen Rhodes
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he~~/she/~~they~~ executed the same in ~~his~~/her/~~their~~ authorized capacity(~~ies~~), and that by ~~his~~/her/~~their~~ signature(~~s~~) on the instrument the person(~~s~~), or the entity upon behalf of which the person(~~s~~) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

K. HOLTEMANN
Notary Public - California
Marin County
Commission # 2419598
My Comm. Expires Oct 31, 2026

Signature _____
*Signature of Notary Public*

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

**Capacity(ies) Claimed by Signer(s)**

| Signer's Name: | Signer's Name: |
|---|---|
| ☐ Corporate Officer — Title(s): | ☐ Corporate Officer — Title(s): |
| ☐ Partner — ☐ Limited ☐ General | ☐ Partner — ☐ Limited ☐ General |
| ☐ Individual ☐ Attorney in Fact | ☐ Individual ☐ Attorney in Fact |
| ☐ Trustee ☐ Guardian or Conservator | ☐ Trustee ☐ Guardian or Conservator |
| ☐ Other: | ☐ Other: |
| Signer Is Representing: | Signer Is Representing: |

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# POWER OF ATTORNEY

Bond # 0840439

## HARCO NATIONAL INSURANCE COMPANY
## INTERNATIONAL FIDELITY INSURANCE COMPANY

**Member companies of IAT Insurance Group, Headquartered: 4200 Six Forks Rd, Suite 1400, Raleigh, NC 27609**

**KNOW ALL MEN BY THESE PRESENTS**: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

VALERIE TAKEUCHI, CHRISTINA PARSONS, ALICIA DASS, KAREN RHOOES, ROSSIO POLIO, KELLY HOLTEMANN, THOMAS E. HUGHES, CHARLES R. SHOEMAKER, ZACHARY OVERBAY, MARK M. MUNEKAWA, NERISSA S. BARTOLOME, ANOREW S. HOLLOWAY, JOAN OELUCA, PATRICK R. DIEBEL, YVONNE RONCAGLIOLO

San Francisco, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2022

INTERNATIONAL FIDELITY INSURANCE COMPANY CORPORATE SEAL 1904 NEW JERSEY

STATE OF NEW JERSEY
County of Essex

STATE OF ILLINOIS
County of Cook

HARCO NATIONAL INSURANCE COMPANY CORPORATE SEAL 1964 ILLINOIS

Kenneth Chapman
Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

On this 31st day of December, 2022 , before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

SHIRELLE A. OUTLEY NOTARY PUBLIC NEW JERSEY

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

## CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, June 23, 2023

A00467

Irene Martins, Assistant Secretary

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Elevar Therapeutics, Inc

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 1 Bridge Plaza North, Suite 850

City Fort Lee State NJ Zip 07024

Mailing Address (if different from physical address) 1 Bridge Plaza North, Suite 850

City Fort Lee State NJ Zip 07024

Telephone (801) 303-7440 Website https://elevartherapeutics.com/

Licensing Company Email statelicensing@elevartherapeutics.com

### Section 2: Personal Information

First Saeho Middle _____ Last Chong

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address 1 Bridge Plaza, STE 850

City Fort Lee State NJ Zip 07024

Telephone 1-801-303-7440 Email schong@elevartherapeutics.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | x |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | N/A | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| State University of New York at Buffalo | | 08/82-05/88 | |
| **Address** | **City** | **State** | **Zip** |
| 12 Capen Hall | Buffalo | New York | 14260-1660 |
| **Diploma/Degree obtained, if any** | | | |
| Ph.D. Pharmaceutics | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| State University of New York at Buffalo | | 08/78-05/82 | |
| **Address** | **City** | **State** | **Zip** |
| 12 Capen Hall | Buffalo | New | 14260-1660 |
| **Diploma/Degree obtained, if any** | | | |
| B.S. Pharmaceutics | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Newtown High School | | 08/75-05/78 | |
| **Address** | **City** | **State** | **Zip** |
| 48-01 90th Street | Queens | NY | 11373 |
| **Diploma/Degree obtained, if any** | | | |
| HS Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/19- Present | [redacted] Deer HIll Road | Demarest | NJ | 07627 |
| 09/19-12/19 | [redacted] Park Ave #2607 | Fort Lee | NJ | 07024 |
| 05/11-09/19 | [redacted] Eton Row | Weehawken | NJ | 07086 |
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**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Elevar Therapeutics | | | March 2022- Present |
| **Business Address** | **City** | **State** | **Zip** |
| 1 Bridge Plaza North, Suite 850 | Fort Lee | New | 07024 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (801) 303-7440 | Chief Executive Officer | 2720 | |
| **Description of Duties** | | | |
| Serving as Chief Executive Officer and leading all facets of the organization towards the launch of rivoceranib. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Alnylam Pharmaceuticals | | | Oct 2017-March 2022 |
| **Business Address** | **City** | **State** | **Zip** |
| 675 West Kendall St | Cambridge | MA | 02142 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 617.551.8200 | Vice President, Early Development | 9160 | |
| **Description of Duties** | | | |
| Enabled approval of multiple IND/NDAs from global regulatory agencies (FDA, EMA, PMDA, etc.) and facilitated the design, supervision, interpretation and communication of nonclinical studies of RNAi therapeutics and associated drug delivery systems. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| FDA, Office of Clinical Pharmacology | | | Dec 2016- Oct 2017 |
| **Business Address** | **City** | **State** | **Zip** |
| 10903 New Hampshire Ave | Silver Spring | MD | 20993-0002 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 1-888-463-6332 | Clinical Pharmacologist | 1760 | |
| **Description of Duties** | | | |
| Counseled critical review of regulatory submissions (INDs, BLAs, and NDAs). | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Enzychem Lifesciences | | | 2014-2016 |
| **Business Address** | **City** | **State** | **Zip** |
| 13F, Gyeonggi Bio Center, 147, Gwanggyo-ro, Yeongtong-gu, | Seoul | Korea | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| +82-31-891-8000 | Senior Vice President R&D | 4160 | |
| **Description of Duties** | | | |
| US head of strategic and operational clinical development activities for small molecule drug candidates. Advanced and promoted business development activities. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | x |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | x |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | x |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | x |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | x |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | x |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | x |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | x |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | x |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | x |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

I, Saeho Chong, **certify that as the designated representative for**

Elevar Therapeutics, Inc,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Saeho Chong

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/6/2023

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Saeho Chong

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/6/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of New Jersey, ss. County of Bergen.

I, SAEHO CHONG, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

7/6/2023

**Date**

Subscribed and Sworn to before me this 6th day of July 2023

**Notary Public Signature**

ELMA AFRICA-RIVIERE
Commission # 50096149
Notary Public, State of New Jersey
My Commission Expires
January 03, 2024
(Seal)

**Saeho Chong, Ph.D.**
schong@elevartherapeutics.com
[redacted]

# Executive Management

- Strategic Planning
- Product Development
- Global Operations

Results-driven accomplished executive with over 10 years experience leading and increasing value in varied-size pharma businesses. Saeho Chong has been employed with Elevar Therapeutics since March of 2022. Elevar Therapeutics is a virtual manufacturer who utilizes a Contract Manufacturer to manufacture product and a 3PL to store and distribute product. Saeho Chong is familiar and actively involved with the responsibilities associated with the distribution of pharmaceutical drug packages including shipping, inventory, order count, and storage through Elevar Therapeutics Third Party Logistics Provider. Saeho Chong is also aware of the USP temperature guidelines and quality control utilized by Elevar Therapeutics Contract Manufacturer. In addition, Saeho Chong is familiar with the company's procedures on drug recall and the process for customer returns and handling

## Core Competencies

- Visionary Leadership
- Key Partnership Development
- Risk Management
- Organizational Restructuring
- Global Strategic Alliances

## Professional Experience

**Chief Executive Officer, Elevar Therapeutics, Fort Lee, NJ (Mar 2022 – Current)**

- Serving as Chief Executive Officer and leading all facets of the organization towards the launch of rivoceranib

**Vice President, Early Development, Alnylam Pharmaceuticals, Cambridge, MA (Oct 2017- March 2022)**

- Enabled approval of multiple IND/NDAs from global regulatory agencies (FDA, EMA, PMDA, etc.)
- Facilitated the design, supervision, interpretation and communication of nonclinical studies of RNAi therapeutics and associated drug delivery systems

**Clinical Pharmacologist, FDA, Office of Clinical Pharmacology, Silver Spring, MD (Dec 2016 – Oct 2017)**

- Counseled critical review of regulatory submissions (INDs, BLAs, and NDAs)

**Senior Vice President R&D, Enzychem Lifesciences, Seoul, Korea (2014 -2016)**

- US head of strategic and operational clinical development activities for small molecule drug candidates
- Advanced and promoted business development activities

**Director, Millennium: The Takeda Oncology Company, Cambridge, MA (2012 - 2014)**

- Managed and provided strategic guidance to discovery and development teams
- Maximized modeling and simulation group to provide critical inputs for advancing clinical development

**Professor, Pharmaceutical Sciences, College of Pharmacy, Seoul National University, Seoul, Korea (2009 - 2012)**

**Adjunct Associate Professor, Pharmaceutical Sciences, School of Pharmacy, SUNY at Buffalo, NY (2006 - Present)**

**Head of Drug Metabolism and Pharmacokinetics/Clinical Pharmacology, Bristol-Myers Squibb R&D, NJ (1990 - 2009)**

Education:

- Newtown High School, Elmhurst NY –Started August 1975/Graduated - May 1978
- B.S. Pharmaceutics, State University of New York at Buffalo - NY August 1978-May 1982
- Ph.D. Pharmaceutics, State University of New York at Buffalo - NY August 1982-May 1988

Elevar NJ Office Employees

Saeho Chong
Seong Jang
Jenny Gizzi
Tyler Wiseman
Wade Smith
Patricia Zawisney
Josh Stearn

# 40

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | | ☐ Nevada ☒ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☒ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Geodis Logistics LLC

Physical Address: 349 Gateway Commerce Center Dr East

City: Edwardsville State: IL Zip: 62025

Mailing Address (if different from physical address): 7101 Executive Center Dr, Suite 333

City: Brentwood State: TN Zip: 37027

Telephone: 615-401-6400 Website: www.geodis.com

Name of Designated Representative (DR): Richard Adam Tuhro

Licensing Company Email: licensing.cl.us@geodis.com DR Email: adam.tuhro@geodis.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ☐ Manufacturer |
| ☒ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☒ Hospitals | ☒ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☒ Wholesalers | ☒ Others: Non-prescription Drugs | ☒ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☒ Others: Clinics | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** n/a . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

5/4/2023
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Sol-Millenium
Address: 315 Shawnee North Drive, Suite 100 City: Suwanee State: GA Zip: 30024
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:
Name:
Address: City: State: Zip:

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Tennessee
Parent Company (if any): Ozburn-Hessey Holding Company, LLC
Corporation/Organization Name: Geodis Logistics LLC
Mailing Address: 7101 Executive Center Dr, Suite 333
City: Brentwood State: TN Zip: 37027
Telephone: 615-401-6400 Email: licensing.cl.us@geodis.com
Contact Person Name: Mark Vane

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | X |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Geodis Logistics LLC

Facility Name

Mark Vane

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5/4/2023

Date

| Board Use Only | Date Received: 7/3/23 | Amount: 1000-CC |
|---|---|---|

GEODIS
We logistic your growth

**GEODIS LOGISTICS LLC**
**7101 Executive Center Drive, Suite 333**
**Brentwood, TN 37027**
**(615)401-6400**
Organized in Tennessee on 02/08/1996

**Sole Member and 100% Owner is Ozburn-Hessey Holding Company, LLC**

**Officers:**

Mike Honious, President and CEO
7101 Executive Center Drive, Suite 333
Brentwood, TN 37027

Jeremy Wright - EVP & Chief Financial Officer
7101 Executive Center Drive, Suite 333
Brentwood, TN 37027

Mark Vane, Chief Legal Officer and Secretary
7101 Executive Center Drive, Suite 333
Brentwood, TN 37027

**Agent:**
Corporation Service Company
112 North Curry Street
Carson City, NV 89703

FDA

FDA Home[3] Medical Devices[4] Databases[5]

## Establishment Registration & Device Listing

New Search  Back To Search Results

**Establishment:**
GEODIS Logistics
349 Gateway Commerce Center Drive East
Edwardsville, IL 62025
**Registration Number:** 3016741084
**FEI Number*:** 3016741084
**Status:** Active
**Date Of Registration Status:** 2023

**Owner/Operator:**
GEODIS Logistics[6]
7101 Executive Center Drive,
Suite 333
Brentwood, TN US 37027
**Owner/Operator Number:** 10022608[7]

**Official Correspondent:**
Brad A Elrod
7101 Executive Center Drive,
Suite 333
Brentwood, TN 37027
**Phone:** 317-8097480

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 07/03/2023

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive Vulnerability Disclosure Policy

U.S. Department of **Health & Human Services**

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10022608&OwnerOperatc

| NDC/NHR IC Labeler Code | Firm Name |
|---|---|
| 63471 | Geodis Logistics LLC |

Tre Hargett
Secretary of State

**Division of Business Services**
**Department of State**
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

**GINA RUDOLPH**
7101 EXECUTIVE CENTER DRIVE
BRENTWOOD, TN 37027

August 8, 2023

**Request Type: Certificate of Existence/Authorization**
Request #: 0541696

Issuance Date: 08/08/2023
Copies Requested: 1

**Document Receipt**

Receipt # : 008294027 — Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3856074759 — $20.00

**Regarding:** **Geodis Logistics LLC**

| | | | |
|---|---|---|---|
| Filing Type: | Limited Liability Company - Domestic | Control # : | 307202 |
| Formation/Qualification Date: | 02/08/1996 | Date Formed: | 02/08/1996 |
| Status: | Active | Formation Locale: | TENNESSEE |
| Duration Term: | Perpetual | Inactive Date: | |
| Business County: | WILLIAMSON COUNTY | | |

## CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**Geodis Logistics LLC**

* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

**Verification #: 062155215**

# State of Illinois

## Department of Financial and Professional Regulation

### Division of Professional Regulation

LICENSE NO.
278.000128

The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below:

EXPIRES:
12/31/2024

WHOLESALE DRUG THIRD PARTY
LOGISTICS PROVIDER

GEODIS LOGISTICS LLC
ADAM TUHRO
349 GATEWAY COMMERCE CENTER DR E
EDWARDSVILLE, IL 62025-2816

MARIO TRETO, JR.
SECRETARY

CECILIA ABUNDIS
DIRECTOR

The official status of this license can be verified at IDFPR.illinois.gov

17397450

Cut on Dotted Line

For future reference, IDFPR is now providing each person/business a unique identification number, 'Access ID', which may be used in lieu of a social security number, date of birth or FEIN number when contacting the IDFPR. Your Access ID is: 3543993

# Lookup Detail View

**Contact**

Contact Information

| Name | City/State/Zip | DBA / AKA |
|---|---|---|
| Geodis Logistics LLC | Edwardsville, IL 62025 | • |

**License**

License Information

| License Number | Description | Status | First Effective Date | Effective Date | Expiration Date | Ever Disciplined |
|---|---|---|---|---|---|---|
| 278000128 | WHOLESALE DRUG THIRD PARTY LOGISTICS PROVIDER | ACTIVE | 03/09/2022 | 11/23/2022 | 12/31/2024 | N |

**Other Licenses**

Other Licenses

| License Number | Description | Status | First Effective Date | Effective Date | Expiration Date | Ever Disciplined |
|---|---|---|---|---|---|---|
| 004003065 | LICENSED WHOLESALE DRUG DISTRIBUTOR | NOT RENEWED | 03/15/2010 | 11/07/2016 | 12/31/2018 | N |
| 004003581 | LICENSED WHOLESALE DRUG DISTRIBUTOR | NOT RENEWED | 01/02/2013 | 12/11/2016 | 12/31/2018 | N |
| 004003671 | LICENSED WHOLESALE DRUG DISTRIBUTOR | CLOSED | 07/01/2013 | 10/24/2014 | 12/31/2016 | N |
| 278000125 | WHOLESALE DRUG THIRD PARTY LOGISTICS PROVIDER | ACTIVE | 03/09/2022 | 11/23/2022 | 12/31/2024 | N |

0635

| License Number | Description | Status | First Effective Date | Effective Date | Expiration Date | Ever Disciplined |
|---|---|---|---|---|---|---|
| 30*****23 | LICENSED CONTROLLED SUBSTANCE DRUG DIST (Schedules V ) | NOT RENEWED | 09/26/2014 | 11/07/2016 | 12/31/2018 | N |

Generated on: 2/14/2023 5:00:41 PM

0636

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/10/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER<br>Arthur J. Gallagher Risk Management Services, LLC<br>12444 Powerscourt Drive<br>Suite 500<br>St. Louis MO 63131 | CONTACT NAME: Sandy Gross<br>PHONE (A/C, No, Ext): 314-800-2269 FAX (A/C, No):<br>E-MAIL ADDRESS: sandy_gross@ajg.com |
| INSURED GEODLOG-01<br>GEODIS LOGISTICS LLC<br>7101 Executive Center Drive, Suite 333<br>Brentwood, TN 37027 | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A : XL Insurance America, Inc. — 24554<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |

**COVERAGES** **CERTIFICATE NUMBER:** 774303919 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | Y | | US00108264LI23A | 1/1/2023 | 1/1/2024 | EACH OCCURRENCE | $ 2,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 1,000,000 |
| | | | | | | | MED EXP (Any one person) | $ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | | | | PER STATUTE OTH-ER | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N / A | | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

Geodis Logistics LLC
7101 Executive Center Drive.
Suite #333
Brentwood TN 37027
USA

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Craig R Parris

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The ACORD name and logo are registered marks of ACORD

B-6749120

# MULTI LOCATION SCHEDULE

Current Schedule as of 11/21/2023

| LOCATION | ACCOUNT NAME & ADDRESS | BOND AMOUNT |
|---|---|---|
| 1. | 349 Gateway Commerce Center Dr.<br>East Edwardsville, IL 62025 | $100,000.00 |
| 2. | 1004 Trade Center Pkwy, Suite 100<br>Rincon, GA 31326 | $100,000.00 |
| 3. | 7101 Executive Center Dr<br>Brentwood, TN 37027 | $100,000.00 |
| 4. | 1793 State Route 42 Suite 100<br>McDonough, GA 30252 | $100,000.00 |

THE CINCINNATI INSURANCE COMPANIES

# The Cincinnati Insurance Companies
## CHANGE RIDER

To be attached to and form a part of Bond No. B6749120

Executed by Geodis Logistics, LLC

as Principal and by The Cincinnati Insurance Company as Surety,

in favor of Nevada : State Board of Pharmacy

as Obligee for the term beginning 11/21/2023 .

In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to revise the information contained in the original bond as follows:

Adding additional locations and increasing bond to $400,000 from $300,000 (see attached schedule of locations)

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated. This rider is effective on the 21st day of November, 2023.

Geodis Logistics, LLC
Principal

Executed by:

By The Cincinnati Insurance Company
Surety

CINCINNATI, OHIO

Andrea Leach
Andrea Leach Attorney-in-fact

F-650 (7/18)

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Fairfield, Ohio B6749120

## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY and THE CINCINNATI CASUALTY COMPANY, corporations organized under the laws of the State of Ohio, and having their principal offices in the City of Fairfield, Ohio (herein collectively called the "Companies"), do hereby constitute and appoint

Andrea Leach

of NASHVILLE TN
their true and legal Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and deliver on behalf of the Companies as Surety, any and all bonds, policies, undertakings or other like instruments, as follows:

Four Hundred Thousand Dollars $ 400,000.00

This appointment is made under and by authority of the following resolutions adopted by the Boards of Directors of The Cincinnati Insurance Company and The Cincinnati Casualty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the President or any Senior Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

RESOLVED, that the signature of the President or any Senior Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Vice-President and the Seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, the Companies have caused these presents to be sealed with their corporate seals, duly attested by their President or any Senior Vice President this 16th day of March, 2021.

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Stephen A. Ventre

STATE OF OHIO )SS:
COUNTY OF BUTLER )

On this 16th day of March, 2021 before me came the above-named President or Senior Vice President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, to me personally known to be the officer described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of said Companies and the corporate seals and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporations.

Keith Collett, Attorney at Law
Notary Public – State of Ohio
My commission has no expiration date.
Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Vice-President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, hereby certify that the above is the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Power of Attorney is still in full force and effect.

Given under my hand and seal of said Companies at Fairfield, Ohio, this 5th day of October, 2023

BN-1457 (3/21)

# NEVADA STATE BOARD OF PHARMACY

**431 W Plumb Lane**
**Reno, NV 89509**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. B6749120

Application/License No. _____

Geodis Logistics, LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is

7101 Executive Center Dr, Brentwood, TN 37027-5236 (Address of Applicant/Principal), as PRINCIPAL, and The Cincinnati Insurance Company (Surety Company), a corporation organized under the laws of the state of Ohio (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is

6200 S Gilmore Rd, Fairfield, OH 45014-5141 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on November 21, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.

(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.

(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.

(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.

(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.

(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.

(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 30th day of September, 20 21.

APPLICANT/PRINCIPAL

_____
Authorized Representative

SURETY COMPANY

The Cincinnati Insurance Company CINCINNATI, OHIO

_____
Surety Company's Representative

Angela Boie, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

SIGNED and SEALED in the presence of:

_____
Witness

_____
Witness

Countersigned by:

_____
Nevada Resident Agent

THE
# CINCINNATI
## INSURANCE COMPANY

## CONTINUATION CERTIFICATE

Bond Number: B6749120
Bond Amount: $ 100,000.00
Bond Description: Pharmaceutical Wholesaler Bond

Principal:

Geodis Logistics, LLC
7101 Executive Center Dr
Brentwood, TN 37027-5236

Obligee:
Nevada : State Board of Pharmacy
431 W Plumb Ln ,State Board Of Pharmacy
Reno, NV 89509

It is expressly understood and agreed that the subject bond and all renewal or continuation certificates attached thereto (including this one) are not cumulative, and that the total liability of THE CINCINNATI INSURANCE COMPANY under the attached bond and all such renewal or continuation certificates shall not exceed the penalty named in the subject bond.

This bond is extended to 11/21/2022

Signed and sealed this 30th day of September 2021 .

The Cincinnati Insurance Company CORPORATE SEAL OHIO

THE CINCINNATI INSURANCE COMPANY

ATTORNEY-IN-FACT Angela Boie

Agency: McGriff Insurance Services, Inc.
41018
3322 WEST END AVE SUITE 300
Nashville, TN 37203-1084

BN-1003(3/97)

**THE CINCINNATI INSURANCE COMPANY**
**THE CINCINNATI CASUALTY COMPANY**



**Fairfield, Ohio** **26749120**

## POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY and THE CINCINNATI CASUALTY COMPANY, corporations organized under the laws of the State of Ohio, and having their principal offices in the City of Fairfield, Ohio (herein collectively called the "Companies"), do hereby constitute and appoint

**Angela Bole**

of **Nashville TN**
their true and legal Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and deliver on behalf of the Companies as Surety, any and all bonds, policies, undertakings or other like instruments, as follows:

**One Hundred Thousand Dollars $ 100,000.00**

This appointment is made under and by authority of the following resolutions adopted by the Boards of Directors of The Cincinnati Insurance Company and The Cincinnati Casualty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the President or any Senior Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

RESOLVED, that the signature of the President or any Senior Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Vice-President and the Seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, the Companies have caused these presents to be sealed with their corporate seals, duly attested by their President or any Senior Vice President this 16th day of March, 2021.

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

STATE OF OHIO )SS:
COUNTY OF BUTLER )

On this 16th day of March, 2021 before me came the above-named President or Senior Vice President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, to me personally known to be the officer described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of said Companies and the corporate seals and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporations.

Keith Collett, Attorney at Law
Notary Public – State of Ohio
My commission has no expiration date.
Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Vice-President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, hereby certify that the above is the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Power of Attorney is still in full force and effect.

Given under my hand and seal of said Companies at Fairfield, Ohio, this **30th** day of **September**, **2021**.

BN-1457 (3/21)

THE CINCINNATI INSURANCE COMPANIES

CINCIBOND®
Surety Made Simple®

The Cincinnati Insurance Company
PO Box 145496, Cincinnati, OH 45250-5496

AGENCY:
McGriff Insurance Services, Inc.
41018
3322 WEST END AVE SUITE 300
Nashville, TN 37203-1084

# Billing Notice

Billing Type: Agency Billed

| BOND NUMBER | BOND DESCRIPTION | RENEWAL PERIOD | RENEWAL PREMIUM |
|---|---|---|---|
| B6749120 | $ 100,000.00 NV - Pharmaceutical Wholesaler | 11/21/2021 - 11/21/2022 | $ 2,000.00 |

PRINCIPAL:
Geodis Logistics, LLC
7101 Executive Center Dr
Brentwood, TN 37027-5236

OBLIGEE:
Nevada : State Board of Pharmacy
431 W Plumb Ln ,State Board Of Pharmacy
Reno, NV 89509

**RENEWAL INSTRUCTIONS:**
Please file either the renewal bond form or the continuation certificate with the obligee if required.

PREMIUM INCLUDES SURCHARGE & TAXES IF APPLICABLE:
SURCHARGE: 0.00
MUNICIPAL TAX: $ 0.00
COUNTY TAX: $ 0.00

**FOR CANCELLATION:**
PLEASE HAVE THE BELOW RELEASE COMPLETED, SIGNED AND DATED BY THE OBLIGEE AND RETURN TO SURETY, ATTN: Surety Department

## BOND RELEASE

The Cincinnati Insurance Company

You are hereby released from any and all liability that may otherwise accrue on or after _____ for bond number B6749120, issued on behalf of Geodis Logistics, LLC,

in favor of Nevada : State Board of Pharmacy

for the sum total amount of $ 100,000.00 .

Additional Comments:

Signed this _____ day of _____, _____.

Nevada : State Board of Pharmacy

Signature: _____

Printed Name & Title: _____

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Geodis Logistics LLC — MDEG License # (if applicable): n/a

Physical Address: 349 Gateway Commerce Center Dr East

City: Edwardsville — State: IL — Zip: 62025

Mailing Address (if different from physical address): 7101 Executive Center Dr, Suite 333

City: Brentwood — State: TN — Zip: 37027

Telephone: 618-801-4225 — Website: www.geodis.com

Licensing Company Email: licensing.cl.us@geodis.com

### Section 2: Personal Information

First: Richard — Middle: Adam — Last: Tuhro

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Stonebrook Manors Ct, Kirkwood, MO 63122

City: Kirkwood — State: MO — Zip: 63122

Telephone: 618-801-4225 — Email: adam.tuhro@geodis.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Truman State University | | 08/86 - 05/91 | |
| Address | City | State | Zip |
| 100 E Normal Ave | Kirksville | MO | 63501 |
| Diploma/Degree obtained, if any | | | |
| BS in Accounting | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Vianney | | 08/82 - 05/86 | |
| Address | City | State | Zip |
| 1311 S Kirkwood Rd | St Louis | MO | 63122 |
| Diploma/Degree obtained, if any | | | |
| HS Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/06 - Current | [redacted] Stonebrook Manor Ct | Kirkwood | MO | 63122 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Geodis Logistics LLC | | | 09/17 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 349 Gateway Commerce Center Dr East | | Edwardsville | IL | 62025 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 618-801-4225 | Director of Operations | | 10,100 | |
| **Description of Duties** | | | | |
| Overall responsibility of managing, directing, compliance, financial performance, warehouse operations, staffing, and productivity. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
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| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
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| **Phone** | **Title** | | **Number of Employed Hours** | |
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| **Description of Duties** | | | | |
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| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
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| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✓ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** n/a **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Richard Adam Tuttle — 6-16-23

Original Signature (electronic, copies or stamps not accepted) — Date

I, Richard Adam Tuhro, **certify that as the MDEG Administrator for**

Geodis Logistics LLC,

**that I (initial that you have read and meet the following requirements):**

1. RT Have a high school diploma or its equivalent;
2. RT Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RT Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RT Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Richard Tuhro
Print Name (First, Last)

Richard Tuhro
Original Signature (electronic, copies or stamps not accepted)

6-16-23
Date

| Board Use Only | Date Received: 7-3-23 |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Geodis Logistics LLC

Pharmacy/Wholesaler License # (if applicable): n/a

Physical Address: 349 Gateway Commerce Center Dr East

City: Edwardsville State: IL Zip: 62025

Mailing Address (if different from physical address): 7101 Executive Center Dr. Suite 333

City: Brentwood State: TN Zip: 37027

Telephone: 618-801-4225 Website: www.geodis.com

Licensing Company Email: licensing.cl.us@geodis.com

### Section 2: Personal Information

First: Richard Middle: Adam Last: Tuhro

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Stonebrook Manors Ct

City: Kirkwood State: MO Zip: 63122

Telephone: (618) 801-4225 Email: adam.tuhro@geodis.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Truman State University | | 08/86 - 05/91 | |
| **Address** | **City** | **State** | **Zip** |
| 100 E. Normal Ave | Kirksville | MO | 63501 |
| Diploma/Degree obtained, if any | | | |
| BS in Accounting | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Vianney | | 08/82 - 05/86 | |
| **Address** | **City** | **State** | **Zip** |
| 1311 S. Kirkwood Rd | St. Louis | MO | 63122 |
| Diploma/Degree obtained, if any | | | |
| HS Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/06 - Current | [redacted] Stonebrook Manors Ct | Kirkwood | MO | 63122 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Geodis Logistics LLC | | | 04/18 - Current |
| **Business Address** | **City** | **State** | **Zip** |
| 349 Gateway Commerce Center Dr East | Edwardsville | IL | 62025 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (618) 801-4225 | Director of Operations | 10,100+ | |
| **Description of Duties** | | | |
| Overall responsibility of managing, financial performance, directing, compliance, warehouse operations, staffing, and productivity. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** n/a **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Richard A. Tuke
Original Signature (electronic, copies or stamps not accepted)

2-24-23
Date

I, Richard Adam Tuhro, **certify that as the designated representative for**

Geodis Logistics LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. RT I am at least 21 years of age;
3. RT I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RT I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RT I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RT I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RT I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Richard Adam Tuhro

Print Name (First, Last)

Richard Adam Tuhro

Original Signature (electronic, copies or stamps not accepted)

2-24-23

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Richard Tuhro

Print Name (First, Last)

Richard Tuhro — 2-24-23

Original Signature (electronic, copies or stamps not accepted) — Date

---

**Please have this section completed in the presence of a Notary Public.**

State of _____, ss. County of _____

I, Richard Tuhro, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Richard Tuhro — 2-24-23

**Original Signature** — **Date**

Subscribed and Sworn to before me this 24 day of February.

Julia K. Kilcullen

**Notary Public Signature**

JULIA K. KILCULLEN
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires: Dec. 3, 2024
Commission # 16699688

**(Seal)**

# ADAM TUHRO

[redacted] Stonebrook Manors Court
St. Louis, Missouri 63122
[redacted]
[redacted]


**OBJECTIVE:** To obtain a challenging position with an innovative and diversified organization that promotes long-term development.

**EXPERIENCE:**

**GEODIS** **2018-Present**

**Director of Operations**

- Oversee the operation of a 624,000 square foot 3PL facility consisting of 3 shifts and 400 teammates.
- Reside on top level management panel that designs and creates programs and policies for our campus consisting of 11 facilities in the St. Louis area
- Financial responsibility for P&L performance as well as writing budgets, forecasts, and financial analysis
- Handled 5 new start up accounts with detail planning to ensure a smooth transition for our customers
- Experience interacting with all levels of our team, including our customers top-level management, internal top-level management, and a variety of corporate teams including HR, I.T., Safety, Quality, and Operations
- Designed and implemented a new campus training program to standardize our training and to forward think toward employee retention objectives

**CLARK LOGISTIC SERVICES** **2014-2018**

**Vice President of Operations**

- Managed a 900,000 square foot 3PL facility consisting of 55 different customers in both food grade and non-food grade operations.
- Designed and implemented policies and procedures for a family owned 3PL business, including EAP's, Food Safety Programs, HACCP, Training Programs, and daily SOP's.
- Changed the annual financial picture of the company by over 1 Million dollars in less than 4 years, taking the company from a net loss to a profitable organization.
- Completely overhauled the existing structure, including improvements to the payroll system, the warehouse management system, the design and layout of the facility, and staffing improvements.
- Worked with budgets, profit and loss statements, and cost analysis for existing customers plus performed analysis and pricing for new opportunities.
- Created a food safety program that scored the highest rating (Excellent) by ASI, a 3rd party food safety audit firm.
- Successful relocation of 300,000 square feet within a 3 week time period with no loss of service to any of our customers.
- Experience in RF technologies, EDI communications, and process improvements.
- Direct knowledge in a wide spectrum of 3PL capabilities such as full pallet pick, case pick, each pick, fulfillment, display builds, quality inspections, product rework, container unloading, etc.

**JACOBSON COMPANIES** **2002 – 2014**

2009-Present **Director**

- Top level operations responsibility for 3 facilities with a combined 400,000 square feet and 12 million in annual revenue.
- Manage a staff of 130 employees – salaried and hourly – includes 11 direct reports.
- Design budgets for 5 facilities in the St Louis region with a combined annual revenue of 24 million.
- Create weekly forecasts for 5 facilities for upper management to gauge expected performance and

trends against budgeted expectations.
- Analyze and confirm monthly P&L expenses, labor, and revenue.
- Work on development of cost models to assist in pricing new business opportunities.
- Customer service experience includes communications with top, mid, and lower level management. Recognized by customer for having the top financial impact on a continuous improvement project designed to save the customer over one million dollars in store labor.
- Continuous improvement projects resulted in a decreased cost per case every year for all facilities. Frozen operation improved a total of 16 cents per case over 8 years, which equates to savings of over 1 million dollars annually for the customer. The dry operation improved 14 cents per case in the past 6 years, which equates to savings of 1.3 million in annual savings.
- Bottom line results - Consistent surpassing of budgeted expectations each year.
- Reside on committees for implementation of new corporate policies. Provide input on all areas of the company from safety, quality, human resources, new business, etc.
- Perform internal audits which require travel to other facilities in the company to audit their Quality and Safety performances.
- Design and implement continuous improvement projects including racking remodels, slotting in optimal productivity layouts, incentive programs for increased productivity, etc.
- Work with V.P. and legal team during contract negotiations with customers.
- Set goals for the management staff. Provide performance reviews based on their accountability of those goals.

2004-2009 **Regional Manager**
- Ultimate operational and financial responsibility for 2 facilities with a combined 350,000 square feet and yearly revenue of 10.3 million dollars.
- Performed a variety of detailed financial analysis including the monthly P&L statements, rate of return tests, capital expenditure requests, financial impact of business changes, etc.
- Created the yearly budgets for both facilities and also for the departments within each facility.
- Designed performance improvement programs that resulted in a 26% increase in productivity.
- Reviewed line by line P&L expenditures to ensure the most cost friendly options are being utilized.
- Worked with our customer's top management personnel to reduce costs and increase profitability for the customer.
- Installed top of the line technologies including voice picking and radio frequency to create a paperless, highly accurate, more productive environment.
- Designed a 242,000 square foot building from a shell to a complete warehouse. Managed everything including but not limited to installing lighting, designing rack layout and office build out, installing wireless network, orchestrating job fairs, training new hires, setting up accounts with vendors, purchasing material handling equipment, and laying out slotting for 12,000 SKU's.

2002-2004 **General Manager**
- Responsible for all aspects of a 242,000 square foot refrigerated distribution center with annual revenues of 7.3 million in Distribution and 8.5 million in Logistics.
- Created budgets for specific customers within the building as well as a total facility budget for ownership.
- Handled the distribution of food products coast to coast with companies such as Schwans, General Mills, Kraft, Sav A Lot, Windsor Foods, etc.
- Installed new radio frequency technology into the warehouse to improve productivity, order accuracy, and inventory control.
- Analyzed new business opportunities, determined pricing, and negotiated contracts for new customers.

## SCHNUCKS DISTRIBUTION COMPANY 1991 to 2002

**Co-Manager-General Merchandise, Frozen Food and 3rd Party Warehouses**
- Successfully relocated a Frozen Food facility with an $8 million inventory to a new facility 15 miles away. Managed relocation with no down time to store deliveries.
- Handled budgeting and financial analysis for 4 facilities with $25 million in inventory.
- Managed union employees with a keen eye on contract limitations and requirements. Dealt with

union grievances that arose.

- Relocated our general merchandise to a new facility. Designed building layout to increase profitability in the stores and warehouses.
- Installed a new warehouse management system (OMI) to better control inventory.

**EDUCATION:** **BACHELOR OF SCIENCE IN ACCOUNTANCY** Northeast Missouri State University

**REFERENCES:** Available Upon Request

Employee List



| Employee Name | Sal/Hr | Job Title |
|---|---|---|
| Alarcon Ponce, Evelyn G. | H | Team Lead Inventory |
| Alarcon, Cesar H. | H | Operator 1 |
| Alexander, Tina L. | H | Material Handler |
| Ammons, Gary A. | H | Custodian |
| Arnold, Edward E. | H | Material Handler |
| Babic, Peter | H | Team Lead Operations |
| Baker, Crystal M. | H | Team Lead Operations |
| Beasley, Brandon J. | S | Supv Operations |
| Bell, Willie | H | Team Lead Operations |
| Buchanan, Kenneth | H | Team Lead Operations |
| Clark, LeeRoy | H | Operator 1 |
| Clover, Tina M. | H | Operator 1 |
| Conlee, William R. | H | Operator 2 |
| Cortez, Emily | H | Material Handler |
| Croon, Tina M. | H | Team Lead Operations |
| Dixon, Allison F. | H | Team Lead Ship/Receiving |
| Eller, Jason | S | Sr Mgr Operations |
| Eversgerd, Zachary | H | Team Lead Operations |
| Ferrera, Barbara | H | Material Handler |
| Fikes, Calvin G. | H | Operator 1 |
| Fisher Jr., Robert G. | H | Operator 2 |
| Foss, Chad | S | Supv Operations |
| Franklin, Brandon J. | H | Operator 1 |
| Frazier, Charrease A. | H | Operator 1 |
| Garcia Sr., Carlos E. | H | Operator 2 |
| Garcia, Maria L. | H | Operator 1 |
| Gipson, Eddie | H | Custodian |
| Hayes, Tracy | H | Operator 1 |
| Hollenkamp, Deana | S | Supv Operations |
| Ivory, Kathy Y. | H | Operator 1 |
| Keeper, Eddie | H | Operator 2 |
| Kelley, Gene A. | H | Operator 1 |
| Laws, Michael | H | Material Handler |
| Logue, Dawn C. | H | Spec Wave Planning |
| Mann, Gary | S | Sr Mgr Operations |
| McArthur, Heather | H | Team Lead Customer Svc |
| Morales Enriquez, Blanca | H | Material Handler |
| Newberry, Divante | H | Operator 1 |
| Nichols, Vanessa | H | Operator 1 |
| Nixon, Renata J. | S | Supv Operations |
| Pacheco Garcia, Maria G. | H | Coord Wave Planning |
| Parker, Mark E. | H | Operator-EPJ Picking |
| Peterson, Jacob | H | Operator-EPJ Picking |
| Peterson, Jared R. | H | Operator-EPJ Picking |
| Pfeiffer, Mark D. | S | Assistant Mgr Ops |
| Pflasterer, Brock | S | Supv Operations |
| Price, Tess M. | H | Spec Inventory |
| Quick, Jerod J. | H | SIT-Trainee Ops Supv |

| | | |
|---|---|---|
| Quintana, Yajaira | H | Cycle Counter |
| Ralford, Leshunda D. | H | Operator 1 |
| Ripper, Lindsey M. | H | Team Lead Operations |
| Salomon II, Martha G. | H | Operator 2 |
| Salomon Zarate, Maria G. | H | Material Handler |
| Schlueter, John | S | Supv Operations |
| Schmittling, Kristie L. | H | Team Lead Operations |
| Swanson, Shakela T. | S | Assistant Mgr Ops |
| Tiepelman Jr., Dean | H | Operator 1 |
| Tiepelman, Ashley M. | S | Supv Operations |
| Tiren, Timothy R. | H | Operator 1 |
| Towns, Brittany | H | SIT-Trainee Ops Supv |
| Tucker, Sara D. | H | Clerk Shipping/Receiving |
| Tuhro, Richard A. | S | Dir Operations |
| Wilkinson, Sean R. | H | Operator 2 |
| Winters, Toby L. | S | Supv Operations |
| Zipprich, Brittney | H | Team Lead Operations |
| Zipprich, Stephanie A. | S | Supv Operations |

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Geodis Logistics LLC

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 349 Gateway Commerce Center Dr East

City Edwardsville State IL Zip 62025

Mailing Address (if different from physical address) 7101 Executive Center Dr, Suite 333

City Brentwood State TN Zip 37027

Telephone 615-401-6400 Website www.geodis.com

Licensing Company Email licensing.cl.us@geodis.com

### Section 2: Personal Information

First Jeremy Middle Lee Last Wright

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Preston Place

City Brentwood State TN Zip 37027

Telephone 615-401-6400 Email jeremy.wright@geodis.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Middle Tennessee State University | | 05/95 - 05/99 | |
| Address | City | State | Zip |
| 1301 E. Main Street | Murfreesboro | TN | 37132 |
| Diploma/Degree obtained, if any | | | |
| BBA Accounting | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Greenbriar HS | | 09/88 - 06/92 | |
| Address | City | State | Zip |
| 126 Cuniff Dr. | Greenbriar | TN | 37073 |
| Diploma/Degree obtained, if any | | | |
| HS Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 08/09 – Current | [redacted] Preston Place | Brentwood | TN | 37027 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Geodis Logistics LLC | | | 08/08 - Current |
| **Business Address** | **City** | **State** | **Zip** |
| 7101 Executive Center Dr, Suite 333 | Brentwood | TN | 37027 |
| **Phone** | **Title** | | |
| (615) 401-6400 | EVP and CFO | | |

Description of Duties

I am responsible for managing the financial actions of GEODIS. I am in charge of tracking cash flow, analyzing strengths/weaknesses in the company's finances and overseeing all aspects of its financial success.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

Description of Duties

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

3/9/23
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Jeremy Wright

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

3/9/23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

3/9/23

**Date**

Subscribed and Sworn to before me this 9 day of March 2023

**Notary Public Signature**

DEWAYNE MCCROSKEY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 3-6-2024

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Geodis Logistics LLC

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 349 Gateway Commerce Center Dr East

City: Edwardsville State: IL Zip: 62025

Mailing Address (if different from physical address): 7101 Executive Center Dr, Suite 333

City: Brentwood State: TN Zip: 37027

Telephone: 615-401-6400 Website: www.geodis.com

Licensing Company Email: licensing.cl.us@geodis.com

### Section 2: Personal Information

First: Mark Middle: Jason Last: Vane

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Fountain Drive

City: Brentwood State: TN Zip: 37027

Telephone: 615-401-6400 Email: mark.vane@geodis.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Chicago | | 8/07 - 12/10 | |
| Address | City | State | Zip |
| | Chicago | IL | |
| Diploma/Degree obtained, if any | | | |
| MBA | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Tennessee Law School | | 8/95 - 5/98 | |
| Address | City | State | Zip |
| | Knoxville | TN | |
| Diploma/Degree obtained, if any | | | |
| JD | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Tennessee | | 8/89 - 5/94 | |
| Address | City | State | Zip |
| | Knoxville | TN | |
| Diploma/Degree obtained, if any | | | |
| BA | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Farragut High School | | 8/85 - 5/89 | |
| Address | City | State | Zip |
| | Farragut | TN | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 11/20 - Current | [redacted] Fountain Drive | Brentwood | TN | 37027 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Geodis Logistics LLC | | | 04/16 - Current | |
| **Business Address** | | **City** | **State** | **Zip** |
| 7101 Executive Center Dr, Suite 333 | | Brentwood | TN | 37027 |
| **Phone** | **Title** | | | |
| (615) 401-6400 | Chief Legal Officer and Secretary | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Parallon Business Solutions, LLC | | | 09/14 - 03/16 | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | Nashville | TN | |
| **Phone** | **Title** | | | |
| 855-478-7255 | Senior Corporate Counsel | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Asurion LLC | | | 04/12 - 08/14 | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | Nashville | TN | |
| **Phone** | **Title** | | | |
| 615-837-3000 | Director and Legal Counsel | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

5/4/2023
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Mark Vane

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/4/23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Tennessee, ss. County of Davidson

I, Mark Vane, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

5/4/23

**Date**

Subscribed and Sworn to before me this 4 day of May 2023

DeWayne McCroskey

**Notary Public Signature**

DEWAYNE MCCROSKEY
STATE OF TENNESSEE NOTARY PUBLIC
DAVIDSON COUNTY
MY COMMISSION EXPIRES 3-6-2024

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Geodis Logistics LLC

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 349 Gateway Commerce Center Dr East

City: Edwardsville State: IL Zip: 62025

Mailing Address (if different from physical address): 7101 Executive Center Dr, Suite 333

City: Brentwood State: TN Zip: 37027

Telephone: 615-401-6400 Website: www.geodis.com

Licensing Company Email: licensing.cl.us@geodis.com

### Section 2: Personal Information

First: Michael Middle: Edward Last: Honious

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] E Harbor

City: Hendersonville State: TN Zip: 37075

Telephone: 615-401-6400 Email: mike.honious@geodis.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Dayton | | 08/87 - 05/92 | |
| Address | City | State | Zip |
| | | OH | |
| Diploma/Degree obtained, if any | | | |
| BS of Engineering Technology | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Randolph Southern H.S. | | 08/84 - 05/87 | |
| Address | City | State | Zip |
| | Lynn | IN | |
| Diploma/Degree obtained, if any | | | |
| H.S. Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 02/05 - Current | [redacted]E Harbor | Hendersonville | TN | 37075 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Geodis Logistics LLC | | | 10/05 - Current | |
| **Business Address** | | **City** | **State** | **Zip** |
| 7101 Executive Center Dr, Suite 333 | | Brentwood | TN | 37027 |
| **Phone** | **Title** | | | |
| (615) 401-6400 | President and CEO | | | |
| **Description of Duties** | | | | |
| I am responsible for managing a company's overall operations. This may include delegating and directing agendas, driving profitability, managing company organizational structure, strategy, and communicating with the board. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

6/8/23
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Michael Honious

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6.8.23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

6.8.23

**Date**

Subscribed and Sworn to before me this 8 day of June 2023

**Notary Public Signature**

DEWAYNE MCCROSKEY
STATE OF TENNESSEE
NOTARY PUBLIC
(Seal)
DAVIDSON COUNTY
MY COMMISSION EXPIRES 3-6-2024

# 4P

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ☒ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☒ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: InvaGen Pharmaceuticals, Inc.

Physical Address: 927 Currant Rd.

City: Fall River State: MA Zip: 02720

Mailing Address (if different from physical address): c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Website: www.cipla.com

Name of Designated Representative (DR): Vijay Amarsinh Divecha

Licensing Company Email: INV@slsny.com DR Email: Vijay.divecha@cipla.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☒ Dangerous Drugs | ☒ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☒ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☒ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: CVS Health
Address: 1 CVS Dr City: Woonsocket State: RI Zip: 02895

Name: Cardinal Health
Address: 700 Cardinal Pl City: Dublin State: OH Zip: 43017

Name: Walgreens
Address: 200 Wilmot Rd City: Deerfield State: IL Zip: 60015

Name: Rite Aid
Address: 30 Hunter Lane City: Camp Hill State: PA Zip: 17011

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: NY
Parent Company (if any): Cipla EU Limited
Corporation/Organization Name: InvaGen Pharmaceuticals, Inc.
Mailing Address: c/o State License Servicing 1751 State Route 17A, Suite 3
City: Florida State: NY Zip: 10921
Telephone: (845) 544-2482 Email: INV@slsny.com
Contact Person Name: Christine Cannon

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: FDA #: 3017588287 | X | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

InvaGen Pharmaceuticals, Inc.

Facility Name

Arunesh Verma

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

04/10/2023

Date

| Board Use Only | Date Received: 8/5/23 | Amount: 1000 - CK - 20011 |
|---|---|---|

Officers List

0692

InvaGen Pharmaceuticals, Inc.
A Cipla Subsidiary

**InvaGen Pharmaceuticals, Inc.,**
**A Cipla Subsidiary**
7 Oser Avenue,
Hauppauge, NY 11788
Tel 516-965-7931
Fax 631-203-4171

**InvaGen Pharmaceuticals, Inc.,**
**A Cipla Subsidiary**
550 S Research Place
Central Islip, New York 11722
Tel 516-965-7931
Fax 631-203-4171

Date: 6/17/21

To Whom it May Concern:

As of June 7, 2021, I hearby certify that the following individuals serve as officers of InvaGen Pharmaceuticals Inc.:

Arunesh Verna, CEO and President

Deepak Kumar Agarwal, CFO & Director

Vaibhav Kukreja, Secretary and Treasurer

Vaibhav Kukreja

Vaibhav Kukreja

Secretary and Treasurer

InvaGen Pharmaceuticals Inc.

# InvaGen Pharmaceuticals, Inc.

**Corporate Address:** 7 Oser Avenue, Hauppauge, NY 11788 USA
**FEIN:** 20-1420845
www.cipla.com

**Drug Labeler Code:** 67787
**Incorporation State:** NY
**Incorporation Date:** 11/21/2003

**FACILITY INFORMATION**

| Code | Address | FDA | DEA | DUNS | VAWD | Phone | Fax |
|---|---|---|---|---|---|---|---|
| 927 | [redacted]Currant Rd.<br>Fall River , MA 02720<br>County: Bristol | 3017588287 | N/A - No CS | 117741117 | No | (508) 299-6058 | (508) 299-6144 |

**FACILITY DESIGNATED REPRESENTATIVES**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| Vijay Amarsinh Divecha | [redacted]Robert Drive<br>Apt. 7121<br>South Easton , MA 02375 | Designated Representative | No | [redacted] | [redacted] | [redacted] |

**OWNERSHIP**

| Name | Address | Title | Percent of Ownership | Prescribing Authority | FEIN/SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|---|
| Cipla EU Limited | Hillbrow House Hillbrow Road<br>Esher Surrey, KT109NW<br>United Kingdom | N/A | 100 | N/A | 1781220917 | N/A | N/A |

**LIST OF OFFICERS**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| Deepak Kumar Agarwal | [redacted]River Road, Apt. 719<br>North Bergen , NJ 07047 | CFO & Director | No | [redacted] | [redacted] | [redacted] |
| Arunesh Verma | [redacted]Oser Avenue<br>Hauppauge, NY 11788 | CEO & President | No | | | |
| Rohit Pratapral Mehta | [redacted]Burrows Lane<br>Ellicott City, MD 21043 | Head of Finance | No | [redacted] | [redacted] | [redacted] |

**REGISTERED AGENT IN ALL APPLICABLE STATES**

| Name | SSN | DOB | Driver's License |
|---|---|---|---|
| Incorp Services, Inc. | | | |

**3PLS**

| Name | Address | Title | Prescribing Authority | SSN | DOB | Driver's License |
|---|---|---|---|---|---|---|
| UPS Supply Chain Solutions | 1920 Outer Loop Road<br>Louisville, KY 40219 | | | | | |

Incorp Good Standing



**STATE OF NEW YORK**

**DEPARTMENT OF STATE**

**Certificate of Status**

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

| | |
|---|---|
| **Entity Name:** | INVAGEN PHARMACEUTICALS INC. |
| **DOS ID Number:** | 2980487 |
| **Entity Type:** | DOMESTIC BUSINESS CORPORATION |
| **Entity Status:** | EXISTING |
| **Date of Initial Filing with DOS:** | 11/21/2003 |
| **Statement Status:** | CURRENT |
| **Statement Due Date:** | 11/30/2023 |

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 05, 2023 at 03:16 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100003266709 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

Home State Good Standing

0695

# The Commonwealth of Massachusetts

## Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the Commonwealth

Date: April 14, 2023

To Whom It May Concern :

I hereby certify that according to the records of this office,

**INVAGEN PHARMACEUTICALS INC.**

a corporation organized under the laws of

**NEW YORK**

on **November 21, 2003** was qualified to do business in this Commonwealth on

**January 29, 2021** under the provisions of the General Laws, and I further certify that said corporation is still qualified to do business in this Commonwealth.

I also certify that said corporation is not delinquent in the filing of any annual reports required to date.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 23040371570

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by: tad

# The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
250 WASHINGTON STREET BOSTON, MA 02108

## CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

| NUMBER | ISSUED | EXPIRES | TYPE |
|---|---|---|---|
| MA0097255 | 03/03/2023 | 03/03/2024 | Drug Manufacturers |

SCHEDULES VI

ISSUED TO

INVAGEN PHARMACEUTICALS, INC.
927 CURRANT ROAD
FALL RIVER, MA 02720
ATTN: VAIBHAV KUKREJA SECRETARY AND TREASURER

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RENEWAL


## CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

| NUMBER | ISSUED | EXPIRES | TYPE |
|---|---|---|---|
| MA0097255 | 03/03/2023 | 03/03/2024 | Drug Manufacturers |

SCHEDULES VI

ISSUED TO

INVAGEN PHARMACEUTICALS, INC.
927 CURRANT ROAD
FALL RIVER, MA 02720
ATTN: VAIBHAV KUKREJA SECRETARY AND TREASURER

RENEWAL


9690

DEA #
0697

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

# Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **Invagen**

CSVExcel

Filter:

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Expiration Date |
|---|---|---|---|---|---|
| InvaGen Pharmaceuticals Inc. | 3017588287 | 117741117 | ANALYSIS; LABEL; MANUFACTURE; PACK; | 927 Currant Rd, Fall River, Massachusetts (MA) 02720, United States (USA) | 12/31/2023 |
| InvaGen Pharmaceuticals, Inc | 3003950641 | 165104469 | ANALYSIS; MANUFACTURE; | 7 Oser Ave., Hauppauge, New York (NY) 11788, United States (USA) | 12/31/2023 |
| InvaGen Pharmaceuticals, Inc | 3012696190 | 080334903 | ANALYSIS; MANUFACTURE; PACK; REPACK; | 550 S Research Place, Central Islip, New York (NY) 11722, United States (USA) | 12/31/2023 |

Showing 1 to 3 of 3 entries
Previous1Next
Data Current through: Tuesday, Apr 4, 2023

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Limited Liability

0698

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/30/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**
Brown & Brown of Garden City Inc.
595 Stewart Ave.
7th Floor
Garden City NY 11530

**CONTACT NAME:** Neil Nelson
**PHONE (A/C, No, Ext):** (516) 247-5880 **FAX (A/C, No):**
**E-MAIL ADDRESS:** Neil.Nelson@bbrown.com

| INSURER(S) AFFORDING COVERAGE | | NAIC # |
|---|---|---|
| INSURER A : | Valley Forge Insurance Company | 20508 |
| INSURER B : | National Fire Insurance Company of Hartford | 20478 |
| INSURER C : | The Continental Insurance Company | 35289 |
| INSURER D : | American Casualty Company of Reading, Pennsylvania | 20427 |
| INSURER E : | | |
| INSURER F : | | |

**INSURED**
Invagen Pharmaceuticals, Inc
550 S. Research Place
Central Islip NY 11722

**COVERAGES** **CERTIFICATE NUMBER:** 23-24 GL Auto UM Work **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | [X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[ ] POLICY [ ] PRO-JECT [X] LOC<br>[ ] OTHER: | | | 7033979419 | 06/01/2023 | 06/01/2024 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>[ ] | $ 1,000,000<br>$ 1,000,000<br>$ 15,000<br>$ 1,000,000<br>$ 2,000,000<br>$ EXCLUDED<br>$ |
| B | AUTOMOBILE LIABILITY<br>[X] ANY AUTO<br>[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY | | | 7033979422 | 06/01/2023 | 06/01/2024 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>[ ] | $ 1,000,000<br>$<br>$<br>$<br>$ |
| C | [X] UMBRELLA LIAB [X] OCCUR<br>EXCESS LIAB [ ] CLAIMS-MADE<br>[ ] DED [X] RETENTION $ 10,000 | | | 7033979436 | 06/01/2023 | 06/01/2024 | EACH OCCURRENCE<br>AGGREGATE<br>Products- Comp/Op Agg | $ 15,000,000<br>$ 15,000,000<br>$ Excluded |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | WC7033902081 | 06/01/2023 | 06/01/2024 | [X] PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**
Proof of coverage.

**CERTIFICATE HOLDER**
Invagen Pharmaceuticals Inc.
7 Oser Avenue
Hauppauge NY 11788

**CANCELLATION**
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**
Michael Jakubczyk

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# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. K40613973

Application/License No. _____

Invagen Pharmaceuticals, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 927 Currant Road, Fall River, MA, 02720, US (Address of Applicant/Principal), as PRINCIPAL, and Westchester Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of PA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 436 Walnut Street, WA10H, PHILADELPHIA, PA, 19106-3703, US (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 15, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 15th day of June, 2022.

APPLICANT/PRINCIPAL

COMPANY

Invagen Pharmaceuticals, Inc.

B. Agarwal

Authorized Representative

Invagen Pharmaceuticals Inc. Finance

SIGNED and SEALED in the presence of:

Witness

R. S. Kadakia

Witness

SURETY

Westchester Fire Insurance Company

Barbara Duggan

Surety Company's Representative

Duggan, Barbara, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

CHUBB

## SURETY BOND CORPORATE SEAL NOTICE AND ADDENDUM

In an effort to facilitate the use of our respective corporate seals during the COVID-19 pandemic, WESTCHESTER FIRE INSURANCE COMPANY ("WESTCHESTER FIRE") has authorized its respective Attorneys-in-Fact to affix WESTCHESTER FIRE'S corporate seal to any surety bond executed on behalf of WESTCHESTER FIRE by any such Attorney-in-Fact by attaching this Notice and Addendum to said bond.

To the extent this Notice and Addendum is attached to a surety bond that is executed on behalf of WESTCHESTER FIRE by its Attorney-in-Fact, WESTCHESTER FIRE hereby agrees that the corporate seal below for WESTCHESTER FIRE shall be deemed affixed to said bond to the same extent as if its raised corporate seal was physically affixed to the face of the bond.

Dated this 30th day of March, 2020.

WESTCHESTER FIRE INSURANCE COMPANY

By: _____
Stephen M. Haney, Vice President



CHUBB'

# Power of Attorney

Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company
Westchester Fire Insurance Company | ACE American Insurance Company

**Know All by These Presents**, that **FEDERAL INSURANCE COMPANY**, an Indiana corporation, **VIGILANT INSURANCE COMPANY**, a New York corporation, **PACIFIC INDEMNITY COMPANY**, a Wisconsin corporation, **WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** corporations of the Commonwealth of Pennsylvania, do each hereby constitute and appoint Donna Barchman, Karen Brandt, Sharon Dean, Barbara Duggan, Andrea Flagiello, Rashidah Hasan, Amanda Montagno, Craig Gortner, Frances Morris, Rupert Swindells and Lindsay Ward of Philadelphia, Pennsylvania ----------

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

**In Witness Whereof**, said **FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY** and **ACE AMERICAN INSURANCE COMPANY** have each executed and attested these presents and affixed their corporate seals on this **16th** day of **November, 2019**.

Dawn M. Chloros, Assistant Secretary

Stephen M. Haney, Vice President

STATE OF NEW JERSEY
County of Hunterdon ss.

On this **16th** day of **November, 2019,** before me, a Notary Public of New Jersey, personally came Dawn M. Chloros and Stephen M. Haney, to me known to be Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros and Stephen M. Haney, being by me duly sworn, severally and each for herself and himself did depose and say that they are Assistant Secretary and Vice President, respectively, of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY and know the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that their signatures as such officers were duly affixed and subscribed by like authority.

Notarial Seal

KATHERINE J. ADELAAR
NOTARY PUBLIC OF NEW JERSEY
No. 2316685
Commission Expires July 16, 2024

Notary Public

## CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016; WESTCHESTER FIRE INSURANCE COMPANY on December 11, 2006; and ACE AMERICAN INSURANCE COMPANY on March 20, 2009:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

(1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise.

(2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.

(3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.

(5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, PACIFIC INDEMNITY COMPANY, WESTCHESTER FIRE INSURANCE COMPANY and ACE AMERICAN INSURANCE COMPANY (the "Companies") do hereby certify that

(i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect,
(ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this June 15, 2022

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

# WESTCHESTER FIRE INSURANCE COMPANY

## STATEMENT OF ASSETS, LIABILITIES AND SURPLUS TO POLICYHOLDERS

Statutory Basis

**December 31, 2021**

(in thousands)

| *ASSETS* | | *LIABILITIES AND SURPLUS TO POLICYHOLDERS* | |
|---|---|---|---|
| Cash and Short Term Investments | $ 1,735 | Outstanding Losses and Loss Expenses | $ - |
| United States Government, State and Municipal Bonds | 90,500 | Reinsurance Payable on Losses and Expenses | - |
| Other Bonds | 76,290 | Unearned Premiums | - |
| Stocks | - | Ceded Reinsurance Premiums Payable | - |
| Other Invested Assets | 3,331 | Other Liabilities | 130,734 |
| TOTAL INVESTMENTS | 171,856 | TOTAL LIABILITIES | 130,734 |
| Investments in Affiliates | - | Capital Stock | 5,000 |
| Premiums Receivable | - | Paid-In Surplus | 59,858 |
| Other Assets | 111,044 | Unassigned Funds | 87,310 |
| | | SURPLUS TO POLICYHOLDERS | 152,168 |
| TOTAL ADMITTED ASSETS | $ 282,900 | TOTAL LIABILITIES AND SURPLUS TO POLICYHOLDERS | $ 282,900 |

Investments are valued in accordance with requirements of the National Association of Insurance Commissioners. At December 31, 2021, investments with a carrying value of $11,119,771 were deposited with government authorities as required by law

STATE OF PENNSYLVANIA

COUNTY OF PHILADELPHIA

John Taylor, being duly sworn, says that he is Senior Vice President of Westchester Fire Insurance Company and that to the best of his knowledge and belief the foregoing is a true and correct statement of the said Company's financial condition as of the 31 st day of December, 2021.

Sworn before me this March 16, 2022

Senior Vice President

Jaime L. Yates
Notary Public

September 19, 2023
My commission expires

Commonwealth of Pennsylvania - Notary Seal
Jaime L. Yates, Notary Public
Philadelphia County
My commission expires September 19, 2023
Commission number 1357070
Member, Pennsylvania Association of Notaries

Bond Continuance

0704

# INVOICE

Brown & Brown

**Mail payment to:**
Brown & Brown of Garden City, Inc.
P.O. Box 746544
Atlanta, GA 30374-6544

**Overnight payment to:**
Brown & Brown of Garden City, Inc.
Lockbox 746544
6000 Feldwood Road
College Park, GA 30349

**To Pay Online:** bbinsgc.epaypolicy.com

| | |
|---|---|
| **Customer** | Invagen Pharmaceuticals Inc. |
| **Acct #** | [redacted] |
| **Date** | 06/30/2023 |
| **Customer Service** | (516)247-5900 |
| **Page** | 1 of 1 |

**Invagen Pharmaceuticals Inc.**
**550 S. Research Place**
**Central Islip, NY 11722**

| **Payment Information** | |
|---|---|
| **Invoice Summary** | $ 1,000.00 |
| **Payment Amount** | |
| **Payment for:** | Invoice#12715800 |
| K40613973 | |

Thank You

Please detach and return with payment

Customer: Invagen Pharmaceuticals Inc.

| Invoice | Effective | Transaction | Description | Amount |
|---|---|---|---|---|
| 12715800 | 06/15/2023 | Renew policy | Policy #K40613973 06/15/2023-06/15/2024<br>Chubb Limited / Westchester Fire Insurance Company<br><br>Bonds - Renew policy | 1,000.00 |
| | | | THIS INVOICE IS PAID IN FULL VIA ACH/WIRE PAYMENT RECEIVED ON 07/25/2023 | |

| **Total** |
|---|
| $ 1,000.00 |

Thank You

*Please Remit Payment Upon Receipt*

| **Brown & Brown of Garden City Inc.** | (516)247-5900 | **Date** |
|---|---|---|
| 595 Stewart Ave. 7th Fl<br>Garden City, NY 11530 | | 06/30/2023 |

**WESTCHESTER FIRE INSURANCE COMPANY**
436 Walnut Street
PHILADELPHIA, PA 19106

CHUBB

BILL TO
**380118 - BROWN & BROWN OF GARDEN CITY I**
595 STEWART AVENUE
SUITE 600
GARDEN CITY, NY 11530

SHIP TO
**380118 - BROWN & BROWN OF GARDEN CITY I**
595 STEWART AVENUE
SUITE 600
GARDEN CITY, NY 11530

| | |
|---|---|
| BOND NO | K40613973 |
| INVOICE NO | 5063 |
| DATE | 4/20/2023 |

**BOND PARTIES**

PRINCIPAL
Invagen Pharmaceuticals, Inc.

OBLIGEE
State of Nevada and to the Nevada State Board of Pharmacy

WRITING COMPANY
Westchester Fire Insurance Company

962 - Medicare and Medicaid Providers - All Other (State)

| OBLIGATION | COVERAGE | AMOUNT | EFFECTIVE DATE | EXPIRATION DATE | PREMIUM AMOUNT |
|---|---|---|---|---|---|
| Commercial | 100 | $100,000.00 | 6/15/2023 | 6/14/2024 | $1,000.00 |
| | | | | **Base Premium** | **$1,000.00** |
| | | | | **Surcharge** | **$0.00** |
| | | | | **Gross Premium** | **$1,000.00** |
| | | | | **Discounts** | **$0.00** |
| | | | | **Discounted Gross Premium** | **$1,000.00** |
| | | | | **Fees** | **$0.00** |
| | | | | **Taxes** | **$0.00** |
| | | | | **Total Due** | **$1,000.00** |

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG InvaGen Pharmaceuticals, Inc. MDEG License # (if applicable) _____

Physical Address 927 Currant Rd.

City Fall River State MA Zip 02720

Mailing Address (if different from physical address) c/o State License Servicing, 1751 State Route 17A, Suite 3

City Florida State NY Zip 10921

Telephone (845) 544-2482 Website www.cipla.com

Licensing Company Email INV@slsny.com

**Section 2: Personal Information**

First Vijay Middle Amarsinh Last Divecha

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Robert Drive, Apt. 7121

City South Easton State MA Zip 02375

Telephone [redacted] Email Vijay.divecha@cipla.com

Are you a citizen of the United States? ☐ Yes ☑ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Bombay Institute of Technology (BIT) | | 1991 - 1993 | |
| **Address** | **City** | **State** | **Zip** |
| 47, DR RG Thadani Marg, Siddharth Nagar, Worli, Mumbai, | Maharashtra | India | 400018 |
| Diploma/Degree obtained, if any | | | |
| Technical and Analytical Chemistry | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Bombay | | 1989 - 1991 | |
| **Address** | **City** | **State** | **Zip** |
| Mahatma Gandhi Road, Mantrakaya, Fort Mumbai | Maharashtra | India | 400032 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Guru Nanak Khalsa College of Art, Science and Commerce | | 1985 - 1989 | |
| **Address** | **City** | **State** | **Zip** |
| Nathalal Parekh Marg, Magunga, Mumbai | Maharashtra | India | 400019 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/2016 - Present | [redacted] Robert Drive, Apt. 7121 | South Easton | MA | 02375 |
| 02/2008 - 07/2016 | Address [redacted] Kajal Kunj, Osia Mapleleaf Co-op Hsg. Society, Sao Jose De Areal Industrial Estate | Curtorim, South Goa | India | 403709 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| InvaGen Pharmaceuticals, Inc. | | | 04/2016 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 927 Currant Rd. | | Fall River | MA | 02720 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (516) 272-2184 | Designated Representative | | | |
| **Description of Duties** | | | | |
| A result oriented quality professional with demonstrated capabilities. Skilled in Quality Compliance and Management Systems (QMS), Data Integrity, investigations and compliance. Handled USFDA inspections independently and provided compliance to the 483's. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

N/A

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | X |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | X |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Vijay Amarsinh Divecha, **certify that as the MDEG Administrator for**

InvaGen Pharmaceuticals, Inc.,

**that I (initial that you have read and meet the following requirements):**

1. mirat Have a high school diploma or its equivalent;
2. mirat Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. mirat Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. mirat Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Vijay Amarsinh Divecha
Print Name (First, Last)

mirat
Original Signature (electronic, copies or stamps not accepted)

04/14/2023
Date

| Board Use Only | Date Received: _____ |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler InvaGen Pharmaceuticals, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 927 Currant Rd.

City Fall River State MA Zip 02720

Mailing Address (if different from physical address) c/o State License Servicing 1751 State Route 17A, Suite 3

City Florida State NY Zip 10921

Telephone (845) 544-2482 Website www.cipla.com

Licensing Company Email INV@slsny.com

**Section 2: Personal Information**

First Vijay Middle Amarsinh Last Divecha

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Robert Drive, Apt. 7121

City South Easton State MA Zip 02375

Telephone [redacted] Email Vijay.divecha@cipla.com

Are you a citizen of the United States? ☐ Yes ■ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? N/A | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Bombay Institute of Technology (BIT) | | 1991 - 1993 | |
| **Address** | **City** | **State** | **Zip** |
| 47, DR RG Thadani Marg, Siddharth Nagar, Worli, Mumbai, | Maharashtra | India | 400018 |
| **Diploma/Degree obtained, if any** | | | |
| Technical and Analytical Chemistry | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Bombay | | 1988 - 1991 | |
| **Address** | **City** | **State** | **Zip** |
| Mahatma Gandhi Road, Mantrakaya, Fort Mumbai | Maharashtra | India | 400032 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor of Science | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Guru Nanak Khalsa College of Art, Science and Commerce | | 1986 - 1988 | |
| **Address** | **City** | **State** | **Zip** |
| Nathalal Parekh Marg, Magunga, Mumbai | Maharashtra | India | 400019 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/2016 - Present | [redacted] Robert Drive, Building # 71, Apt 7121 | East Easton | MA | 02375 |
| 02/2008 - 07/2016 | [redacted] Kajal Kunj, Osia Mapleleaf Co-op Hsg. Society, Sao Jose De Areal Industrial Estate | Curtorim, South Goa | India | 703709 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| InvaGen Pharmaceuticals, Inc. | | | 04/2016 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 927 Currant Rd. | | Fall River | MA | 02720 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (508) 299-6058 | Designated Representative | | ~ 14,560 hrs | |
| **Description of Duties** | | | | |
| A result oriented quality professional with demonstrated capabilities. Skilled in Quality Compliance and Management Systems (QMS), Data Integrity, investigations and compliance. Handled USFDA inspections independently and provided compliance to the 483's. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

N/A

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

N/A

Date

I, Vijay Amarsinh Divecha, **certify that as the designated representative for**

InvaGen Pharmaceuticals, Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Vijay Amarsinh Divecha
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/22/2023
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Vijay Amarsinh Divecha

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

07/22/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of MA, ss. County of Bristol

I, Vijay Amarsinh Divecha, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature** Vijay Amarsinh Divecha

07/22/2023

**Date**

Subscribed and Sworn to before me this 22 day of July 2023.

**Notary Public Signature**

SUSAN K SINNOTT
Notary Public, Commonwealth of Massachusetts
My Commission Expires August 24, 2029

**(Seal)**

| Associate ID | First Name | Last Name | Job Title Description |
|---|---|---|---|
| VYHJUKP7V | Maria Anna | Aldanese | Director, Operations & Planning |
| PKQ9R74JP | Anna | Altheide | Associate, US Medical Affairs |
| 9P5562IXV | Kathleen | Andree | Senior IP Paralegal |
| KG9498JN4 | Daniel | Bajek | Director, Financial Reporting |
| ATEBYG283 | Bryan | Ball | Chief Quality Officer and SVP Operations |
| 4FHBW239N | Imelda | Barry | Senior Accountant |
| 9BD3OYRXT | Maureen | Barry | Executive Administrative Assistant |
| NJUBF2O32 | Nicholas | Braiuca | Desktop Support Engineer |
| 0NLKU3KYN | Yuliya | Cando | Manager, Accounting |
| 2D5TL3REV | Victoria | Carey | SVP Commercial US |
| CMGOUQRRO | JuMe | Chon | Director, Procurement |
| E2C80BNDB | Brendan | Cummings | Director, Marketing |
| U4GGZA9J0 | Molly | D'Ambrosio | Manager, Legal Operations |
| 33E10U4LE | Gretchen | Dangelo | Senior Director, U.S. Market Insights |
| V9KZBLDVH | Nichole | Davis | Director, Digital Strategy - HCP Marketing |
| O11KH7EDC | Christina | Dennis | Associate Product Manager |
| 8PGT0LOGX | Deborah | Dolan | Sr. Manager & Executive Administrator |
| U5A3VZ9E4 | Zuzana | Durisova | Senior Analyst, Compliance |
| C5YQSXTIN | Jerome | Durso | President and CEO |
| 7SFLLQQHN | Gregory | Everett | Sr. Director, Comm Dev Sales Training & Excel |
| GIQNMTQ9D | Caroline | Fajolle | Sr. Dir., HRBP U.S. Commercial & Med Affairs |
| 9NJX0MNS6 | Kathleen | Fay | Administrative Assistant |
| 8I0FZCXER | David | Ford | Chief Human Resources Officer |
| ZB07974O7 | Julianna | Franklin | Exec. Dir., Tlnt & Org Dev & HRBP Enablng Fns |
| BT0NLDDEH | Jared | Freedberg | General Counsel |
| JD902GBRC | Michael | Gemellaro | Vice President, Tax and Treasury |
| RTGXBGQ94 | Andrew | Genecki | Director, Compensation |
| XMEJYPI5N | Melissa | Gonzalez | Director, Corporate Communications |
| G8GA16J7M | Joyce | Guo | Sr. Associate, Facilities & Office Manager |
| EOD143LB4 | Vivek | Gupta | Associate Director, U.S. Commercial Database |
| N6ZYRJTON | Rachel | Hansard | VP, Chief of Staff - Office of the CEO |
| DL6WRQ1ZD | George | Harb | Vice President, Clinical Research |
| C2CC3BT31 | Ilona | Hriczo | Senior Manager, Global Supply Chain Planning |
| 1TLZSN6IO | Barbara | Hswe | Manager, Global IT Site Services |
| KCB18RJ8E | David | Jacobs | VP, Global Commercial Legal Affairs |
| YP39BS9PY | Richard | Johnson | Vice President, Total Rewards and HR Ops |
| S5W2VNB2B | Kimberly | Jones | Associate Director, Training - Commercial |
| 9ZLY2OCSS | Sharon | Kay | Senior Director, U.S. Talent Acquisition |
| EFOYY3GHJ | Valerie | Keller | Executive Administrative Assistant |
| K7DTYBSCX | Eugenia | Kiselgof | Director, Intellectual Property |
| IPH38BW2R | Nathan | Lai | Director, SOX & Internal Audit |
| Y0N48P6MD | Jennifer | Lee | Senior Manager, Compliance |
| UGMRNKUZN | Michael | McGlinn | Exec. Dir., Market Access - Strategic Accts. |
| J6F78EYQO | Matthew | McHenry | Contracts Assoc., Com & Strategic Marketing |
| 7RG6RSW95 | Grisel | Melendez | Senior Manager, Accounts Payable |
| KY7A4Q8SZ | Marilou | Mikesell | Senior Associate, Accounts Payable |
| 3TJC15N7I | Samuel | Nieves Jr | IT Infrastructure Manager |
| FF94BGCCL | Danny | Ou | Senior Accountant |
| 23CZAP0X1 | Harish | Patel | Director, Computer System Validation |
| YJZR43XAI | Maximilian | Pawelke | Senior Director, U.S. Sales Planning |
| OW67ID5JM | Sanjay | Potdar | Associate Director, Clinical Data Systems |
| SKL7F01T9 | Karen | Preble | Exec Director, Global Corp. Communications |
| PHXKHPHFJ | Yuliya | Pronina | AD, Financial Systems - Planning & Analysis |
| SOF7JUB5J | Amarita | Randhawa | Senior Medical Director |
| CZEAU8NTA | Jaimee | Reid | Senior Director, Legal Compliance |
| R315AU1SU | Linda | Richardson | Chief Commercial Officer |
| DEEOZWSU3 | Sonia | Rodriguez | Executive Administrative Assistant |
| L1II6IYF5 | Rosa | Rodriguez | Senior Manager, Office of the CEO |
| MHKPPY7J1 | Thomas | Rosenberg | Director, Accounting - Assistant Controller |

| | | | |
|---|---|---|---|
| Q8L3JURGD | Andrew | Saik | Chief Financial Officer |
| 5Q666FX3G | Donald | Sedia | Director, Facilities and Construction |
| GA2E0UDKI | Sejal | Shah | Sr. Manager, Financial Planning and Analysis |
| Y34QYBWEI | Huijun | Shan | Associate Director, U.S. Patient Marketing |
| PVFV2UN8M | Steven | Shiff | Senior Vice President, Clinical Development |
| OJ9DYNJ7Q | Liron | Sissman | Senior Director, Business Development |
| IRSWDQ0CQ | Michael | Stapleton | Director, Global Equity Plans |
| C5SNXORCM | Osama | Sudah | Executive Director, Program Management |
| C7P25I98Q | Jaleesa | Vega | Administrative Assistant |
| 2H4931R8O | Rocco | Venezia | SVP, Chief Accounting Officer & Treasurer |
| YJSL0EL4I | William | Wallace | Chief Information Officer |
| 3GZKVGT5T | Ryan | Walsh | Vice President, Chief IP Counsel |
| CHGK369IN | Darren | Wheeler | Senior Medical Director - PBC |
| OP1JX4IVK | Nora | White | Director, Human Resources |
| HHRHN9WOW | Kenya | Williams | Sr. Manager, Counsel, Legal |
| XQF6HJ3IF | Charlene | Williams | Associate Director, Global Payroll Services |
| L2CLY4NK4 | John | Young | Director, IT - Commercial & Medical Affairs |
| R2182X4E7 | Zhenping | Zhao | Senior Director, Biostatistics |

# 4Q

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ☒ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☐ New Wholesaler<br>■ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH WH03343 | ■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: IVERIC bio, Inc.

Physical Address: 1249 S. RIVER RD, SUITE 107

City: Cranbury State: NJ Zip: 08512

Mailing Address (if different from physical address): 1249 S. RIVER RD, SUITE 107

City: Cranbury State: NJ Zip: 08512

Telephone: (609) 474-6755 Website: https://ivericbio.com/

Name of Designated Representative (DR): Keith Westby

Licensing Company Email: statelicensing@ivericbio.com DR Email: keith.westby@IVERICbio.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ■ Dangerous Drugs | ☐ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ■ Others: Specialty Pharmacies, Specialty Distributors | | ■ Others: Virtual |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | x |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | x |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | x |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | x |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | x |

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: No suppliers sold, dispensed, or distributed within the last year

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: DE

Parent Company (if any): Astellas US Holding, Inc.

Corporation/Organization Name: IVERIC bio, Inc.

Mailing Address: 1249 S. RIVER RD, SUITE 107

City: Cranbury State: NJ Zip: 08512

Telephone: 800-888-7704 Email: NEED PARENT CO EMAIL

Contact Person Name: Mark Reisenauer

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | x |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | x |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

IVERIC bio, Inc.
Facility Name

Keith Westby
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

8/9/23
Date

| Board Use Only | Date Received: 8/31/23 | Amount: 1000-CK-19377 ✓ |
|---|---|---|

/ NDC (index.cfm)

# National Drug Code Directory

Current through October 19, 2023

**You have searched Finished drug products**

**Search Results**: *'82829'*

**Back to Search Page ()** | **Search Again ()**

CSV Excel

**Display** 50 **records per page**

**Search for text in the table:**

| Proprietary Name | NDC Package Code | Strength | Dosage Form | Route | Appl. No. | Labeler Name | Product NDC | Nonproprietary Name | Substance Name | Product Type Name | Start Marketing Date | End Marketing Date | Market Category |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| + IZERVAY | 82829-002-99 | 20 mg/mL | INJECTION | INTRAVITREAL | NDA217225 | IVERIC bio, Inc. | 82829-002 | avacincaptad pegol | AVACINCAPTAD PEGOL SODIUM | HUMAN PRESCRIPTION DRUG | 08/19/2023 | N/A | NDA |

Showing 1 to 1 of 1 entries Previous 1 Next

**Background Information (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)**

Drug questions email: **DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)**

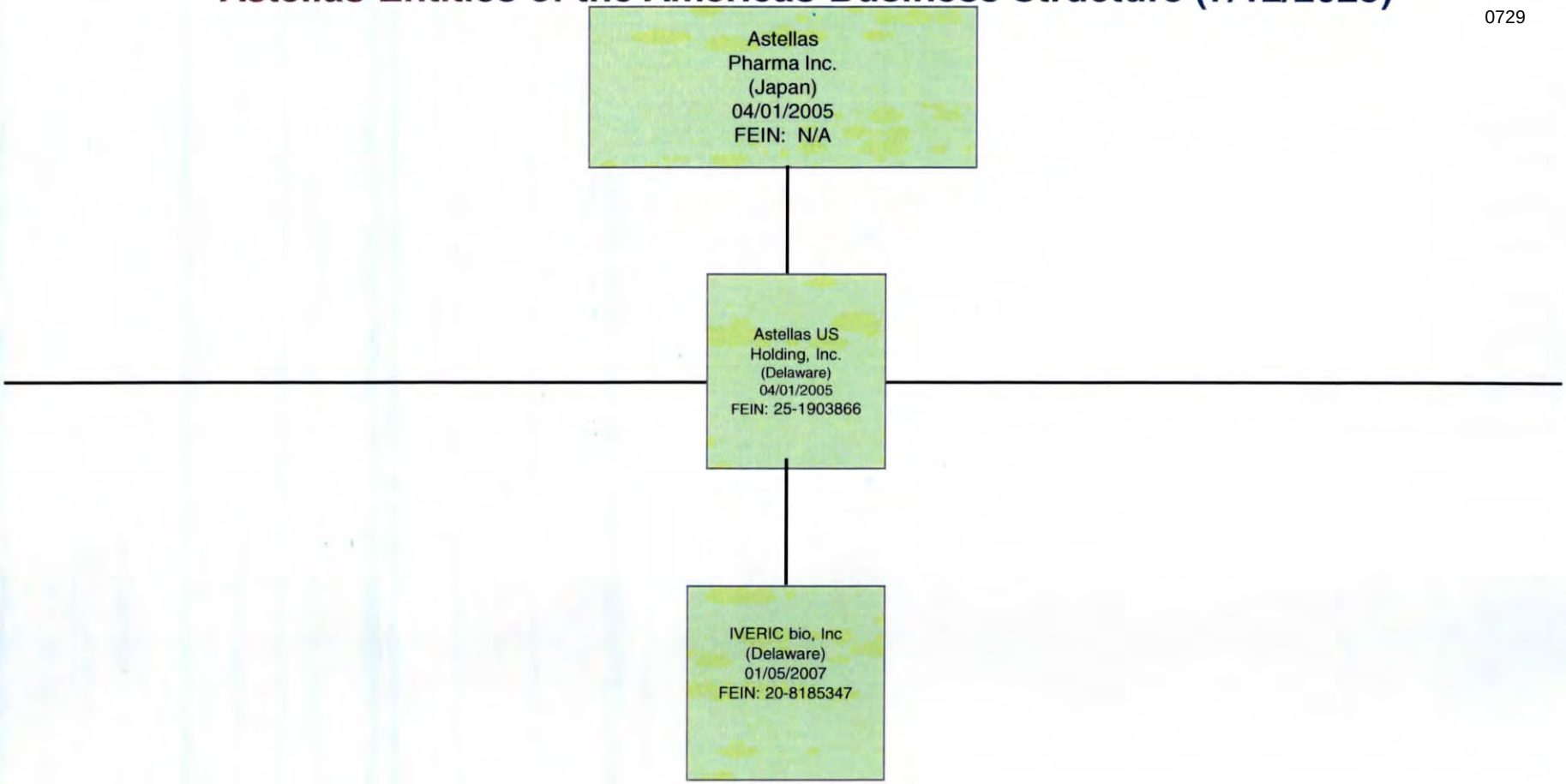
See also: **Drug Registration and Listing Instructions (https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)**
**National Drug Code Directory Data Files (https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)**

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

verified
10/3/23

# Astellas Entities of the Americas Business Structure (7/12/2023)





IVERIC bio

## Company Information

Company Name: IVERIC bio, Inc.
Address: 1249 S. RIVER RD, SUITE 107
City, State, Zip: Cranbury, NJ 08512
Phone: (609) 474-6755
Website: www.ivericbio.com
E-mail: Keith.Westby@ivericbio.com

FEIN: 20-8185347
State of Formation: Delaware
Date Incorporated:01/05/2007
File Number: 4280266

## Ownership Information

IVERIC bio, Inc., is a Publicly Traded company on the NASDAQ stock exchange under the symbol ISEE.

## Officers

**Pravin Dugel, President**
Business Address: 1249 S. RIVER RD, SUITE 107, Cranbury, NJ 08512
Ownership %: 0.1%

**Keith Westby, Chief Operating Officer**
Business Address: 1249 S. RIVER RD, SUITE 107, Cranbury, NJ 08512
Ownership %: 0%

**David Carroll, CFO & Treasurer**
Business Address: 1249 S. RIVER RD, SUITE 107, Cranbury, NJ 08512
Ownership %: 0%

**Christopher Simms, Chief Commercial Officer**
Business Address: [redacted] Sylvan Way, Parsippany, NJ 07054
Ownership %: 0%

# NEW JERSEY DEPARTMENT OF HEALTH
# CONSUMER AND ENVIRONMENTAL HEALTH SERVICE

0748424

P.O. Box 369, Trenton, New Jersey 08625-0369

## DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 – "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of $20.00 shall accompanying such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

1249 S RIVER RD, STE 107 CRANBURY, NJ 08512-

Reg. No.
5006183

IVERIC BIO, INC.
1249 S RIVER RD, STE 107
CRANBURY, NJ 08512-

**ISSUED PURSUANT TO**
**N.J.S.A. 24:6B**

**EXPIRES: January 31, 2024**

*Establishment Copy*

**Registration Number:** 5006183 **Registered as:** Manufacturer and Wholesale Print Verification Certificate

**Name:** IVERIC BIO, INC.

**DBA:**

**Address:** 1249 S RIVER RD, STE 107, CRANBURY, NJ 08512

**Original Issue Date:** 12/06/2022 **Expiration Date: 01/31/2024**

**Current Issue Date:** 12/06/2022

**Disciplines:** No

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IVERIC BIO, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF SEPTEMBER, A.D. 2023.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.*

Jeffrey W. Bullock, Secretary of State

4280266 8300

SR# 20233512775

Authentication: 204181452

Date: 09-18-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

# UNITED STATES
# SECURITIES AND EXCHANGE COMMISSION
**WASHINGTON, D.C. 20549**

# FORM 8-K

## CURRENT REPORT
**Pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934**

Date of Report (Date of earliest event reported): May 17, 2023

# IVERIC bio, Inc.
(Exact Name of Registrant as Specified in its Charter)

| **Delaware** | **001-36080** | **20-8185347** |
|---|---|---|
| (State or Other Jurisdiction of Incorporation) | (Commission File Number) | (IRS Employer Identification No.) |

**8 Sylvan Way**
**Parsippany, NJ 07054**
(Address of Principal Executive Offices) (Zip Code)

Registrant's telephone number, including area code: **(609) 474-6755**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

| Title of each class | Trading Symbol(s) | Name of each exchange on which registered |
|---|---|---|
| Common Stock, $0.001 par value per share | ISEE | The Nasdaq Global Select Market |

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter). Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

**Item 5.02. Departure of Directors or Certain Officers; Election of Directors; Appointment of Certain Officers; Compensatory Arrangements of Certain Officers.**

At the 2023 Annual Meeting of Stockholders of IVERIC bio, Inc. (the "Company" or "Iveric Bio") held on May 17, 2023 (the "Annual Meeting"), the Company's stockholders approved the IVERIC bio, Inc. 2023 Stock Incentive Plan (the "2023 Plan"), which had previously been adopted by the Company's board of directors (the "Board") subject to stockholder approval.

The description of the 2023 Plan contained on pages 72 to 87 of the Company's definitive proxy statement for the Annual Meeting, filed with the Securities and Exchange Commission (the "SEC") on April 5, 2023 (the "Proxy Statement"), is incorporated herein by reference.

Under the Company's Non-Employee Director Compensation Policy (the "Policy"), on the date of the Annual Meeting, each non-employee member of the Board was eligible to receive a stock option for shares of the Company's common stock with a grant date fair value of $150,000 and such number of restricted stock units ("RSUs") for shares of the Company's common stock with a grant date fair value of $150,000. In lieu of the mix of stock options and RSUs contemplated by the Policy, and in light of the Agreement and Plan of Merger, dated April 28, 2023, between the Company, Astellas US Holding, Inc., Berry Merger Sub, Inc. and solely as provided by Section 8.10(b) of such agreement, Astellas Pharma Inc. (the "Astellas Agreement"), each non-employee member of the Board received an award of 7,500 RSUs (the "Director Awards"), with each award having a value of $300,000 based on the per share merger consideration contemplated by the terms of the Astellas Agreement. Subject to the terms and conditions of the Policy and the 2023 Plan, any unvested shares under the Director Awards will be accelerated in full upon the earliest to occur of (a) one business day prior to the Company's 2024 annual meeting of stockholders, (b) May 17, 2024, which is the first anniversary of the grant date for the awards or (c) the occurrence of a "change in control event" (as defined in the 2023 Plan). For purposes of the foregoing, the consummation of the transaction contemplated by the Astellas Agreement would constitute a "change in control event".

**Item 5.07. Submission of Matters to a Vote of Security Holders.**

The following is a summary of the matters voted on at the Annual Meeting and the results of such votes.

(a) IVERIC's stockholders elected Ms. Henderson, Dr. Dugel and Mr. Sblendorio as Class I directors to serve until the 2026 annual meeting of stockholders, each such director to hold office until her or his successor has been duly elected and qualified. The results of the stockholders' vote for the election of such Class I directors were as follows:

| | For | Withheld | Broker Non-Votes |
|---|---|---|---|
| Jane P. Henderson | 115,666,573 | 4,786,083 | 5,053,633 |
| Pravin U. Dugel | 113,221,859 | 7,230,797 | 5,053,633 |
| Glenn P. Sblendorio | 118,168,105 | 2,284,551 | 5,053,633 |

(b) IVERIC's stockholders approved a non-binding, advisory proposal on the compensation of IVERIC's named executive officers, as described in the Proxy Statement. The results of the stockholders' vote for such matter were as follows:

| For | Against | Abstain | Broker Non-Votes |
|---|---|---|---|
| 117,293,134 | 3,066,193 | 93,329 | 5,053,633 |

(c) IVERIC's stockholders approved an amendment to its restated certificate of incorporation to increase the number of authorized shares of common stock from 200,000,000 to 300,000,000. The results of the stockholders' vote for such matter were as follows:

| For | Against | Abstain | Broker Non-Votes |
|---|---|---|---|
| 121,785,615 | 3,698,551 | 22,123 | 0 |

(d) IVERIC's stockholders approved the 2023 Plan. The results of the stockholders' vote for such matter were as follows:

| For | Against | Abstain | Broker Non-Votes |
|---|---|---|---|
| 109,126,464 | 11,281,863 | 44,329 | 5,053,633 |

(e) IVERIC's stockholders ratified the selection of Ernst & Young LLP as IVERIC's independent registered public accounting firm for the current fiscal year. The results of the stockholders' vote for such matter were as follows:

| For | Against | Abstain | Broker Non-Votes |
|---|---|---|---|
| 124,913,432 | 495,109 | 97,748 | 0 |

**Cautionary Notice Regarding Forward-Looking Statements**

All statements in this communication, other than statements of historical fact, are statements that could be deemed "forward-looking statements." In some cases, forward-looking statements may be identified by terminology such as "believe," "may," "will," "should", "predict", "goal", "strategy", "potentially," "estimate," "continue," "anticipate," "intend," "could," "would," "project," "plan," "expect," "seek" and similar expressions and variations thereof. Iveric Bio intends these forward-looking statements to be covered by the safe harbor provisions for forward-looking statements in the U.S. Private Securities Litigation Reform Act of 1995.

This communication contains "forward-looking statements" relating to, among other things, the proposed acquisition of Iveric Bio by Astellas and the objectives of such proposed acquisition, Astellas' and Iveric Bio's beliefs and expectations regarding the potential benefits sought to be achieved by Astellas' proposed acquisition of Iveric Bio, the potential effects of the proposed acquisition on both Astellas and Iveric Bio, the expected benefits and success of Iveric Bio's product candidates, the potential for and anticipated timing for approval of avacincaptad pegol ("ACP"), the anticipated financing of the proposed acquisition, and the anticipated timing of completion of the proposed acquisition, each of which involves substantial risks and uncertainties that could cause actual results to differ materially from those expressed or implied by such statements.

Risks and uncertainties include, among other things, risks related to the ability of Iveric Bio and Astellas to complete the transactions contemplated by the merger agreement; the satisfaction or waiver of the conditions to closing the proposed acquisition set forth in the merger agreement (including the failure to obtain necessary regulatory approvals and failure to obtain the requisite vote by Iveric Bio stockholders) in the anticipated timeframe or at all, including the possibility that the proposed acquisition does not close; the timing and nature of regulatory filings for Iveric Bio's product candidates, and the possibility of a termination of the merger agreement; the possibility that competing offers to acquire Iveric Bio may be made; risks related to the ability to realize the anticipated benefits of the proposed acquisition, including the possibility that the expected benefits from the acquisition will not be realized or will not be realized within the expected time period; the risk that Iveric Bio's business and products will not be integrated with those of Astellas successfully; the effects of disruption from the transactions contemplated by the merger agreement on Iveric Bio's business and the fact that the announcement and pendency of the transactions may make it more difficult to establish or maintain relationships with employees, suppliers and other business partners; negative effects of this announcement or the consummation of the proposed acquisition on the market price of Astellas' or Iveric Bio's common stock and/or operating results; significant transaction costs; unknown liabilities; the risk of litigation and/or regulatory actions related to the proposed acquisition or Iveric Bio's business; risks related to the financing of the acquisition; other business effects and uncertainties, including the effects of industry, market, business, economic, political or regulatory conditions; future exchange and interest rates; changes in tax and other laws, regulations, rates and policies; future business combinations or disposals; the uncertainties inherent in research and development, including the ability to meet anticipated clinical endpoints, commencement and/or completion dates for clinical trials, regulatory submission dates, regulatory approval dates and/or launch dates, as well as the possibility of unfavorable new clinical data and further analyses of existing clinical data; risks associated with interim data; the risk that clinical trial data is subject to differing interpretations and assessments by regulatory authorities; whether regulatory authorities will be satisfied with the design of and results from the clinical studies; whether and when drug applications may be filed in any jurisdictions for Iveric Bio's pipeline products; whether and when any such applications may be approved by regulatory authorities, which will depend on myriad factors, including making a determination as to whether the product's benefits outweigh its known risks and determination of the product's efficacy and, if approved, whether any such products will be commercially successful; decisions by regulatory authorities impacting labeling, manufacturing processes, safety or other matters that could affect the availability or commercial potential of such products; expectations regarding personnel and human capital matters; and competitive developments.

Moreover, Astellas and Iveric Bio operate in very competitive and rapidly changing environments, and new risks emerge from time to time. Astellas and Iveric Bio have based these forward-looking statements on their current expectations and projections about future events and trends that they believe may affect the financial condition, results of operations, business strategy, short-term and long-term business operations and objectives and financial needs of Astellas and Iveric Bio, but they cannot guarantee future events, results, actions, levels of activity, performance or achievements, business and market conditions, the timing and results of biotechnology development and potential regulatory approval. The foregoing factors are not exhaustive. You should also carefully consider other risks and uncertainties that may affect the business of Iveric Bio, including those described in the "Forward-Looking Statements", "Summary of Principal Risk Factors", and "Risk Factors" sections of Iveric Bio's Annual Reports on Form 10-K, Quarterly Reports on Form 10-Q and other documents filed from time to time with the SEC, all of which are available on the SEC's website at www.sec.gov. These filings identify and address other important risks and uncertainties that could cause actual events and results to differ materially from those contained in the forward-looking

statements. Forward-looking statements speak only as of the date they are made. Readers are cautioned not to put undue reliance on forward-looking statements and Astellas and Iveric Bio assume no obligation to, and do not intend to, update or revise these forward-looking statements, whether as a result of new information, future events, or otherwise, unless required by applicable law.

**Additional Information and Where to Find It**

In connection with the proposed acquisition, Iveric Bio has filed with the SEC a preliminary proxy statement relating to the proposed acquisition and will be filing other documents with the SEC, including a definitive proxy statements relating to the proposed acquisition. This communication is not a substitute for the proxy statement or any other document which Iveric Bio may file with the SEC. The definitive proxy statement will be mailed to Iveric Bio's stockholders in connection with the proposed acquisition. BEFORE MAKING ANY VOTING DECISION, IVERIC BIO'S INVESTORS AND SECURITY HOLDERS ARE URGED TO READ THE PRELIMINARY AND DEFINITIVE PROXY STATEMENTS AND ANY OTHER DOCUMENTS THAT HAVE BEEN, OR WILL BE, FILED WITH THE SEC IN CONNECTION WITH THE PROPOSED TRANSACTION OR INCORPORATED BY REFERENCE IN THE PROXY STATEMENT BECAUSE THEY WILL CONTAIN IMPORTANT INFORMATION ABOUT THE PROPOSED ACQUISITION. Any vote in respect of resolutions to be proposed at Iveric Bio's stockholder meeting to approve the proposed transaction or other responses in relation to the proposed transaction should be made only on the basis of the information contained in Iveric Bio's proxy statement. Investors and security holders may obtain free copies of these documents (when they are available) and other related documents filed with the SEC at the SEC's web site at www.sec.gov, and all documents filed by Iveric Bio with the SEC are available to all stockholders of Iveric Bio free of charge at https://investors.ivericbio.com/financial-information/sec-filings.

**Participants in the Solicitation**

Iveric Bio, and its directors, executive officers and other members of management and certain other people may be deemed to be participants in the solicitation of proxies in connection with the proposed acquisition. Information about Iveric Bio's directors and executive officers is included in the proxy statement for Iveric Bio's annual meeting of stockholders for 2023, filed with the SEC on April 5, 2023. Additional information regarding these persons and their interests in the merger will be included in the definitive proxy statement relating to the proposed acquisition when it is filed with the SEC. These documents, when available, can be obtained free of charge from the sources indicated above.

**Important Additional Information**

This communication is for informational purposes only and is not intended to and does not constitute, or form part of, an offer, invitation or the solicitation of an offer or invitation to purchase, otherwise acquire, subscribe for, sell or otherwise dispose of Iveric Bio common stock or any other securities, or the solicitation of any vote or approval in any jurisdiction, pursuant to the proposed acquisition or otherwise, nor shall there be any sale, issuance or transfer of securities in any jurisdiction in contravention of applicable law.

## SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

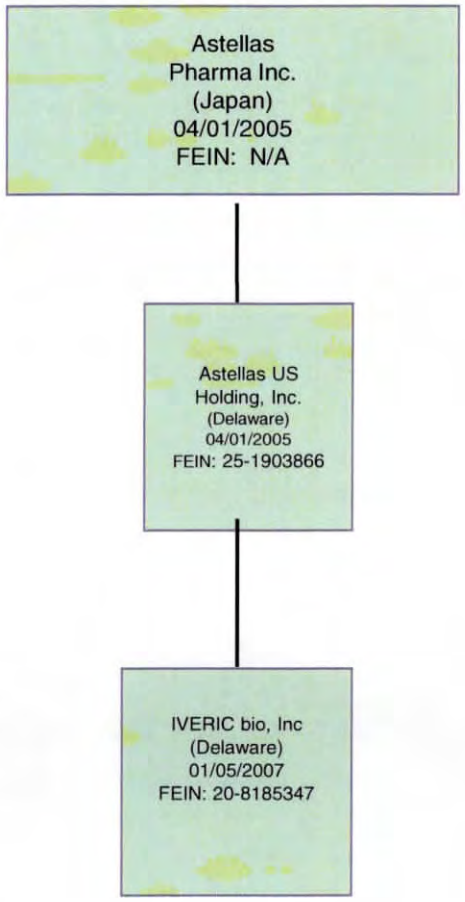
IVERIC bio, Inc.

Date: May 23, 2023

By: /s/ David F. Carroll
David F. Carroll
Senior Vice President, Chief Financial Officer and Treasurer

# Astellas Entities of the Americas Business Structure (7/12/2023)






This chart is only intended to represent the direct corporate relationships of Iveric bio within the Astellas corporate structure.

IVERIC
BIO

## Description of Operations

IVERIC bio, Inc. is a Virtual Manufacturer based in New Jersey. IVERIC bio is an innovative biopharmaceutical company focused on the discovery and development of treatments for retinal diseases with significant unmet medical needs. IVERIC bio, Inc.'s products are manufactured by a Contract Manufacturer and will be distributed to Specialty Pharmacies and Specialty Distributors by their Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state. Sales records are stored at the 3PL facility and electronically copied to IVERIC bio, Inc.

**Contract Manufacturer Information:**
IVERIC bio is using the following contract manufacturer to produce product:

AJINOMOTO ALTHEA, INC.
11040 Roselle Street
San Diego, CA 92121
FDA Establishment Number: 3004575449

Ajinomoto manufactures IVERIC bio, Inc.'s product and packages finished product. At no time does Ajinomoto own the product, contract with IVERIC bio, Inc.'s customers, invoice, nor sell a IVERIC bio, Inc. product. IVERIC bio, Inc.'s products are not Controlled Substances.

**Third Party Logistic information:**
For distribution into the commercial supply channels, a 3PL will act as IVERIC bio, Inc.'s Third Party Logistics (3PL) provider to manage the storage and distribution of IVERIC bio, Inc.'s product to Specialty Pharmacies and Specialty Distributors throughout the United States. A letter of intent has been signed with Integrated Commercialization Solutions.

ICS
1195 Trademark Dr Ste 102
Reno, NV 89521

IVERIC bio, Inc.'s hours of operation are 8:00am – 5:00pm Monday through Friday.

# Keith Westby

[redacted]

## BIOTECHNOLOGY EXECUTIVE

- Accomplished C-level executive with 20 years of biotech/pharma experience across all stages of development
- Effective at building organizations from the ground up as an initial member of 3 venture backed startup biotech companies that included 3 successful IPO's, 3 large pharma partnerships with significant upfront and near-term milestones and the eventual sale of 2 companies
- Skilled at building pipelines and prioritizing and directing research and development activities to maximize probability of success and corporate valuation
- Extensive experience leading senior cross-functional teams and delivering results in varied corporate settings
- Proven leader adept at managing complex relationships and highly skilled at building strong alliances
- MBA, Columbia Business School combined with Engineering and Physics background provide unique perspective of business acumen and scientific understanding

## EXPERIENCE

**IVERIC bio (formerly OPHTHOTECH),** Princeton, NJ and New York, NY **8/2007- Present**

*A publicly traded (Nasdaq: ISEE) biopharmaceutical company focused on the discovery and development of gene therapies and therapeutics for retinal diseases with significant unmet medical needs.*

**Senior Vice President & Chief Operating Officer** **1/2017 – Present**

- Section 16 public company corporate officer directing company strategy and operations across Technical Operations/CMC, Research, Regulatory, Clinical Operations, Project Management, Quality Assurance and Information Technology for a pipeline of therapeutic and AAV gene therapy assets for ophthalmic diseases
- Key contributor at investor meetings that led to successful fundraising: $160M public offering and concurrent private placement (June 2020) and $46M public offering (December 2019)
- Instrumental in building a broad and deep pipeline in AAV gene therapy for orphan inherited retinal diseases including due diligence on >100 potential assets and expansion of team focused on AAV gene therapy
- Management lead for company's R&D Committee to Board of Directors, intended to assist the Board's oversight of the Company's research and development activities.
- Present on behalf of company at major investor meetings and industry conferences
- Lead company's Senior Strategy Committee and CEO Direct Reports meeting

**Senior Vice President, R&D Operations** **6/2014 – 12/2016**

- A lead negotiator of a landmark ex-US licensing and commercialization agreement with Novartis. Maintained control of manufacturing, regulatory and design and execution of pivotal Phase 3 clinical program. Deal terms exceeded $1B including $330M in up front and near-term milestones. One of the largest ex-US licensing deals ever in biotech.
- Prioritized the research pipeline by developing timelines and optimal resource allocation for 3 product candidates including 1,800+ patient global Phase 3 clinical program.

**Vice President, Program Management and Business Operations** **10/2011 – 5/2014**

- A key architect of an S1 filing leading to a $192M initial public offering in September 2013 (the largest biotech IPO of 2013) and a $52M follow on round in January 2014.
- Assisted in formulating the corporate business development strategy. Proactively engaged in partnership, alliance, and funding discussions. Contributions helped secure $175M in landmark Series C / royalty sale agreement, and $30M in Series B funding.
- Managed multiple third-party contractors for manufacturing, packaging, labeling and global clinical drug distribution

- Responsible for statistical analysis plans, data management and generation of all analyses for multiple clinical trials
- Managed relationships with strategic alliance/ licensing partners and responsible for contractual reporting and all external communication with partners
- Managed multiple due diligence processes for potential partnering activities

**Senior Director, Program Management** **8/2007 – 9/2011**

- Lead cross-functional project teams executing against aggressive timelines for multiple compounds in various phases of clinical development
- Developed and maintained target product profiles, integrated development plans and lifecycle project plans while measuring progress against contractual milestones
- Created and monitored risk registers to identify, communicate and mitigate potential program risks

**PHARMASSET, INC.**, Princeton, NJ **2005-2007**

*A publicly traded biopharmaceutical company focused on the development of antiviral drugs for HIV, hepatitis B, and hepatitis C. Pharmasset was acquired by Gilead for $11.2B.*

**Director, Program and Alliance Management**

- Managed $300M alliance with Hoffmann La-Roche, to develop nucleoside polymerase inhibitors for the treatment of chronic HCV infections
- Led cross-functional project teams, while managing budgets in excess of $50M for HBV, HCV and HIV compounds in various phases of clinical development
- Oversaw and managed Drug Product contract manufacturing and the successful production, packaging and distribution of drug supply for clinical programs
- Partnered with Finance and Legal Affairs to successfully manage and monitor global alliance contracts

**EYETECH PHARMACEUTICALS / OSI (EYETECH)**, New York, NY **2002-2005**

*A publically traded biopharmaceutical company specializing in the development of novel therapeutics to treat diseases of the back of the eye. Eyetech was acquired by OSI Pharmaceuticals for $935M.*

**Director, Alliance and Program Management**

- Managed $745M collaboration with Pfizer, for Macugen®, Eyetech's sole product, a novel VEGF inhibitor for wet AMD, from initiation of Phase 3 through FDA approval and product launch
- Successfully managed simultaneous API and drug product manufacturing facility build-outs to support new product launch and continued commercial supply within aggressive timelines
- Responsible for program management, critical issue resolution, and risk assessment/mitigation to ensure quality projects were delivered within aggressive timelines
- Coordinated NDA submission process leading to a successful marketing approval
- Managed PAI readiness, process validation and production of launch stock resulting in a successful validation, zero critical inspection deficiencies, and an expedited product launch
- Managed multiple programs and collaborations for local delivery of novel therapeutics to the eye

**TUNNELL CONSULTING**, King of Prussia, PA **1997-2002**

**Senior Consultant**

**Consultant**

- Designed and implemented a Project Management Office within the Technical Operations division of a large global pharmaceutical company focused on aligning internal departments on project processes, selection, priority, resource allocation and execution
- Led the Regulatory Affairs and Global Project Management cross-functional launch team for a $1.3B HCV and HBV drug, critical to the P&L success of the company
- Analyzed manufacturing processes to identify opportunities for improvement and implemented an efficiency plan resulting in significant increases in plant capacity and throughput

## EDUCATION

**COLUMBIA BUSINESS SCHOOL**, New York, NY
**MBA**, Healthcare and Pharmaceutical Management
Dean's List (all terms); Member, Healthcare Industry Association

**DREXEL UNIVERSITY COLLEGE OF ENGINEERING**, Philadelphia, PA
**MS**, Engineering Management

**STATE UNIVERSITY OF N.Y. COLLEGE AT GENESEO**, Geneseo, NY
**BS**, Applied Physics, Minor in Mathematics

**EAST ISLIP HIGH SCHOOL**, East Islip, NY

**IVERIC bio**

Cranbury Office Location Employees

| Name | Title |
|---|---|
| Rocco Auletta | Executive Director, Controller |
| Keith Westby | SVP, Chief Operating Officer |
| Radha Iyer | SVP, Head of Quality |
| Beth Fucito | Associate Director, Human Resources |
| Aldona Pajaczkowski | Corporate Paralegal |
| Scott Brewster | Sr. Director Market Access |

IVERIC BIO

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Reno, NV 89521

IVERIC bio, Inc.'s hours of operation are 8:00am – 5:00pm Monday through Friday.

# Astellas Completes Acquisition of Iveric Bio

**Jul 12, 2023**

**Tokyo and Parsippany, New Jersey, July 11, 2023** - Astellas Pharma Inc. (TSE: 4503, President and CEO: Naoki Okamura, "Astellas") today announced that it has successfully completed the acquisition of IVERIC bio, Inc. (NASDAQ: ISEE, CEO: Glenn P. Sblendorio, "Iveric Bio") with respect to the announcement on April 30, 2023, through its indirect wholly-owned subsidiary Berry Merger Sub, Inc. (the "Acquisition"). The Acquisition was completed on July 11, 2023, US Eastern Time, as follows, and Iveric Bio has become Astellas' wholly-owned subsidiary.

The completion of the Acquisition followed the satisfaction of all conditions, including approval by Iveric Bio's shareholders at a special meeting of Iveric Bio's shareholders held on July 6, 2023, US Eastern Time, and receipt of all necessary regulatory approvals. In connection with the Acquisition, shares of Iveric Bio's common stock were delisted from NASDAQ.

"We are very pleased to welcome Iveric Bio and its highly experienced professionals in the ophthalmology field, as a member of Astellas," said Naoki Okamura, President and CEO, Astellas. "By combining the capabilities of Astellas and Iveric Bio, we will potentially contribute to millions of patients around the world who are suffering from ophthalmologic diseases with fear of vision loss."

"Today marks an exciting new chapter for Iveric Bio," said Glenn P. Sblendorio, CEO, Iveric Bio. "We want to thank the outgoing Iveric board for their dedicated work over the years and most importantly, we greatly appreciate the support of the Iveric shareholders."

"We believe that along with our colleagues at Astellas, we are well-positioned to become the leader in the development and commercialization of differentiated treatments for retinal diseases," said Pravin U. Dugel, President, Iveric Bio. "We are excited about the opportunities that are before us as both companies combine existing strengths and prepare for the potential approval and launch of Avacincaptad Pegol for the treatment of Geographic Atrophy secondary to Age-Related Macular Degeneration, a devasting disease that leads to irreversible blindness."

1. Conversion of target to subsidiary

（1）Reason for transfer

As a result of the Acquisition, Iveric Bio has become a consolidated subsidiary of Astellas.

（2）Outline of company converted into a subsidiary (prior to the acquisition)

| | |
|---|---|
| ①Company | IVERIC bio, Inc. |
| ②Address | [redacted]Sylvan Way Parsippany, NJ 07054, US |
| ③Representative's Title and Name | CEO, Glenn P. Sblendorio |
| ④Business | R&D of pharmaceuticals |

| Description | |
|---|---|
| ⑤Stated Capital | US$ 137 thousand (as of December 31, 2022) |
| ⑥Consolidated Stockholders' equity | US$ 534,657 thousand (as of December 31, 2022) |
| ⑦Year of Establishment | 2007 |
| ⑧Number of Shares Outstanding | 137,976,851 (as of May 30, 2023) |
| ⑨Relationship between Astellas and Iveric Bio | |
| Capital Relationship: | There is no capital relationship between Astellas and Iveric Bio required to be disclosed. |
| Personal Relationship: | There is no personal relationship between Astellas and Iveric Bio required to be disclosed. |
| Business Relationship: | There is no business relationship between Astellas and Iveric Bio required to be disclosed. |
| Status of A Related Party | Prior to the acquisition Iveric Bio was not an affiliated party of Astellas. |

⑩Iveric Bio's consolidated operating results and consolidated financial position for the past three years(*)

| Accounting Period | Fiscal year | Fiscal year | Fiscal year |
|---|---|---|---|

| (in thousands except per share data) | ended December, 2020 | ended December, 2021 | ended December, 2022 |
|---|---|---|---|
| Total Equity | 191,563 | 360,528 | 534,657 |
| Total Assets | 216,754 | 389,358 | 666,823 |
| Equity per share (US $) | 2.58 | 3.54 | 4.42 |
| Revenue (**) | - | - | - |
| Operating Loss | (88,736) | (114,757) | (189,906) |
| Loss before taxes | (88,242) | (114,522) | (185,211) |
| Net Loss | (84,547) | (114,522) | (185,211) |
| Net Loss per share (US $) | (1.14) | (1.12) | (1.53) |
| Dividend per share (US $) | - | - | - |

* Excerpt from Iveric Bio's Annual Report on Form 10-K filed by Iveric Bio with the SEC on March 1, 2023

** There were no sales since these were before the product launch

(3) Acquisition amount

US$40 per share, approximately US$5.9 billion in the aggregate

(Acquisition amount includes the full amount required to purchase all

outstanding options and restricted stock units)

（4） Conversion date

July 11, 2023, U.S. Eastern Time

2. Prospects

Astellas is currently reviewing the impact that the completion of the transactions described above may have on its consolidated business forecast for the current fiscal year ending March 31, 2024 and will make any necessary disclosure in accordance with applicable requirements.

**Click below for a copy of the full press release**

Astellas Completes Acquisition of Iveric Bio

EXPLORE ALL NEWS

NEWSROOM

**Contact the Media Relations team**

Corporate Communications

Main phone line for Media: +81-3244-3201

Business hours (JST)

From Monday to Thursday: 8:45 am to 5:45 pm, Friday: 8:45 am to 4:00 pm

(closed on Saturdays, Sundays, national holidays and company holidays)

U.S. FOOD & DRUG ADMINISTRATION

NDA 217225

**NDA APPROVAL**

IVERIC bio, Inc.
Attention: Luke Zack, PharmD, RPh
Director, Global Regulatory Leader
[redacted] Sylvan Way
Parsippany, NJ 07054

Dear Dr. Zack:

Please refer to your new drug application (NDA) dated and received December 19, 2022, and your amendments, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for IZERVAY (avacincaptad pegol intravitreal solution). This NDA provides for the use of IZERVAY (avacincaptad pegol intravitreal solution) for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

**APPROVAL & LABELING**

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

**CONTENT OF LABELING**

As soon as possible, but no later than 14 days from the date of this letter, submit the content of labeling [21 CFR 314.50(l)] in structured product labeling (SPL) format using the FDA automated drug registration and listing system (eLIST), as described at FDA.gov.[1] Content of labeling must be identical to the enclosed labeling (text for the Prescribing Information) as well as annual reportable changes not included in the enclosed labeling. Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As.*[2] The SPL will be accessible via publicly available labeling repositories.

**CARTON AND CONTAINER LABELING**

Submit final printed carton and container labeling that are identical to the enclosed carton and container labeling, as soon as they are available, but no more than 30 days after they are printed. Please submit these labeling electronically according to the guidance for industry *SPL Standard for Content of Labeling Technical Qs & As.* For administrative purposes, designate

[1] http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm
[2] We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database https://www.fda.gov/RegulatoryInformation/Guidances/default.htm.

this submission "**Final Printed Carton and Container Labeling for approved NDA 217225**." Approval of this submission by FDA is not required before the labeling is used.

**DATING PERIOD**

Based on the stability data submitted to date, the expiry dating period for IZERVAY (avacincaptad pegol intravitreal solution) shall be 24 months from the date of manufacture when stored at 2°C to 8°C (35°F to 46°F).

**ADVISORY COMMITTEE**

Your application for IZERVAY (avacincaptad pegol intravitreal solution) was not referred to an FDA advisory committee because the clinical trial design is similar to a previously approved product in the class.

**REQUIRED PEDIATRIC ASSESSMENTS**

Under the Pediatric Research Equity Act (PREA) (21 U.S.C. 355c), all applications for new active ingredients (which includes new salts and new fixed combinations), new indications, new dosage forms, new dosing regimens, or new routes of administration are required to contain an assessment of the safety and effectiveness of the product for the claimed indication in pediatric patients unless this requirement is waived, deferred, or inapplicable. We are waiving the pediatric study requirement for this application because necessary studies are impossible or highly impracticable as geographic atrophy secondary to age-related macular degeneration does not occur in the pediatric population.

**POSTMARKETING COMMITMENTS SUBJECT TO REPORTING REQUIREMENTS UNDER SECTION 506B**

We remind you of your postmarketing commitments:

4477-1 Submit 24 Month safety and efficacy data from ISEE2008 (GATHER2), a randomized, double-blind, controlled trial to assess the safety and efficacy of intravitreal administration of avacincaptad pegol in approximately 330 patients with geographic atrophy secondary to dry age-related macular degeneration (AMD).

The timetable you submitted on July 18, 2023, states that you will conduct this study according to the following schedule:

| | |
|---|---|
| Trial Completion: | 8/2023 |
| Final Report Submission: | 2/2024 |

4477-2 Submit 18 Month long-term safety data from ISEE2009, an open-label extension trial to assess the safety of intravitreal administration of avacincaptad pegol in approximately 230 patients with geographic atrophy who completed ISEE2008 (GATHER2) through Month 24.

The timetable you submitted on July 18, 2023, states that you will conduct this study according to the following schedule:

| | |
|---|---|
| Trial Completion: | 2/2025 |
| Final Report Submission: | 8/2025 |

Submit clinical protocols to your IND 77902 for this product. Submit nonclinical and chemistry, manufacturing, and controls protocols and all postmarketing final reports to this NDA. In addition, under 21 CFR 314.81(b)(2)(vii) and 314.81(b)(2)(viii) you should include a status summary of each commitment in your annual report to this NDA. The status summary should include expected summary completion and final report submission dates, any changes in plans since the last annual report, and, for clinical studies/trials, number of patients/subjects entered into each study/trial. All submissions, including supplements, relating to these postmarketing commitments should be prominently labeled "**Postmarketing Commitment Protocol**," "**Postmarketing Commitment Final Report**," **or** "**Postmarketing Commitment Correspondence**."

**PROMOTIONAL MATERIALS**

You may request advisory comments on proposed introductory advertising and promotional labeling. For information about submitting promotional materials, see the final guidance for industry *Providing Regulatory Submissions in Electronic and Non-Electronic Format—Promotional Labeling and Advertising Materials for Human Prescription Drugs.*[3]

As required under 21 CFR 314.81(b)(3)(i), you must submit final promotional materials, and the Prescribing Information, at the time of initial dissemination or publication, accompanied by a Form FDA 2253. Form FDA 2253 is available at FDA.gov.[4] Information and Instructions for completing the form can be found at FDA.gov.[5]

[3] For the most recent version of a guidance, check the FDA guidance web page at https://www.fda.gov/media/128163/download.
[4] http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf
[5] http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf

**U.S. Food and Drug Administration**
Silver Spring, MD 20993
www.fda.gov

**REPORTING REQUIREMENTS**

We remind you that you must comply with reporting requirements for an approved NDA (21 CFR 314.80 and 314.81). Your product is a Part 3 combination product (21 CFR 3.2(e)); therefore, you must also comply with postmarketing safety reporting requirements for an approved combination product (21 CFR 4, Subpart B). Additional information on combination product postmarketing safety reporting is available at FDA.gov.[6]

**POST APPROVAL FEEDBACK MEETING**

New molecular entities qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

If you have any questions, please contact Michael Puglisi, Regulatory Project Manager, at michael.puglisi@fda.hhs.gov or at (301) 796-0791.

Sincerely,

*{See appended electronic signature page}*

Alex Gorovets, MD
Deputy Director
Office of Specialty Medicine
Office of New Drugs
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
  - Prescribing Information
- Carton and Container Labeling

[6] https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products

**HIGHLIGHTS OF PRESCRIBING INFORMATION**
**These highlights do not include all the information needed to use IZERVAY safely and effectively. See full prescribing information for IZERVAY.**

**IZERVAY™ (avacincaptad pegol intravitreal solution)**
**Initial U.S. Approval: 2023**

**----------INDICATIONS AND USAGE----------**
IZERVAY is a complement inhibitor indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD) (1).

**----------DOSAGE AND ADMINISTRATION----------**
The recommended dose for IZERVAY is 2 mg (0.1 mL of 20 mg/mL solution) administered by intravitreal injection to each affected eye once monthly (approximately 28 ± 7 days) for up to 12 months (2.2).

**----------DOSAGE FORMS AND STRENGTHS----------**
Intravitreal solution: 20 mg/mL in a single-dose vial (3).

**----------CONTRAINDICATIONS----------**
- Ocular or periocular infections (4.1).
- Active intraocular inflammation (4.2).

**----------WARNINGS AND PRECAUTIONS----------**
- Endophthalmitis and Retinal Detachments (5.1).
- Neovascular AMD (5.2)
- Increase in Intraocular Pressure (IOP) (5.3).

**----------ADVERSE REACTIONS----------**
The most common adverse reactions were conjunctival hemorrhage (13%), increased IOP (9%), blurred vision (8%) and neovascular age-related macular degeneration (7%) (6.1).

**To report SUSPECTED ADVERSE REACTIONS, contact IVERIC bio, Inc. at 1-800-707-4479 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.**

**See 17 for PATIENT COUNSELING INFORMATION.**

**Revised: 8/2023**

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**FULL PRESCRIBING INFORM ATION: CONTENTS ***

**1 INDICATIONS AND USAGE**
**2 DOSAGE AND ADMINISTRATION**
2.1 General Dosing Information
2.2 Recommended Dosage
2.3 Preparation for Administration
2.4 Injection Procedure
**3 DOSAGE FORMS AND STRENGTHS**
**4 CONTRAINDICATIONS**
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**5 WARNINGS AND PRECAUTIONS**
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5.2 Neovascular AMD
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**6 ADVERSE REACTIONS**
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**11 DESCRIPTION**
**12 CLINICAL PHARMACOLOGY**
12.1 Mechanism of Action
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**13 NONCLINICAL TOXICOLOGY**
13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility
**14 CLINICAL STUDIES**
**16 HOW SUPPLIED/STORAGE AND HANDLING**
16.1 How Supplied
16.2 Storage and Handling
**17 PATIENT COUNSELING INFORMATION**

*Sections or subsections omitted from the full prescribing information are not listed.

---

**FULL PRESCRIBING INFORMATION**

## 1 INDICATIONS AND USAGE

IZERVAY™ is indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

## 2 DOSAGE AND ADMINISTRATION

### 2.1 General Dosing Information

IZERVAY must be administered by a qualified physician.

### 2.2 Recommended Dosage

The recommended dose for IZERVAY is 2 mg (0.1 mL of 20 mg/mL solution) administered by intravitreal injection to each affected eye once monthly (approximately every 28 ± 7 days) for up to 12 months.

### 2.3 Preparation for Administration

**Important information you should know before you begin:**

- Read all the instructions carefully before using IZERVAY.
- The IZERVAY kit includes a glass vial, filter needle, and an empty syringe. The glass vial, filter needle, and empty syringe are for single use only.
- Store IZERVAY in the refrigerator at temperatures between 2°C to 8°C (36°F to 46°F). Do not freeze. Do not shake.
- Prior to use, allow IZERVAY to reach room temperature, 20°C to 25°C (68°F to 77°F). The IZERVAY vial may be kept at room temperature for up to 24 hours. Keep the vial in the original carton to protect from light.
- Use aseptic technique to carry out the preparation of the intravitreal injection.
- Each vial should only be used for the treatment of a single eye.

**Step 1: Gather Supplies**

Gather the following supplies (*see Figure A*):

a. One IZERVAY vial (included)

b. One sterile 5-micron filter needle 19-gauge x 1½ inch (included)

c. One sterile 1 mL Luer lock syringe with a 0.1 mL dose mark (included)

d. One sterile injection needle 30-gauge x ½ inch (not included)

NOTE: a 30-gauge injection needle is recommended to avoid increased injection forces that could be experienced with smaller diameter needles.

e. Alcohol swab (not included)

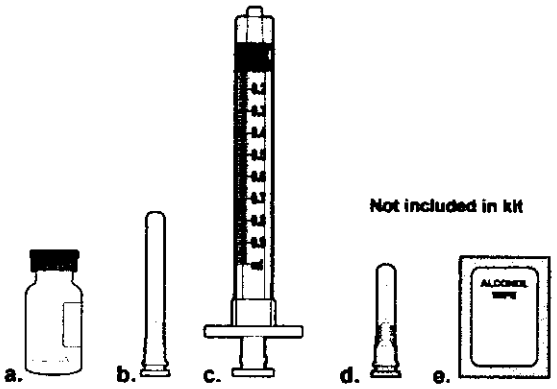



**Figure A**

**Step 2: Inspect Vial**

Inspect the liquid in the vial. It should be a clear to slightly opalescent, colorless to slightly yellow liquid solution (*see Figure B*).

**Do not** use if particulates, cloudiness, or discoloration are visible.

**Do not** use if the packaging, vial, filter needle, injection needle, and/or empty syringe are expired, damaged, or have been tampered with.

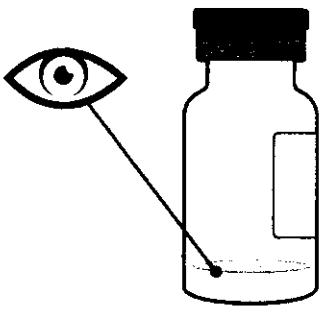


**Figure B**

**Step 3: Orient Vial**

Place the vial upright on a flat surface for about 1 minute after removal from packaging to make sure all liquid settles at the bottom of the vial *(see Figure C).*

Gently tap the vial with your finger to remove any liquid that may stick to the top of the vial *(see Figure D).*




**Figure C**



**Figure D**

**Step 4: Clean Vial**

Remove the flip-off cap from the vial (*see Figure E*).

Gently wipe the vial septum with an alcohol swab (*see Figure F*).



**Figure E**

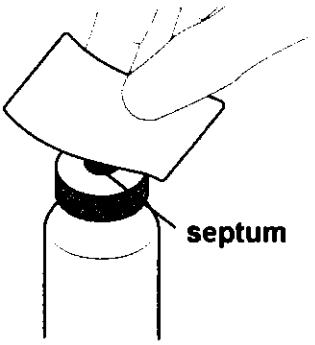



**Figure F**

**Step 5: Attach Filter Needle**

Using aseptic technique, firmly attach the included 19-gauge x 1½ inch filter needle onto the 1 mL Luer lock syringe and twist clockwise to secure *(see Figure G).*

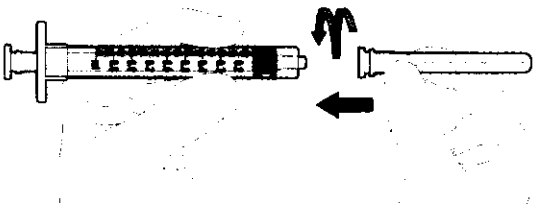


**Figure G**

**Step 6: Insert Filter Needle into Vial**

Using aseptic technique, push the filter needle all the way into the center of the vial septum *(see Figure H).*

Tilt the vial slightly so that the needle touches the bottom edge of the vial *(see Figure I).*

Rotate the filter needle so that the bevel is submerged into the liquid to avoid introduction of air.

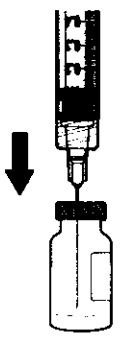


**Figure H**

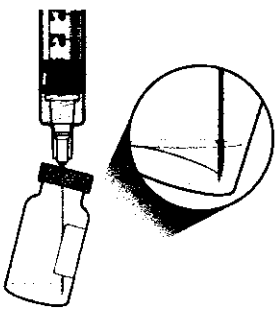


**Figure I**

**Step 7: Withdraw Liquid**

Slowly withdraw all the liquid from the vial (*see Figure J*).

Draw the plunger rod back far enough to completely empty the filter needle.

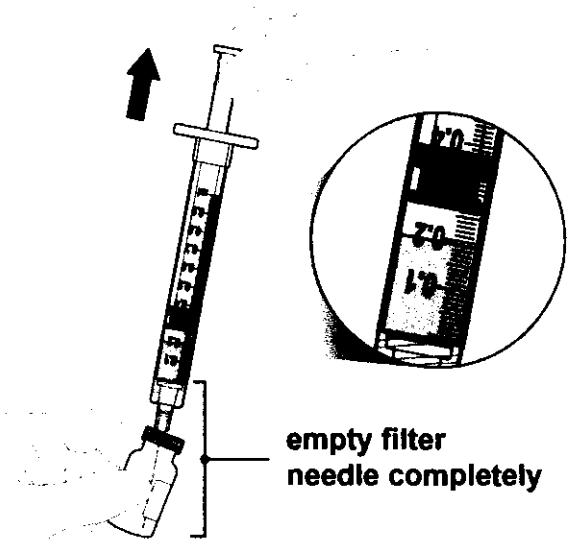



**Figure J**

**Step 8: Disconnect Filter Needle**

Disconnect the filter needle from the syringe and dispose of it in accordance with local regulations (*see Figure K*).

**Do not use the filter needle for the intravitreal injection.**

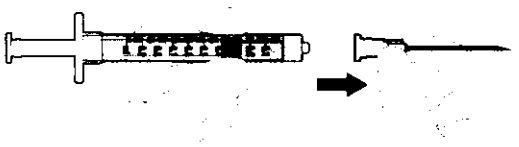


**Figure K**

**Step 9: Attach Injection Needle**

Using aseptic technique, firmly attach the 30-gauge x ½ inch injection needle onto the Luer lock syringe. (*see Figure L*). Carefully remove the plastic needle shield from the needle by pulling it straight off (*see Figure M*).



**Figure L**



**Figure M**

**Step 10: Check Syringe**

Check for air bubbles by holding the syringe with the needle pointing up. If there are any air bubbles, gently tap the syringe with your finger until the bubbles rise to the top *(see Figure N)*.

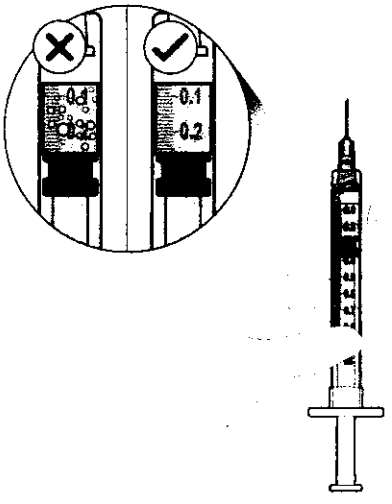
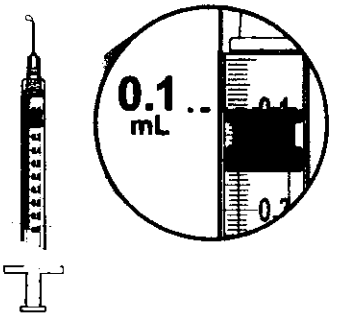



**Figure N**

| | |
|---|---|
| **Step 11: Prepare Appropriate Dose**<br><br>**Slowly** depress the plunger to:<br>• Expel the air from the syringe<br>• Align the rubber stopper tip to the **0.1 mL** dose mark.<br><br>The syringe is now ready for the injection *(see Figure O).*<br><br>Make sure to give the injection immediately after preparing the dose. |  <br>**Figure O** |

## 2.4 Injection Procedure

Only 0.1 mL (2 mg) should be administered to deliver a single dose. Any excess volume should be disposed.

Prior to the intravitreal injection, patients should be monitored for elevated intraocular pressure (IOP) using tonometry *[see Warnings and Precautions (5.3)]*. If necessary, ocular hypotensive medication can be given to lower the IOP.

The intravitreal injection procedure must be carried out under controlled aseptic conditions, which includes the use of surgical hand disinfection, sterile gloves, a sterile drape, and a sterile eyelid speculum (or equivalent). Adequate anesthesia and a broad-spectrum topical microbicide should be given prior to the injection.

Inject slowly until the rubber stopper reaches the end of the syringe to deliver the volume of 0.1 mL. Confirm delivery of the full dose by checking that the rubber stopper has reached the end of the syringe barrel.

Immediately following the intravitreal injection, patients should be monitored for elevation in intraocular pressure (IOP). Appropriate monitoring may consist of a check for perfusion of the optic nerve head or tonometry.

Following intravitreal injection, patients should be instructed to report any symptoms suggestive of endophthalmitis (e.g., eye pain, redness of the eye, photophobia, blurring of vision) without delay *[see Patient Counseling Information (17)]*.

Each vial and syringe should only be used for the treatment of a single eye. If the contralateral eye requires treatment, a new vial and syringe should be used and the sterile field, syringe, gloves, drapes, eyelid speculum, filter needle, and injection needle should be changed before IZERVAY is administered to the other eye. Repeat the same procedure steps as above.

Any unused medicinal product or waste material should be disposed of in accordance with local regulations.

## 3 DOSAGE FORMS AND STRENGTHS

Intravitreal solution: 20 mg/mL clear to slightly opalescent, colorless to slightly yellow solution in a single-dose vial.

## 4 CONTRAINDICATIONS

### 4.1 Ocular or Periocular Infections

IZERVAY is contraindicated in patients with ocular or periocular infections.

### 4.2 Active Intraocular Inflammation

IZERVAY is contraindicated in patients with active intraocular inflammation.

## 5 WARNINGS AND PRECAUTIONS

### 5.1 Endophthalmitis and Retinal Detachments

Intravitreal injections may be associated with endophthalmitis and retinal detachments *[see Adverse Reactions (6.1)]*. Proper aseptic injection techniques must always be used when administering IZERVAY in order to minimize the risk of endophthalmitis *[see Dosage and Administration (2.4)]*. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay, to permit prompt and appropriate management *[see Patient Counseling Information (17)]*.

### 5.2 Neovascular AMD

In clinical trials, use of IZERVAY was associated with increased rates of neovascular (wet) AMD or choroidal neovascularization (7% when administered monthly and 4% in the sham group) by Month 12. Patients receiving IZERVAY should be monitored for signs of neovascular AMD.

### 5.3 Increase in Intraocular Pressure

Transient increases in intraocular pressure (IOP) have been observed after an intravitreal injection, including with IZERVAY *[see Adverse Reactions (6.1)]*. Perfusion of the optic nerve head should be monitored following the injection and managed as needed *[see Dosage and Administration (2.4)]*.

## 6 ADVERSE REACTIONS

The following potentially serious adverse reactions are described elsewhere in the labeling:

- Ocular and periocular infections *[see Contraindications (4.1)]*
- Active intraocular inflammation *[see Contraindications (4.2)]*
- Endophthalmitis and retinal detachments *[see Warnings and Precautions (5.1)]*

- Neovascular AMD *[see Warnings and Precautions (5.2)]*
- Increase in intraocular pressure *[see Warnings and Precautions (5.3)*

### 6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

The safety of avacincaptad pegol was evaluated in 733 patients with AMD in two sham-controlled studies (GATHER1 and GATHER2). Of these patients, 292 were treated with intravitreal IZERVAY 2 mg (0.1 mL of 20 mg/mL solution) *[see Clinical Studies (14)]*. Three hundred thirty-two (332) patients were assigned to sham.

Adverse reactions reported in ≥2% of patients who received treatment with IZERVAY pooled across GATHER1 and GATHER2, are listed below in
Table 1.

**Table 1: Common Ocular Adverse Reactions (≥2%) and greater than Sham in Study Eye**

| Adverse Drug Reactions | IZERVAY N=292 | Sham N=332 |
|---|---|---|
| Conjunctival hemorrhage | 13% | 9% |
| Increased IOP | 9% | 1% |
| Blurred vision* | 8% | 5% |
| Choroidal neovascularization | 7% | 4% |
| Eye pain | 4% | 3% |
| Vitreous floaters | 2% | <1% |
| Blepharitis | 2% | <1% |

* Blurred vision includes visual impairment, vision blurred, visual acuity reduced, visual acuity reduced transiently

## 8 USE IN SPECIFIC POPULATIONS

### 8.1 Pregnancy

Risk Summary

There are no adequate and well-controlled studies of IZERVAY administration in pregnant women. The use of IZERVAY may be considered following an assessment of the risks and benefits.

Administration of avacincaptad pegol to pregnant rats and rabbits throughout the period of organogenesis resulted in no evidence of adverse effects to the fetus or pregnant female at intravenous (IV) doses 5.1 times and 3.2 times the human exposure (based on AUC) at the maximum recommended human dose (MRHD) of 2 mg once monthly, respectively *(see Data)*.

In the U.S. general population, the estimated background risks of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15%-20%, respectively.

Data

*Animal Data*

An embryo fetal developmental toxicity study was conducted with pregnant rats. Pregnant rats received daily intravenous (IV) injections of avacincaptad pegol from day 6 to day 17 of gestation at 0.1, 0.4, 1.2 mg/kg/day. No maternal or embryofetal adverse effects were observed at any dose evaluated. An increase in the incidence of a non-adverse skeletal variation, described as short thoracolumbar (ossification site without distal cartilage) supernumerary ribs, was observed at all doses evaluated. The clinical relevance of this finding is unknown. Plasma exposures at the high dose were 5.1 times the MRHD, based on Area Under the Curve (AUC).

An embryo fetal developmental toxicity study was conducted with pregnant rabbits. Pregnant rabbits received daily IV injections of avacincaptad pegol from day 7 to day 19 of gestation at 0.12, 0.4, 1.2 mg/kg/day. No maternal or embryofetal adverse effects were observed at any dose evaluated. Plasma exposure in pregnant rabbits at the highest dose of 1.2 mg/kg/day was 3.2 times the human exposure at the MRHD, based on AUC.

### 8.2 Lactation

Risk Summary

There is no information regarding the presence of avacincaptad pegol in human milk, the effects of the drug on the breastfed infant, or the effects of avacincaptad pegol on milk production. Many drugs are transferred in human milk with the potential for absorption and adverse reactions in the breastfed child.

The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for IZERVAY, and any potential adverse effects on the breastfed infant from IZERVAY.

### 8.4 Pediatric Use

Safety and effectiveness of IZERVAY in pediatric patients have not been established.

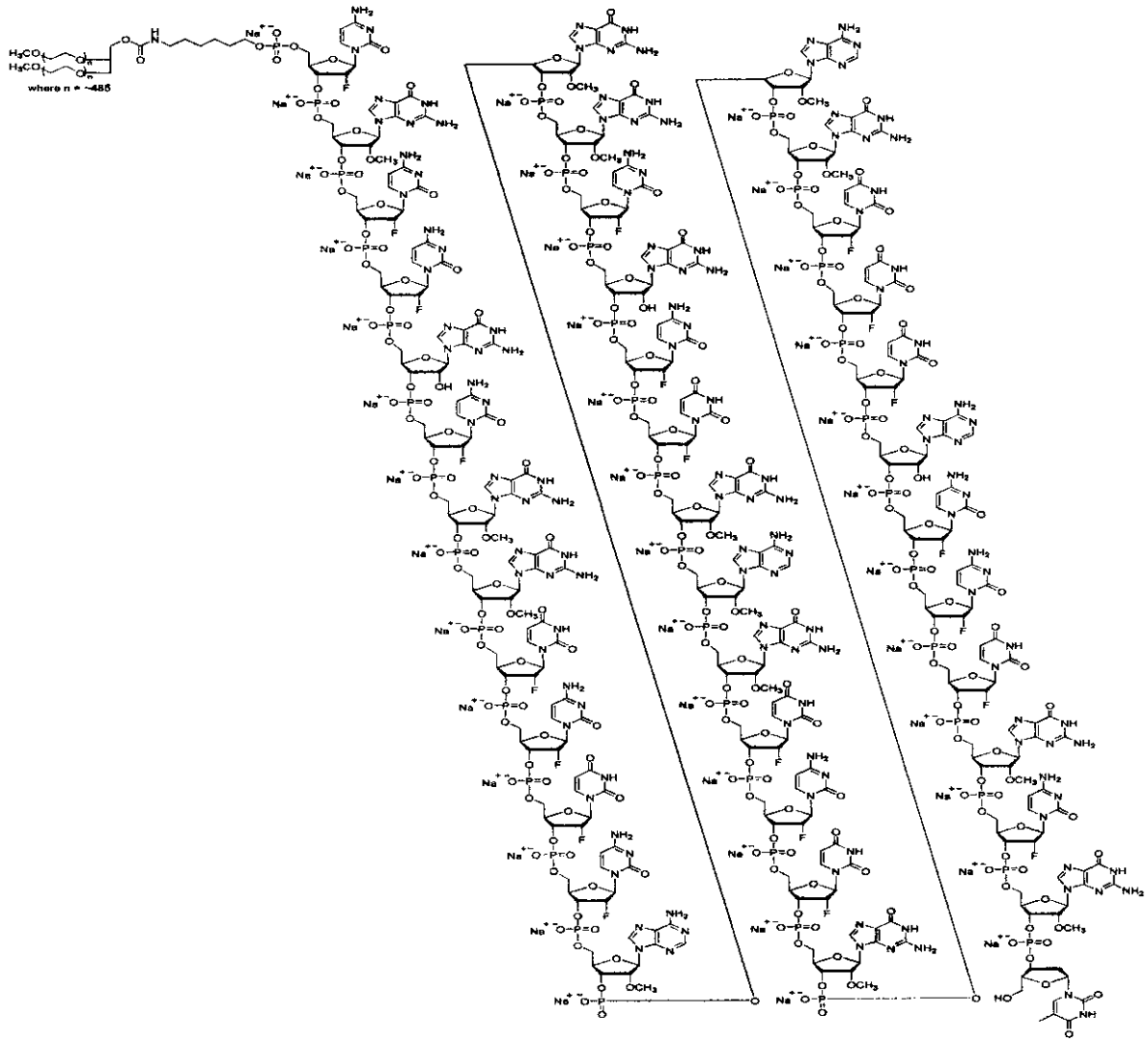
### 8.5 Geriatric Use

Of the total number of patients who received IZERVAY in the two clinical trials, 90% (263/292) were ≥65 years and 61% (178/292) were ≥75 years of age. No significant differences in efficacy or safety of avacincaptad pegol were seen with increasing age in these studies. No dose adjustment is required in patients 65 years and above.

## 11 DESCRIPTION

IZERVAY contains avacincaptad pegol sodium, a complement C5 inhibitor. Avacincaptad pegol is a ribonucleic acid (RNA) aptamer, covalently bound to an approximately 43-kiloDalton (kDa) branched polyethylene glycol (PEG) molecule.

The molecular formula of avacincaptad pegol (free acid form) is $C_{395}H_{492}N_{142}O_{262}P_{39}F_{21}((CH_2)_2O)_n$ where n~970 and the molecular weight is approximately 56 kDa. The structure of avacincaptad pegol sodium is presented below.



IZERVAY (avacincaptad pegol intravitreal solution) is a sterile, clear to slightly opalescent, colorless to slightly yellowish solution in a single-dose glass vial for intravitreal administration. Each single-dose vial is designed to deliver 0.1 mL of solution containing 2 mg avacincaptad pegol (oligonucleotide basis), 0.198 mg dibasic sodium phosphate heptahydrate, 0.0256 mg monobasic sodium phosphate monohydrate, and 0.83 mg sodium chloride. IZERVAY is formulated in Water for Injection, with a target pH of 7.3. IZERVAY does not contain an anti-microbial preservative.

## 12 CLINICAL PHARMACOLOGY

### 12.1 Mechanism of Action

Avacincaptad pegol is an RNA aptamer, a PEGylated oligonucleotide that binds to and inhibits complement protein C5. By inhibiting C5, avacincaptad pegol may prevent its cleavage to C5a and C5b thus decreasing membrane attack complex (MAC) formation.

## 12.2 Pharmacodynamics

Increased GA area growth is reflective of loss of photoreceptors and AMD disease progression. Reductions in the rate GA growth were observed from baseline through the first year of treatment across avacincaptad pegol treatment groups in studies GATHER1 and GATHER2.

## 12.3 Pharmacokinetics

*Absorption/Distribution*
Following a single dose of avacincaptad pegol, maximum avacincaptad pegol plasma concentrations ($C_{max}$) are estimated to occur approximately 7 days post-dose and mean (CV%) free avacincaptad pegol plasma $C_{max}$ is estimated to be 68.4 ng/mL (57.8%) in neovascular AMD (nAMD) patients. The $AUC_{0\text{-}28}$ days following a single 2 mg dose is 1064 day·ng/mL. Based on a population pharmacokinetic analysis of patients with nAMD, predicted steady state avacincaptad pegol $C_{max}$ is 83.9 ng/mL after monthly intravitreal administration of avacincaptad pegol 2 mg.

In humans, avacincaptad pegol plasma concentrations are predicted to be approximately 7,000-fold lower than vitreal concentrations.

*Metabolism/Elimination*
Metabolism and elimination of avacincaptad pegol has not been fully characterized. Avacincaptad pegol is expected to be catabolized by endonucleases and exonucleases to oligonucleotides of shorter lengths which may be excreted renally, in similar manner to the elimination of endogenous RNA. The estimated apparent systemic half-life of avacincaptad pegol is approximately 12 days.

Specific Populations
Following repeat monthly intravitreal dose administration of 2 mg avacincaptad pegol, no differences in the systemic pharmacokinetics of avacincaptad pegol were observed based on age, gender, and body weight. No special dosage modification is required for any of the populations that have been studied (e.g., age, gender, and body weight). The effect of severe renal impairment or any degree of hepatic impairment on the pharmacokinetics of avacincaptad pegol is unknown. As significant increases in plasma avacincaptad pegol exposures are not expected with intravitreal route of administration, no dosage adjustment is needed based on renal or hepatic impairment status.

## 13 NONCLINICAL TOXICOLOGY

### 13.1 Carcinogenesis, Mutagenesis, and Impairment of Fertility

Carcinogenesis

No studies have been conducted on the carcinogenic potential of avacincaptad pegol.

Mutagenesis

Avacincaptad pegol was negative in *in vitro* (bacterial reverse mutation assay, chromosomal aberration in mammalian cells) and *in vivo* (mouse bone marrow micronucleus) assays.

Impairment of Fertility

Studies to evaluate the effect of avacincaptad pegol on male or female fertility in animals have not been performed.

## 14 CLINICAL STUDIES

The safety and efficacy of IZERVAY were demonstrated in two randomized, multi-center, double-masked, sham-controlled, 18- and 12-month studies (GATHER1-NCT02686658 and GATHER2-NCT04435366, respectively) in patients with GA due to AMD. Patient ages ranged from 51 to 97 years with a mean of 77 years. In total, 292 patients were treated with avacincaptad pegol 2 mg, and 332 patients received sham.

In GATHER1 and GATHER2, the mean rate of GA growth (slope) from baseline to Month 12, measured by Fundus Autofluorescence (FAF) was evaluated at 3 time points: baseline, Month 6, and Month 12. Data are available through month 18 for GATHER1 and month 12 for GATHER2. At any time during the GATHER2 study, patients that developed choroidal neovascularization were concomitantly treated with anti-VEGF therapy.

In each study, over a 12-month period, there was a statistically significant reduction of the rate of GA growth (0.10 mm/year; $p<0.01$ in GATHER1 and 0.05 mm/year; $p<0.01$ in GATHER2 with square root transformed data) in patients treated with IZERVAY compared to sham. The observed results are shown in Table 2, Figure 1, and Figure 2 below.

**Table 2: Efficacy Outcomes at Month 12 in GATHER1 and GATHER2 Studies**

| Primary Efficacy Endpoint (MMRM Analysis) | GATHER1 | | GATHER2 | |
|---|---|---|---|---|
| | IZERVAY N=67 | Sham N=110 | IZERVAY N=225 | Sham N=222 |
| GA Rate of Growth ($mm^2$/year) (observed)[a] | 1.22 | 1.89 | 1.75 | 2.12 |
| Difference (95% CI) ($mm^2$/year) | 0.67 (0.21-1.13) | | 0.38 (0.12-0.63) | |
| Difference %[b] | 35% | | 18% | |
| p value | <0.01 | | <0.01 | |

[a] = non-transformed GA growth slope analysis
[b] = % difference is calculated by 100*(difference)/(least squares mean from Sham)

*Figure 1: Mean Change in GA Area ($mm^2$) From Baseline in GATHER1 (Observed data)*

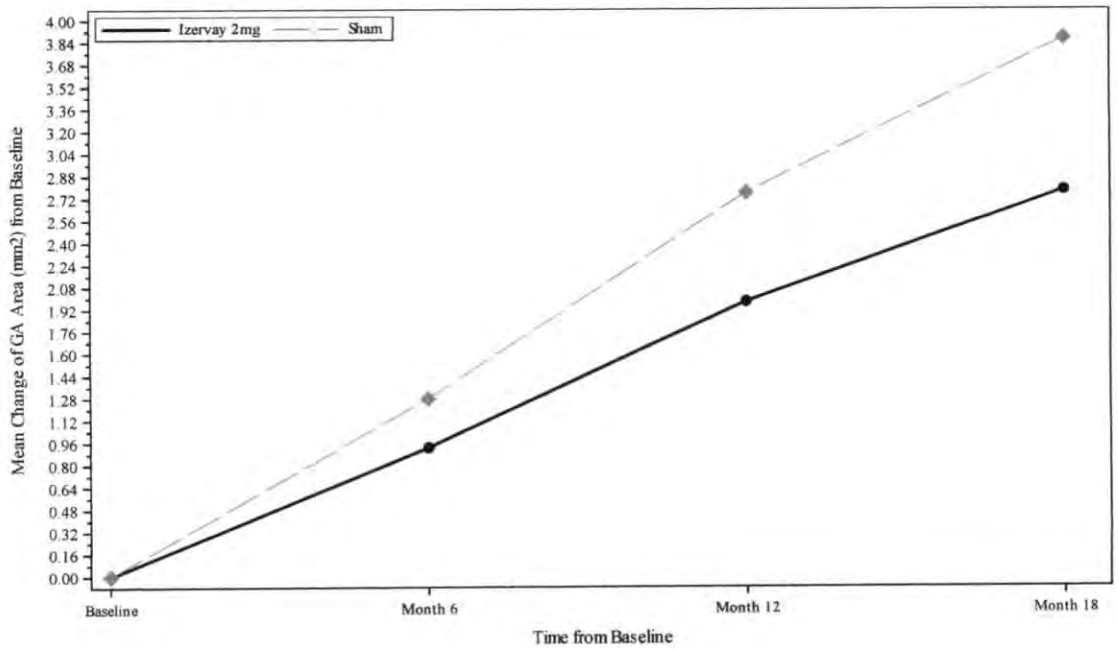
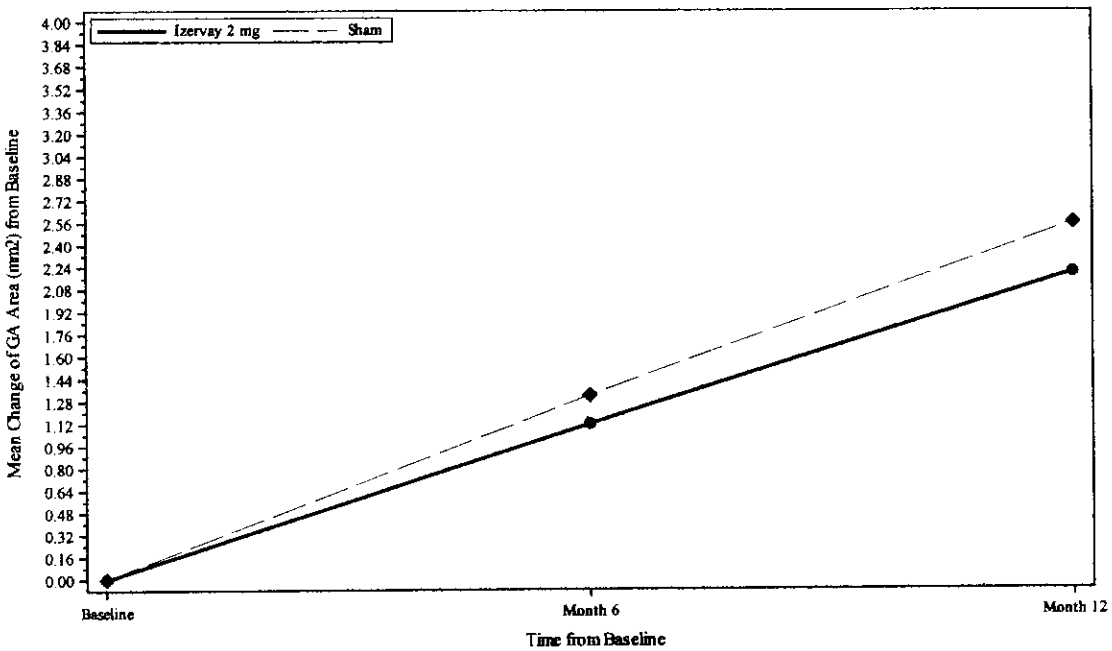


*Figure 2: Mean Change in GA Area ($mm^2$) in GATHER2 (Observed data)*




Treatment effects in all pre-specified subgroups (e.g., age, gender, baseline GA disc area) were consistent with the results in the overall population.

## 16 HOW SUPPLIED/STORAGE AND HANDLING

### 16.1 How Supplied

IZERVAY (avacincaptad pegol intravitreal solution) is supplied as a sterile, clear to slightly opalescent, colorless to slightly yellowish 20 mg/mL solution in a single-dose glass vial. Each glass vial contains an overfill amount to allow administration of a single 0.1 mL dose of solution containing 2 mg of avacincaptad pegol (oligonucleotide basis). Each IZERVAY carton (NDC 82829-002-01) contains one glass vial, one sterile 5-micron transfer filter needle (19-gauge x 1½ inch, 1.1 mm x 40 mm), and one sterile 1 mL Luer lock syringe.

### 16.2 Storage and Handling

Store IZERVAY in the refrigerator between 2°C to 8°C (36°F to 46°F). Do not freeze. Do not shake. Keep the vial in the original carton to protect from light.

Prior to use, the unopened glass vial of IZERVAY may be kept at room temperature, 20°C to 25°C (68°F to 77°F), for up to 24 hours. Ensure that the injection is given immediately after preparation of the dose.

## 17 PATIENT COUNSELING INFORMATION

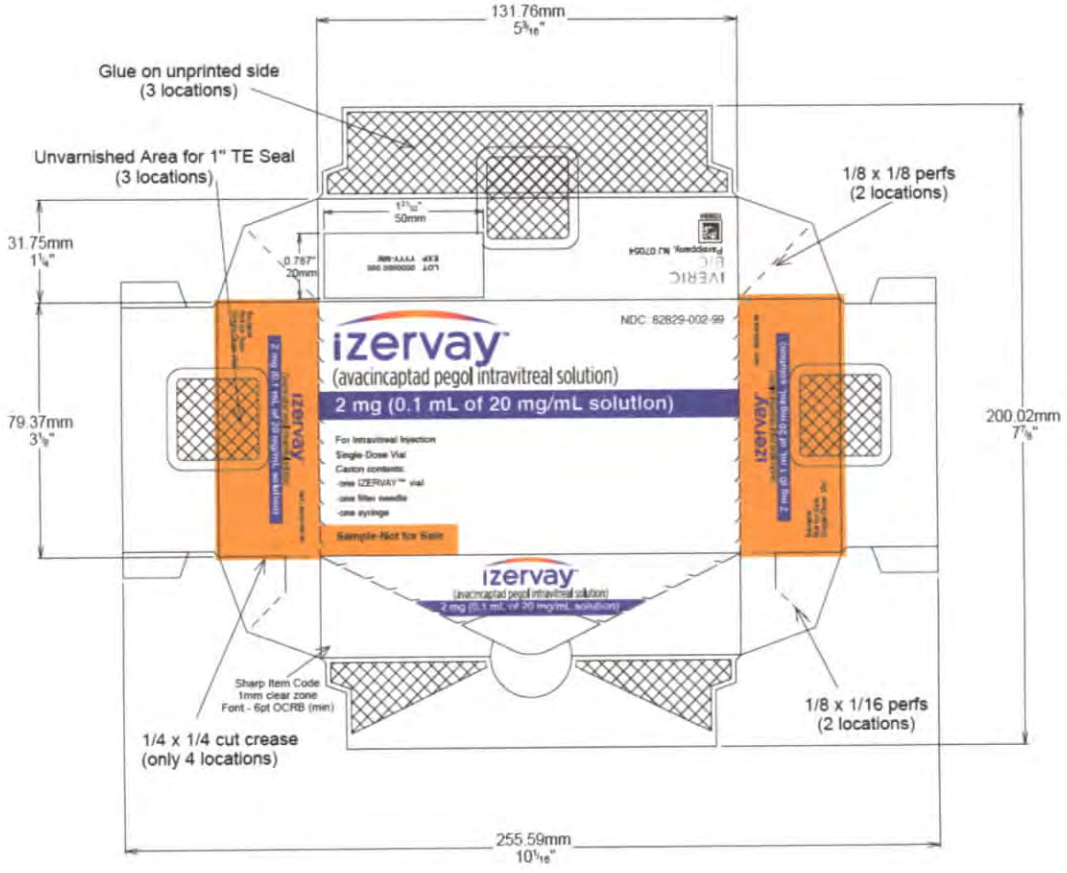
Advise patients that following IZERVAY administration, patients are at risk of developing neovascular AMD, endophthalmitis, elevated intraocular pressure and retinal detachments. If the eye becomes red, sensitive to light, painful, or if a patient develops a change in vision, instruct the patient to seek immediate care from an ophthalmologist *[see Warnings and Precautions (5.1, 5.2)]*.

Patients may experience temporary visual disturbances and blurring after an intravitreal injection with IZERVAY and the associated eye examinations *[see Adverse Reactions (6.1)]*. Advise patients not to drive or use machinery until visual function has recovered sufficiently.

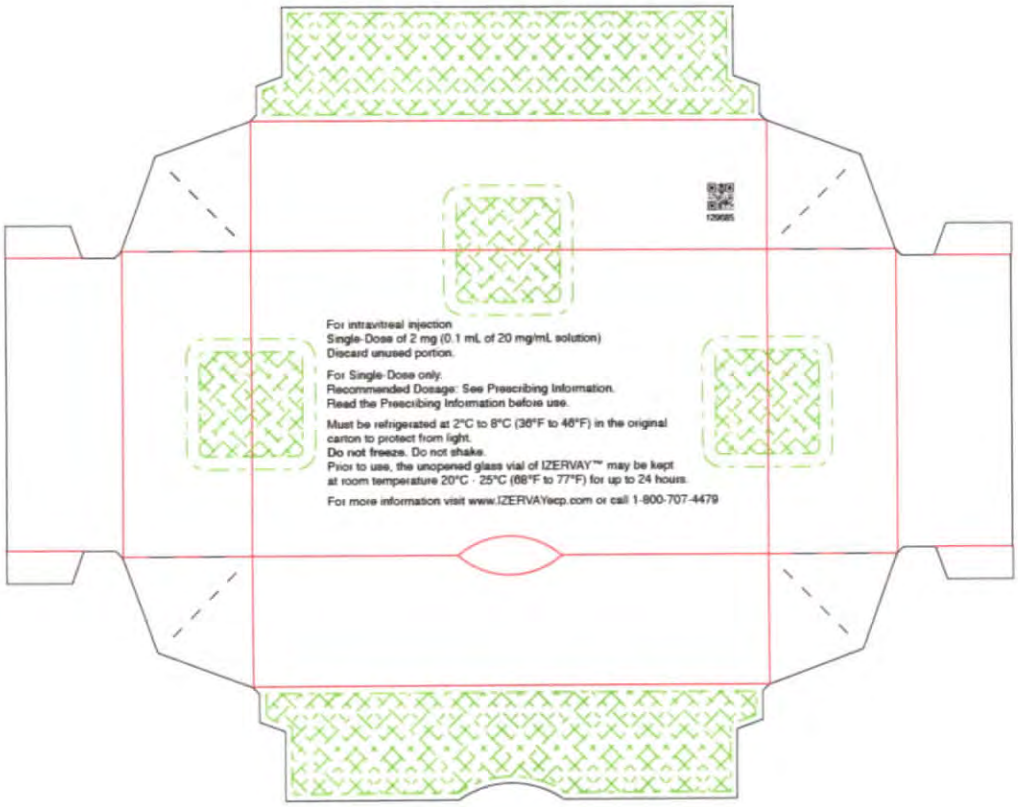
IZERVAY™ (avacincaptad pegol intravitreal solution)
Manufactured by:
IVERIC bio, Inc.
Parsippany, NJ 07054

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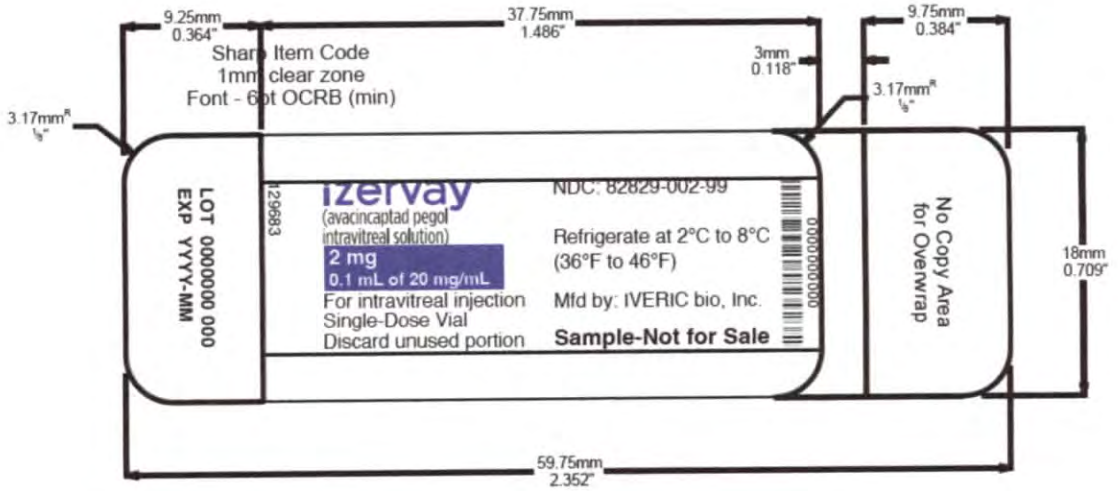
Sample Carton



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Page 23

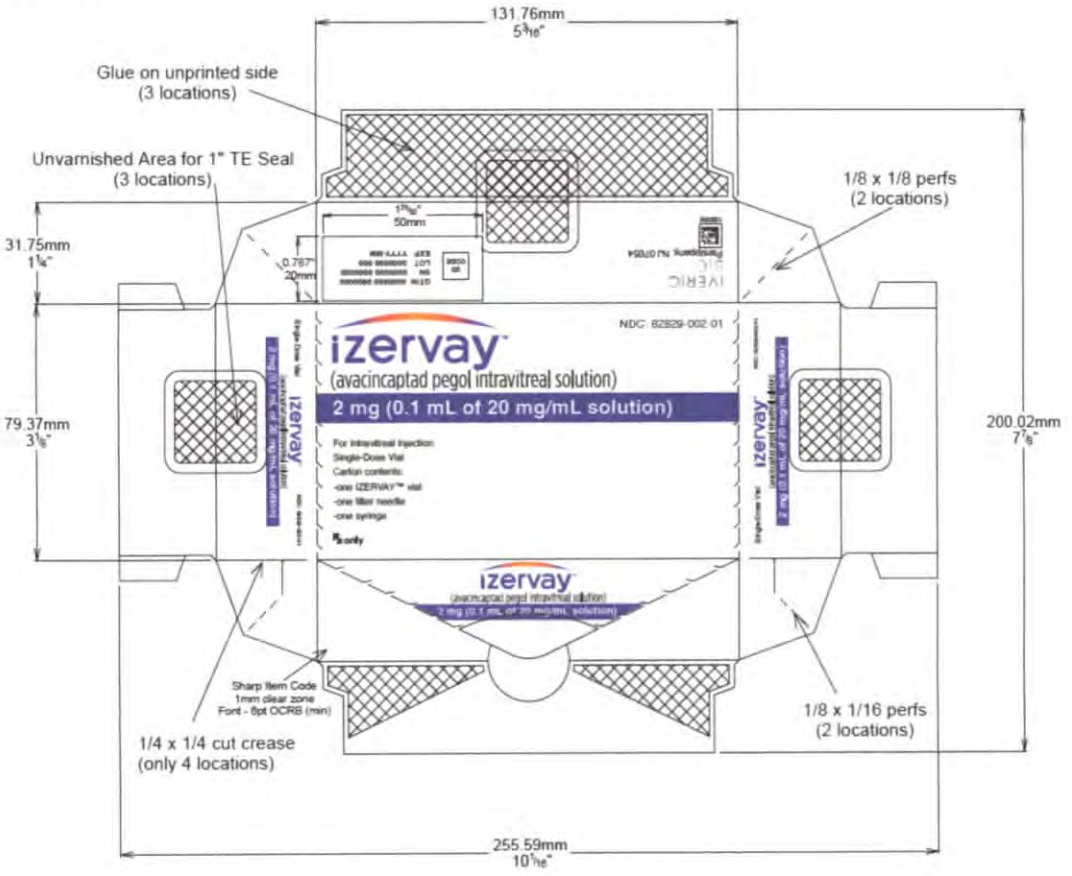



Sample Container

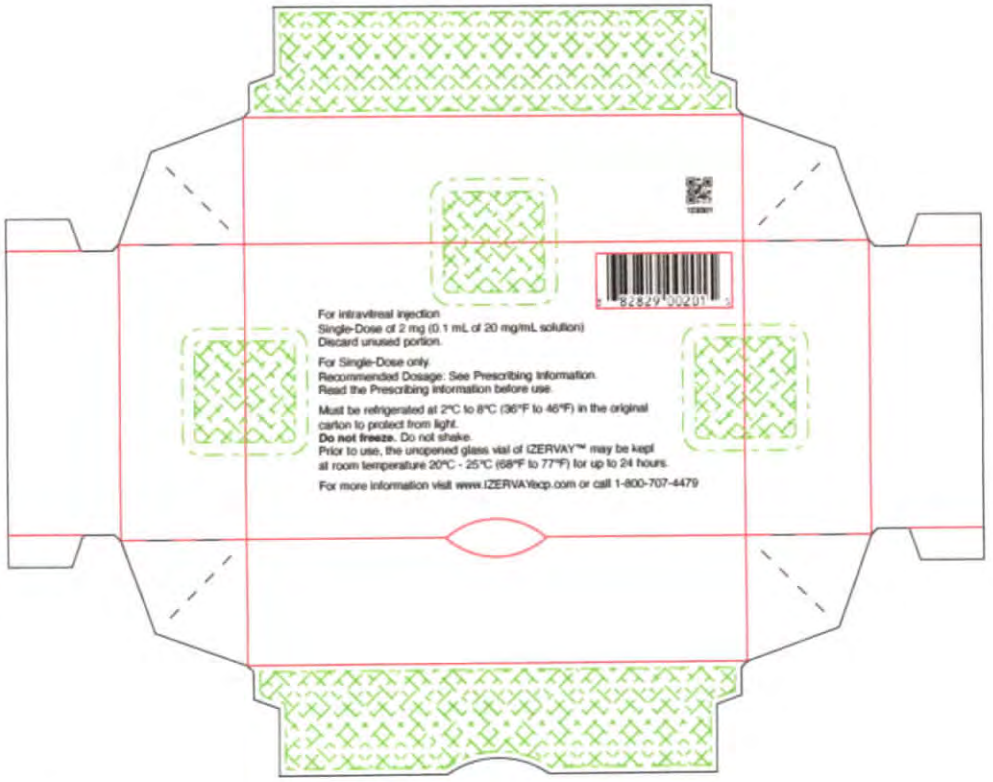


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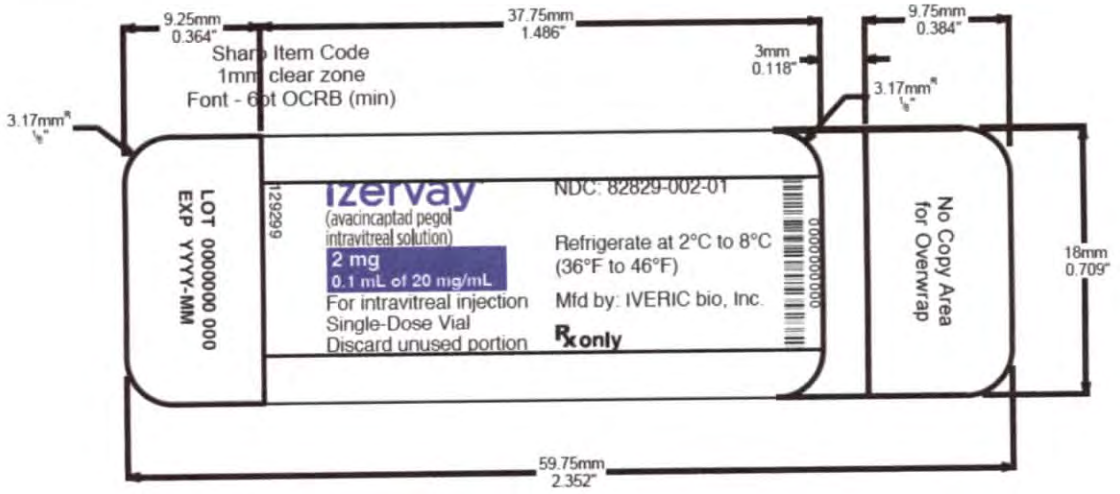
## Trade Carton



NDA 217225
Page 25




Trade Container



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/s/

ALEXANDER GOROVETS
08/04/2023 04:43:06 PM

# 4R

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (05/12/2022)

| Where is the facility located? | ☐ Nevada ☑ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☒ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☒ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Ivy Animal Health, Inc.

Physical Address: 10850 Lakeview Avenue

City: Lenexa State: KS Zip: 66219

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Robert Lee Beaver III

Licensing Company Email: Roxanne.Estela@Elancoah.com DR Email: Robert.beaver_iii@Elancoah.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☒ Dangerous Drugs | ☒ Manufacturer |
| ☐ Practitioners | ☒ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☒ Others: Third Party Logistics | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | x |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | X | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | x |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | x |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 3/30/2022 | N/A | KS | Topeka | Shawnee |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| Case No. 22-070 | | Kansas BOP | | |
| **Reason/Charge** | | | | |
| Fine | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| Ivy Animal Health, Inc. | | | Fine | |
| **Name of Business/Industry/Entity** | | | | |
| Ivy Animal Health, Inc. | | | | |

**Provide explanation below:**

When Elanco separated from Eli Lilly and Company the licensing representative did not initiate an ownership change with Kansas. After the name was changed a $1,000 fine was levied by the Kansas Board of Pharmacy.

Original Signature (electronic, copies or stamps not accepted)

9/11/2023
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC
Address: 6450 LASALLE DR Suite D City: LOCKBOURNE State: OH Zip: 43137-9283

Name: INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC
Address: 420 INTERNATIONAL BLVD STE 500 City: Brooks State: KY Zip: 40109-5309

Name: DHL
Address: 1025 Sandhill Road City: Reno State: NV Zip: 89521

Name:
Address: City: State: Zip:

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Ivy Animal Health, Inc.
Parent Company (if any): Elanco Animal Health Incorporated
Corporation/Organization Name: Elanco US Inc
Mailing Address: 2500 Innovation Way
City: Greenfield State: IN Zip: 46140
Telephone: 1-877-352-6261 Email: roxanne.estela@elancoah.com
Contact Person Name: Roxanne Estela

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | x |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | x | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Ivy Animal Health, Inc.

Facility Name

Beth Harvey

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/11/2023

Date

| Board Use Only | Date Received: 9/14/23 | Amount: 1000-cc |
|---|---|---|

800 SW Jackson St., Suite 1414
Topeka, KS 66612

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@ks.gov
www.pharmacy.ks.gov

Alexandra Blasi, Executive Secretary

Laura Kelly, Governor

March 17, 2022

Ivy Animal Health, Inc.
10850 Lakeview Ave
Lenexa KS 66219

RE: Case No. 22-069

To whom it may concern:

Enclosed you will find a Summary Order issued by the Kansas Board of Pharmacy (Board) in the above-referenced matter for the facility located at 10850 Lakeview Ave. Please read the order in its entirety. In addition, a civil fine has been assessed totaling $1,000. Please submit a check or money order made payable to the Kansas Board of Pharmacy and include your case number in the check memo.

If you disagree with the findings of fact, you have the right to request a hearing. Instructions for filing a written request are included under the "Notices" section of the order. Hearings are held before the full Board during their regularly scheduled quarterly meetings.

According to KSA 65-1627h, the Board is required to recoup the costs of administrative hearings when the decision is adverse to the licensee. These costs may include charges for services rendered by the Board's disciplinary counsel, an administrative law judge, and, if applicable, a court reporter.

If you have any questions, feel free to contact the Board at Pharmacy.Compliance@ks.gov.

Sincerely,

Kansas Board of Pharmacy

Enclosure

BEFORE THE KANSAS BOARD OF PHARMACY

| | | |
|---|---|---|
| In the Matter of | ) | |
| | ) | Case No. 22-069 |
| Ivy Animal Health, Inc. | ) | |
| | ) | |
| Registration No. 4-117300 | ) | |

**SUMMARY ORDER**

NOW on this 17th day of March, 2022, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Director, the matter of Ivy Animal Health, Inc. ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 4-00115 which entitled Respondent to operate as a manufacturer in the State of Kansas.

2. On March 11, 2019, the ownership of Respondent's facility changed from Ivy Animal Health, Inc. to Elanco Animal Health Incorporated.

3. On February 18, 2022, the Board received from Respondent a Form BA-04 Manufacturer Registration Application, notifying of the change in ownership from Ivy Animal Health, Inc. to Elanco Animal Health Incorporated, effective March 11, 2019, and applying for a new manufacturer registration under the new ownership.

4. On February 25, 2022, the Board approved Respondent's Manufacturer Application, effective immediately, and issued new Registration No. 4-117300.

## CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1627(f), the Board may take action against a registration to manufacture drugs or devices upon a finding that the registrant has violated the Kansas Pharmacy Practice Act or rules and regulations adopted thereunder.

3. Pursuant to K.S.A. 65-1643(g), it shall be unlawful for any person to manufacture any drugs or devices without first obtaining a registration to do so from the Board.

4. Pursuant to K.S.A. 65-1645(f), any registration issued under K.S.A. 65-1643, and amendments thereto, shall not be transferable.

5. Respondent's failure to submit the complete ownership change application to the Board until February 18, 2022 – almost three years after the change – indicates that Respondent was operating under a manufacturer registration issued to another owner, which is a transfer of the registration in violation of K.S.A. 65-1645(f).

## ORDER

The Board finds and concludes that Respondent's conduct, as described above, violates the Act and such conduct warrants the imposition of a fine pursuant to K.S.A. 65-1658, in the amount of $1,00.00 to be paid within 30 days from the date of this Order.

## NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

3/17/2022
Date

Alex Blasi
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 17th day of March, 2022 deposit in business mail a copy of the foregoing Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

Ivy Animal Health, Inc.
10850 Lakeview Ave
Lenexa KS 66219

Alex Blasi
Kansas Board of Pharmacy Staff

# Drug Establishments Current Registration Site

**New Search (default.cfm)**

Search Results for **Ivy Animal Health**

**CSVExcel**

**Filter:** 108

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Expiration Date |
|---|---|---|---|---|---|
| Ivy Animal Health, Inc. | 3013503383 | 080698078 | ANALYSIS; LABEL; MANUFACTURE; PACK; | 10850 Lakeview Ave., Lenexa, Kansas (KS) 66219, United States (USA) | 12/31/2023 |

Showing 1 to 1 of 1 entries (filtered from 2 total entries)
Previous1Next
Data Current through: Wednesday, Oct 18, 2023

**Return to Drug Firm Annual Registration Status Home Page (default.cfm)**

**Ivy Animal Health, Inc. Corporate Officers**

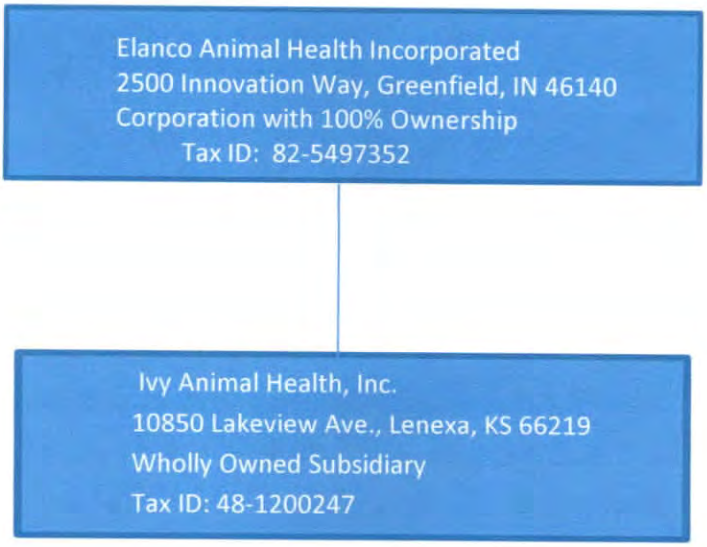
Jose Correia de Simas
President
0%

Beth Haney
Vice President
0%

Catherine Powell
Secretary
0%

Beth Haney
Treasurer
0%

# Ownership Chart



# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IVY ANIMAL HEALTH, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF APRIL, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IVY ANIMAL HEALTH, INC." WAS INCORPORATED ON THE THIRTEENTH DAY OF APRIL, A.D. 1998.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2881164 8300

SR# 20231636604

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203218303

Date: 04-26-23

# Manufacturer Certificate of Renewal of Permit

**NOTICE: Display this renewal with original certificate in a prominant location site**

**APPLICANT MAILING ADDRESS**

ROBERT BEAVER
Ivy Animal Health, Inc.
10850 LAKEVIEW AVENUE
LENEXA, KS 66219

| | |
|---|---|
| **Original Permit #** | 4-117300 |
| **Company Name** | **Ivy Animal Health, Inc.** |
| **Schedules** | CS, 3, 3n |
| **Address** | 10850 LAKEVIEW AVENUE |
| **City/State/Zip** | LENEXA, KS 66219 |
| **Owner** | **Elanco Animal Health Incorporated** |

**KANSAS STATE BOARD OF PHARMACY**

**2023 - 2024**

**Expires June 30, 2024**

**(This is a renewal, not an original registration)**

**Executive Secretary**
**(785) 296-4056**

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RI0506165 | 11-30-2023 | $3699 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 3,3N | MANUFACTURER | 11-07-2022 |

IVY ANIMAL HEALTH INC
DBA ELANCO US INC
10850 LAKEVIEW AVE
LENEXA, KS 662191330

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RI0506165 | 11-30-2023 | $3699 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 3,3N | MANUFACTURER | 11-07-2022 |

IVY ANIMAL HEALTH INC
DBA ELANCO US INC
10850 LAKEVIEW AVE
LENEXA, KS 662191330

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RI0506165 | 11-30-2023 | $3699 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 3,3N | MANUFACTURER | 11-07-2022 |

IVY ANIMAL HEALTH INC
DBA ELANCO US INC
10850 LAKEVIEW AVE
LENEXA, KS 662191330

CONTROLLED SUBSTANCE/REGULATED CHEMICAL
REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

Form DEA-223/511 (9/2016)

**REPORT**

**CHANGES**

**PROMPTLY**

REQUESTING MODIFICATIONS TO YOUR
REGISTRATION CERTIFICATE

To request a change to your registered name, address, the drug schedule or the drug codes you handle, please

1. visit our web site at **deadiversion.usdoj.gov** - or
2. call our customer Service Center at **1-(800) 882-9539** - or
3. submit your change(s) in writing to:

**Drug Enforcement Administration**
**P.O. Box 2639**
**Springfield, VA 22152-2639**

See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.

You have been registered to handle the following chemical/drug codes:

Drug Codes
4000

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 9350333

Application/License No. _____

Ivy Animal Health, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 10850 Lakeview Avenue, Lenexa, KS 66219 (Address of Applicant/Principal), as PRINCIPAL, and Fidelity and Deposit Company of Maryland (Surety Company), a corporation organized under the laws of the state of Illinois (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1299 Zurich Way, 5th Floor, Schaumburg, IL 60196-1056 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 9, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 9th day of August, 20 23.

APPLICANT/PRINCIPAL

Elanco US Inc. DBA Clinton Laboratories

By: Beth Haney
Authorized Representative

SURETY COMPANY

Fidelity and Deposit Company of Maryland

By: Karen L Roider
Surety Company's Representative

Karen L. Roider, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Shannon Stafford
Witness

Jeffrey L Willis
Witness

SIGNED and SEALED in the presence of:

Cynthia L. Choren
Witness Cynthia L. Choren

Debra C. Schneider
Witness Debra C. Schneider

Countersigned by:

n/a
Nevada Resident Agent

**ZURICH AMERICAN INSURANCE COMPANY**
**COLONIAL AMERICAN CASUALTY AND SURETY COMPANY**
**FIDELITY AND DEPOSIT COMPANY OF MARYLAND**
**POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint Karen L. Roider, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 11th day of July, A.D. 2019.

**ATTEST:**
**ZURICH AMERICAN INSURANCE COMPANY**
**COLONIAL AMERICAN CASUALTY AND SURETY COMPANY**
**FIDELITY AND DEPOSIT COMPANY OF MARYLAND**

*By: Robert D. Murray*
*Vice President*

*By: Dawn E. Brown*
*Secretary*

**State of Maryland**
**County of Baltimore**

On this 11th day of July, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2023

## EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify of revoke any such appointment or authority at any time."

## CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 9th day of August, 2023.

Brian M. Hodges, Vice President

**TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:**

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Ivy Animal Health (dba Elanco Animal Health)

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 10850 Lakeview Avenue

City Lenexa State KS Zip 66219

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website www.elanco.com

Licensing Company Email _____

**Section 2: Personal Information**

First Robert Middle Lee Last Beaver III

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] N. Holly St

City Kansas City State MO Zip 64155

Telephone [redacted] Email robert.beaver_iii@elancoah.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Northwest Missouri State University | | 08/91 - 05/96 | |
| **Address** | **City** | **State** | **Zip** |
| 800 University Drive | Maryville | MO | 64468 |
| **Diploma/Degree obtained, if any** | | | |
| BS Animal Science/Agricultural Business | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Maryville RII Highschool | | 08/88 - 05/91 | |
| **Address** | **City** | **State** | **Zip** |
| 1501 South Munn | Maryville | MO | 64468 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/2012 - Present | [redacted] N Holly St (35 minutes from facility) | Kansas City | MO | 64155 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Ivy Animal Health (dba Elanco Animal Health | | | 10/17 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 10850 Lakeview Ave | | Lenexa | KS | 66219 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 913-304-4324 | Quality Director | | > 6,000 + | |
| **Description of Duties** | | | | |
| Responsible for the Quality oversight and compliance of the manufacturing facility. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | ✔ | |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 6. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 3/30/2022 | N/A | KS | Topeka | Shawnee |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| Cse No. 22-070 | | Kansas BOP | | |
| **Reason/Charge** | | | | |
| Fine | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| Ivy Animal Health, Inc. | | | Fine | |
| **Name of Business/Industry/Entity** | | | | |
| Ivy Animal Health, Inc. | | | | |

**Provide explanation below:**

When Elanco separated from Eli Lilly and Company the licensing representative did not initiate an ownership change with Kansas. After the name was changed a $1,000 fine was levied by the Kansas Board of Pharmacy

R. Gt C Rm III
Original Signature (electronic, copies or stamps not accepted)

8/25/2023
Date

I, Robert L Beaver III, **certify that as the designated representative for**

Ivy Animal Health (dba Elanco Animal Health),

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. lb I am at least 21 years of age;
3. lb I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. lb I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. lb I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. lb I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. lb I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Robert Beaver

Print Name (First, Last)

Robert L Beaver III

Original Signature (electronic, copies or stamps not accepted)

8/25/2023

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Robert Beaver

Print Name (First, Last)

R. Lt L. Re III — 8/25/2023

Original Signature (electronic, copies or stamps not accepted) — Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Kansas, ss. County of Johnson

I, Robert Lee Beaver III, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

R. Lt C Re III — 8/25/2023

**Original Signature** — **Date**

Subscribed and Sworn to before me this 25th day of August, 2023

**Notary Public Signature**

NANCY TORGLER
Notary Public-State of Kansas
My Appt. Expires (Seal) 07/14/2026
Johnson County

# Ivy Employees

| First Name | Last Name | Worker Type |
|---|---|---|
| Charley | Adams | Employee |
| Laura | Anderson | Employee |
| Samantha | Beloate | Employee |
| Amanda | Benefield | Employee |
| Angela | Billingsley | Employee |
| Briley | Blessing | Employee |
| Lynn | Browning | Employee |
| Bill | Bumich | Employee |
| Thomas | Docherty | Employee |
| Angelia | Dunbar | Employee |
| Diana | Garten | Employee |
| Caetlin | Girard | Employee |
| Brian | Gorrell | Employee |
| Iris | Guthmiller | Employee |
| Ellen | Henderson | Employee |
| LeErika | Hillen | Employee |
| Allyson | Kauth | Employee |
| Cody | Kirschner | Employee |

| | | |
|---|---|---|
| Sarah | Krickeberg | Employee |
| Kosha | Kumar | Employee |
| Mark | Langemach | Employee |
| David | Lyons | Employee |
| Shana | Lyons | Employee |
| Gargi | Maity | Employee |
| Joseph | Maloney | Employee |
| Caleb | Mason | Employee |
| Jeremy | McClintock | Employee |
| Ken | McConnell | Employee |
| RICKY | MCCRARY | Employee |
| Sara | McCue | Employee |
| Chad | Michalski | Employee |
| Felicia | Nguyen | Employee |
| Chris | Parks | Employee |

| | | |
|---|---|---|
| Larry | Payne | Employee |
| Courtney | Paz | Employee |
| Jay | Peterson | Employee |
| Jesica | Phelan | Employee |
| Robert | Pierce | Employee |
| Meera | Reiff | Employee |
| Shawna | Russell | Employee |
| Casey | Rutherford | Employee |
| Sammie | Shultz | Employee |
| Eric | Siegfreid | Employee |
| Alexander | Simon | Employee |
| Alan | Stewart | Employee |
| Margaret Rachel | Vandever | Employee |
| Ryan | Vandivert | Employee |
| Kristen | Vice | Employee |
| Adam | Workman | Employee |

# 4S

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | ☐ Nevada ☐ Out-of-State |
|---|---|
| **Type of Application (check applicable box)** | **Wholesaler Business Type (check applicable box)** |
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only)<br>* If making a change, provide current license number:<br>WH MP01381 | ■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Linde Inc.

Physical Address: 5270 N. Tom Murray

City: Glendale State: AZ Zip: 85301

Mailing Address (if different from physical address): 175 E. Park DR Bldg. 60

City: Tonawanda State: NY Zip: 14150

Telephone: 716-879-2665 Website: Linde.com

Name of Designated Representative (DR): Caleb Jones

Licensing Company Email: margaret.marren@linde.com DR Email: Caleb.jones@linde.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ■ Hospitals | ■ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: PAM Specialty Hospital of Las
Address: _____ City: Las Vegas State: NV Zip: 89102

Name: Linde Gas & Equipment
Address: _____ City: Henderson State: NV Zip: 89011

Name: Linde Gas & Equipment
Address: _____ City: Sparks State: NV Zip: 89431

Name: University Medical Center
Address: _____ City: Las Vegas State: NV Zip: 89106

**Section 4: Publicly Traded Corporation**

State of Incorporation: Delaware
Parent Company (if any): Linde PLC
Corporation Name: Linde Inc
Mailing Address: 10 Riverview Dr
City: Danbury State: CT Zip: 06810
Telephone: 210-837-2000 Email: lauren.mcgowan@linde.com
Contact Person Name: Lauren McGowan

Date of SEC Registration: 8/14/2017 | SEC Registration Number: 602527 | Stock Exchange Symbol: LIN

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____
Parent Company (if any): _____
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

**Section 6: Partnership**

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/ stockholder/partner/owner owning more than 10% of the business stocks/ shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Linde Inc

Facility Name

Caleb Jones

Print Name of Authorized Person Submitting Application

Caleb Jones

Original signature of Authorized Person (copies or stamps not accepted)

10/11/23

Date

| Board Use Only | Date Received: 10/12/23 | Amount: 1000-CC |
|---|---|---|

Making our world more productive




# Linde Inc

USIG Officer Listing

| | |
|---|---|
| President | Sean Durbin |
| VP, Distribution | John A Sheehy |
| VP, East Region | Todd Lawson |
| VP, Finance | Hezal Patel |
| VP, US Marketing & Sales | Andrew Sarantapoulas |

Making our world more productive

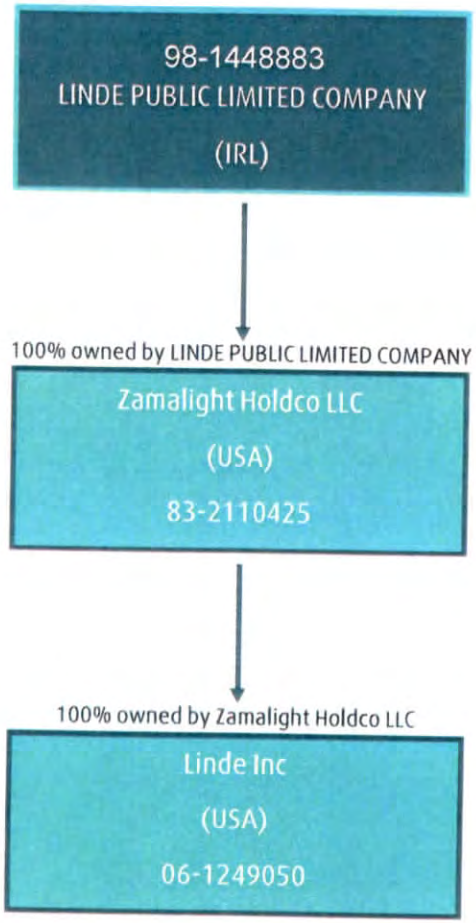



Listed below are the top 4 share holders of Linde PLC and their percentage of ownership:

## Top 10 Owners of Linde PLC

| Stockholder | Stake | Shares owned | Total value ($) | Shares bought / sold | Total change |
|---|---|---|---|---|---|
| The Vanguard Group, Inc. | 8.60% | 41,952,895 | 16,237,448,481 | -170,689 | -0.41% |
| BlackRock Fund Advisors | 4.48% | 21,881,137 | 8,468,875,264 | +448,887 | +2.09% |
| SSgA Funds Management, Inc. | 4.12% | 20,118,836 | 7,786,794,285 | +134,593 | +0.67% |
| Massachusetts Financial Services ... | 2.48% | 12,121,647 | 4,691,562,255 | +231,107 | +1.94% |

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# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 1988.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2176449 8300

SR# 20230679073

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202780442

Date: 02-24-23

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

0821

Receipt Date: 09/05/2023
Receipt Number: 2023153374
Receipt Amount $: 200.00

# Medical Gas - Distributor

**PERMIT NO**
**C000893**

**EXPIRES**
**10/31/2025**

Issued to

Linde Inc. #579
Linde Inc.
5270 N. TOM MURRAY ROAD
GLENDALE, AZ 85301

Linde Inc. #579
5270 N. TOM MURRAY ROAD
GLENDALE, AZ 85301

**EXECUTIVE DIRECTOR**

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Linde Inc.
LICENSE NUMBER : C000893
EXPIRES : 10/31/2025

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

## Important Information

**LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)**

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

**PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)**

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

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September 25, 2023

To Whom It May Concern,

Linde does not work with control substances; they do not have a DEA certificate. We only deal with medical gases.

Thank you

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

| | |
|---|---|
| **PRODUCER**<br>MARSH USA, LLC.<br>1166 Avenue of the Americas<br>New York, NY 10036<br>Attn: NewYork.Certs@marsh.com Fax: 212-948-0500 | **CONTACT NAME:** Ann-Marie Fleming<br>**PHONE (A/C, No, Ext):** 212 345 7960 **FAX (A/C, No):** 212 948 0264<br>**E-MAIL ADDRESS:** Ann-Marie.Fleming@marsh.com |
| **INSURED**<br>Linde Inc.<br>10 Riverview Drive<br>Danbury, CT 06810 | **INSURER(S) AFFORDING COVERAGE** — **NAIC #**<br>**INSURER A :** Old Republic Insurance Company — 24147<br>**INSURER B :**<br>**INSURER C :**<br>**INSURER D :**<br>**INSURER E :**<br>**INSURER F :** |

**COVERAGES** **CERTIFICATE NUMBER:** NYC-010962292-20 **REVISION NUMBER:** 28

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | MWZY-313507-23 | 10/01/2023 | 10/01/2024 | EACH OCCURRENCE | $ 5,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 5,000,000 |
| | | | | | | | MED EXP (Any one person) | $ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 5,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 5,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 5,000,000 |
| | OTHER: | | | | | | | $ |
| A | AUTOMOBILE LIABILITY | | | MWTB-313505-23 | 10/01/2023 | 10/01/2024 | COMBINED SINGLE LIMIT (Ea accident) | $ 10,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED RETENTION $ | | | | | | | $ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | MWC-313504-23 | 10/01/2023 | 10/01/2024 | X PER STATUTE OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / N/A (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT | $ 5,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 5,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 5,000,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Evidence of Insurance

**CERTIFICATE HOLDER**

Linde Inc.
10 Riverview Drive
Danbury, CT 06810

**CANCELLATION**

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

**AUTHORIZED REPRESENTATIVE**

Marsh USA LLC

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# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Linde Inc — MDEG License # (if applicable): _____

Physical Address: 5270 N. Tom Murray

City: Glendale — State: AZ — Zip: 85301

Mailing Address (if different from physical address): 175 East Park Dr

City: Tonawanda — State: NY — Zip: 14150

Telephone: 716-879-2665 — Website: Linde.com

Licensing Company Email: margaret.marren@linde.com

### Section 2: Personal Information

First: Caleb — Middle: _____ — Last: Jones

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] W. MANOR Street

City: Chandler — State: AZ — Zip: 85224

Telephone: [redacted] — Email: Caleb.Jones@linde.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | ✓ | |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | X | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

| School Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Greenville Senior High | | 08/89 - 06/94 |
| **Address** | **City** | **State** / **Zip** |
| 1 Vardry street | Greenville | S.C. / 29601 |
| **Diploma/Degree obtained, if any** | | |
| Diploma | | |

| School Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| | | |
| **Address** | **City** | **State** / **Zip** |
| | | |
| **Diploma/Degree obtained, if any** | | |
| | | |

| School Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| | | |
| **Address** | **City** | **State** / **Zip** |
| | | |
| **Diploma/Degree obtained, if any** | | |
| | | |

| School Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| | | |
| **Address** | **City** | **State** / **Zip** |
| | | |
| **Diploma/Degree obtained, if any** | | |
| | | |

| School Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| | | |
| **Address** | **City** | **State** / **Zip** |
| | | |
| **Diploma/Degree obtained, if any** | | |
| | | |

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| Jun 06/03 - 10/23 | [redacted] west. MAYOR Street | Chandler | AZ. | 85224 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Linde | | | 10/2014 - 10/23 |
| **Business Address** | **City** | **State** | **Zip** |
| 5270 N. Tom Murray | Glendale | AZ. | 85301 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 602-391-8703 | Commercial Truck Driver | | 27,000 |
| **Description of Duties** | | | |
| Transport medical grade Cryogenics/Distribution of medical grade cryogenics | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Business Address | City | State / Zip |
| Phone | Title | Number of Employed Hours |
| Description of Duties | | |

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Business Address | City | State / Zip |
| Phone | Title | Number of Employed Hours |
| Description of Duties | | |

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Business Address | City | State / Zip |
| Phone | Title | Number of Employed Hours |
| Description of Duties | | |

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Business Address | City | State / Zip |
| Phone | Title | Number of Employed Hours |
| Description of Duties | | |

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Business Address | City | State / Zip |
| Phone | Title | Number of Employed Hours |
| Description of Duties | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | ✓ | |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✓ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 2. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 11/2008 | | AZ | Chandler | MARICOPA |
| **Case #** | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | | |
| 08-C-3251801A | Chandler Municipal Court | | | |
| **Reason/Charge** | | | | |
| Order Granting Application to set aside judgement | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | **Lawsuit/Arbitration/Bankruptcy** | | | |
| State of Arizona | N/A | | | |
| **Name of Business/Industry/Entity** | | | | |
| N/A | | | | |

**Provide explanation below:**

Caleb Jones
Original Signature (electronic, copies or stamps not accepted)

10/11/23
Date

I, Caleb Jones, **certify that as the MDEG Administrator for** Linde Inc. Phoenix #60579, **that I (initial that you have read and meet the following requirements):**

1. CJ Have a high school diploma or its equivalent;
2. CJ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. CJ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. CJ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Caleb Jones
Print Name (First, Last)

Caleb Jones
Original Signature (electronic, copies or stamps not accepted)

10/11/2023
Date

| Board Use Only | Date Received: 10/12/23 |
|---|---|

IN THE CHANDLER MUNICIPAL COURT
MARICOPA COUNTY, STATE OF ARIZONA
200 E. Chicago Street, Chandler, Arizona 85225

STATE OF ARIZONA,

Plaintiff,

vs.

CALEB JONES,

Defendant.

ORDER GRANTING APPLICATION TO SET ASIDE JUDGMENT

Case No(s):
08-C-3251801A

The Defendant having filed an Application to Set Aside Judgment pursuant to ARS 13-907 and the Plaintiff taking no position,

IT IS ORDERED granting the Application and setting aside the judgment of Defendant's guilt pursuant to ARS 13-907.

IT IS FURTHER ORDERED dismissing the Complaint or accusation against the Defendant.

IT IS FURTHER ORDERED releasing the Defendant from any further penalties and disabilities resulting from the conviction or plea other than those imposed by the Arizona Department of Transportation pursuant to A.R.S. Sections 28-445 or 28-446 [or any superceding statutes], except that the Plaintiff may plead and prove the conviction in any subsequent prosecution of Defendant for any offense as if the Court had not set aside the judgment of guilt.

DONE IN OPEN COURT on this 18th Day of DECEMBER, 2009.

RAY ADDINGTON

RAY ADDINGTON
City Magistrate

CERTIFICATE OF TRANSMITTAL

of the foregoing
ed/hand delivered this

Copy of the foregoing
mailed/hand delivered this

To whom it may concern,

The case in which I was placed into custody is ordered to set aside judgement of guilt and dismissing the complaint and accusation against me the defendant. Thank you.

Caleb Jones

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

# FORM 8-K

CURRENT REPORT
PURSUANT TO SECTION 13 OR 15(d) OF THE
SECURITIES EXCHANGE ACT OF 1934

DATE OF REPORT (Date of earliest event reported): July 24, 2023

# Linde plc

(Exact name of registrant as specified in its charter)

| Ireland | 001-38730 | 98-1448883 |
|---|---|---|
| (State or other jurisdiction of incorporation) | (Commission File Number) | (I.R.S. Employer Identification No.) |

| 10 Riverview Dr.<br>Danbury, Connecticut<br>United States 06810 | Forge<br>43 Church Street West<br>Woking, Surrey GU21 6HT<br>United Kingdom |
|---|---|

(Address of principal executive offices) (Zip Code)

+44 1483 242200
(Registrant's telephone numbers, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

| Title of each class | Trading symbol(s) | Name of each exchange on which registered |
|---|---|---|
| Ordinary shares (€0.001 nominal value per share) | LIN | New York Stock Exchange |

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

**Item 3.03 Material Modification to Rights of Security Holders.**

The rights of shareholders of Linde plc are governed by its Memorandum and Articles of Association (the "Constitution") and the Irish Companies Act 2014. The Constitution was amended at the Annual General Meeting of Shareholders of Linde plc that was held on July 24, 2023 (the "AGM") to reduce certain supermajority shareholder vote requirements (see "Proposal 4" in Item 5.07 below). A copy of the Constitution as amended and restated is filed as Exhibit 3.1 to this Current Report on Form 8-K and is incorporated by reference into this Item 3.03. A description of the amendments to the Constitution is set forth in Linde plc's Definitive Proxy Statement filed with the SEC on May 1, 2023, under the section titled "Proposal 4: Amendments to Linde's Memorandum and Articles of Association to Reduce Certain Supermajority Shareholder Voting Requirements" and is incorporated by reference into this Item 3.03.

**ITEM 5.07 Submission of Matters to a Vote of Security Holders**

The Linde plc AGM was held on July 24, 2023, at which shareholders voted upon the items set forth below. The total number of shares that were present or represented by proxy at the Annual Meeting was 411,082,505 which was 83.95% of the shares outstanding and entitled to vote and which constituted a quorum. The final voting results of the items submitted to a vote of the shareholders are set forth below.

**Proposal 1**

The ten nominees for election as a director were elected to serve until the 2024 annual general meeting of shareholders and until his or her successor is elected and qualified. The vote results were as follows:

| Director Nominees | Shares For | Shares Against | Shares Abstained | Broker Non-Votes | % of Votes Cast For |
|---|---|---|---|---|---|
| Stephen F. Angel | 379,268,002 | 12,302,153 | 793,853 | 18,718,497 | 96.86% |
| Sanjiv Lamba | 386,564,810 | 4,948,190 | 851,008 | 18,718,497 | 98.74% |
| Prof. DDr. Ann-Kristin Achleitner | 370,461,615 | 21,092,452 | 809,941 | 18,718,497 | 94.61% |
| Dr. Thomas Enders | 385,655,871 | 6,020,848 | 687,289 | 18,718,497 | 98.46% |
| Hugh Grant | 379,888,078 | 11,781,450 | 694,480 | 18,718,497 | 96.99% |
| Joe Kaeser | 300,400,717 | 84,238,259 | 7,725,032 | 18,718,497 | 78.10% |
| Victoria E. Ossadnik | 373,173,756 | 18,512,444 | 677,808 | 18,718,497 | 95.27% |
| Prof. Dr. Martin H. Richenhagen | 371,753,286 | 19,883,901 | 726,821 | 18,718,497 | 94.92% |
| Alberto Weisser | 385,777,566 | 5,882,787 | 703,655 | 18,718,497 | 98.50% |
| Robert L. Wood | 384,279,497 | 7,366,642 | 717,869 | 18,718,497 | 98.12% |

**Proposal 2a**

Shareholders ratified, on an advisory and non-binding basis, the appointment of PricewaterhouseCoopers ("PWC") as the independent auditor by the votes set forth below.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 390,337,540 | 20,505,674 | 239,291 | N/A |
| (94.95% of votes cast) | (4.98% of votes cast) | | |

**Proposal 2b**

Shareholders approved the authorization of the Board, acting through the Audit Committee, to determine PWC's remuneration by the votes set forth below.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 403,800,710 | 6,888,594 | 393,201 | N/A |
| (98.23% of votes cast) | (1.68% of votes cast) | | |

**Proposal 3**

Shareholders approved, on an advisory and non-binding basis, the compensation of Linde plc's Named Executive Officers as disclosed in the 2023 proxy statement by the votes set forth below.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 374,237,043 | 17,505,109 | 621,856 | 18,718,497 |
| (95.38% of votes cast) | (4.46% of votes cast) | | |

**Proposal 4**

Shareholders approved the proposal to amend Linde's Irish Memorandum and Articles of Association to reduce certain supermajority shareholder vote requirements.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 390,900,058 | 1,123,465 | 340,485 | 18,718,497 |
| (99.63% of votes cast) | (0.29% of votes cast) | | |

**ITEM 9.01. Financial Statements and Exhibits.**

(d) Exhibits. The following exhibit is furnished herewith pursuant to Item 3.03 hereof:

| Exhibit No. | Description |
|---|---|
| 3.1 | Amended and Restated Memorandum and Articles of Association of Linde plc dated July 24, 2023 |
| 104 | Cover Page Interactive Data File (embedded within the Inline XBRL document) |

**SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

**LINDE PLC**

By: /s/ Guillermo Bichara
Name: Guillermo Bichara
Title: Chief Legal Officer

Date: July 28, 2023

**EXHIBIT 3.1**

**Companies Act 2014**

**PUBLIC LIMITED COMPANY**

**CONSTITUTION**

**OF**

**LINDE PUBLIC LIMITED COMPANY**

**MEMORANDUM OF ASSOCIATION**

1. The name of the Company is LINDE PUBLIC LIMITED COMPANY.

2. The Company is a public limited company, registered under Part 17 of the Companies Act 2014.

3. The objects for which the Company is established are:

3.1 To carry on the business of a holding company and to co-ordinate the administration, finances and activities of any subsidiary companies or associated companies, to do all lawful acts and things whatever that are necessary or convenient in carrying on the business of such a holding company and in particular to carry on in all its branches the business of a management services company, to act as managers and to direct or coordinate the management of other companies or of the business, property and estates of any company or person and to undertake and carry out all such services in connection therewith as may be deemed expedient by the Company's board of directors and to exercise its powers as a shareholder of other companies.

3.2 To carry on the businesses of manufacturer, distributor, wholesaler, retailer, service provider, investor, designer, trader and any other business (except the issuing of policies of insurance) which may seem to the Company's board of directors capable of being conveniently carried on in connection with these objects or calculated directly or indirectly to enhance the value of or render more profitable any of the Company's property.

3.3 To carry on all or any of the businesses as aforesaid either as a separate business or as the principal business of the Company.

3.4 To invest and deal with the property of the Company in such manner as may from time to time be determined by the Company's board of directors and to dispose of or vary such investments and dealings.

3.5 To borrow or raise money or capital in any manner and on such terms and subject to such conditions and for such purposes as the Company's board of directors shall think fit or expedient, whether alone or jointly and/or severally with any other person or company, including, without prejudice to the generality of the foregoing, whether by the issue of debentures or debenture stock (perpetual or otherwise) or otherwise, and to secure, with or without consideration, the payment or repayment of any money borrowed, raised or owing or any debt, obligation or liability of the Company or of any other person or company whatsoever in such manner and on such terms and conditions as the Company's board of directors shall think fit or expedient and, in particular by mortgage, charge, lien, pledge or debenture or any other security of whatsoever nature or howsoever described, perpetual or otherwise, charged upon all or any of the Company's property, both present and future, and to purchase, redeem or pay off any such securities or borrowings and also to accept capital contributions from any person or company in any manner and on such terms and conditions and for such purposes as the Company's board of directors shall think fit or expedient.

3.6 To lend and advance money or other property or give credit or financial accommodation to any company or person in any manner either with or without security and whether with or without the payment of interest and upon such terms and conditions as the Company's board of directors shall think fit or expedient.

3.7 To guarantee, indemnify, grant indemnities in respect of, enter into any suretyship or joint obligation, or otherwise support or secure, whether by personal covenant, indemnity or undertaking or by mortgaging, charging, pledging or granting a lien or other security over all or any part of the Company's property (both present and future) or by any one or more of such methods or any other method and whether in support of such guarantee or indemnity or suretyship or joint obligation or otherwise, on such terms and conditions as the Company's board of directors shall think fit, the payment of any debts or the performance or discharge of any contract, obligation or liability of any person or company (including, without prejudice to the generality of the foregoing, the payment of any capital, principal, dividends or interest on any stocks, shares, debentures, debenture stock, notes, bonds or other securities of any person, authority or company) including, without prejudice to the generality of the foregoing, any company which is for the time being the Company's holding company or another subsidiary (as defined by the Act) of the Company's holding company or a subsidiary of the Company or otherwise associated with the Company (including any arrangements of the Company or any of its subsidiaries described in paragraph 3.19), in each case notwithstanding the fact that the Company may not receive any consideration, advantage or benefit, direct or indirect, from entering into any such guarantee or indemnity or suretyship or joint obligation or other arrangement or transaction contemplated herein.

3.8 To grant, convey, assign, transfer, exchange or otherwise alienate or dispose of any property of the Company of whatever nature or tenure for such price, consideration, sum or other return whether equal to or less than the market value thereof or for shares, debentures or securities and whether by way of gift or otherwise as the Company's board of directors shall deem fit or expedient and where the property consists of real property to grant any fee farm grant or lease or to enter into any agreement for letting or hire of any such property for a rent or return equal to or less than the market or rack rent therefor or at no rent and subject to or free from covenants and restrictions as the Company's board of directors shall deem appropriate.

3.9 To purchase, take on, lease, exchange, rent, hire or otherwise acquire any property and to acquire and undertake the whole or any part of the business and property of any company or person.

3.10 To develop and turn to account any land acquired by the Company or in which it is interested and in particular by laying out and preparing the same for building purposes, constructing, altering, pulling down, decorating, maintaining, fitting out and improving buildings and conveniences and by planting, paving, draining, farming, cultivating, letting and by entering into building leases or building agreements and by advancing money to and entering into contracts and arrangements of all kinds with builders, contractors, architects, surveyors, purchasers, vendors, tenants and any other person.

3.11 To construct, improve, maintain, develop, work, manage, carry out or control any property which may seem calculated directly or indirectly to advance the Company's interest and to contribute to, subsidise or otherwise assist or take part in the construction, improvement, maintenance, working, management, carrying out or control thereof.

3.12 To draw, make, accept, endorse, discount, execute and issue promissory notes, bills of exchange, bills of lading, warrants, debentures and other negotiable or transferable instruments.

3.13 To engage in currency exchange, interest rate and commodity transactions including, but not limited to, dealings in foreign currency, spot and forward rate exchange contracts, futures, options, forward rate agreements, swaps, caps, floors, collars and any other foreign exchange, interest rate or commodity hedging arrangements and such other instruments as are similar to, or derived from, any of the foregoing whether for the purpose of making a profit or avoiding a loss or managing a currency, interest rate or commodity exposure or any other exposure or for any other purpose.

3.14 As a pursuit in itself or otherwise and whether for the purpose of making a profit or avoiding a loss or managing a currency, interest rate or commodity exposure or any other exposure or for any other purpose whatsoever, to engage in any currency exchange transactions, interest rate transactions and commodity transactions, derivative and/or treasury transactions and any other financial or other transactions, including (without prejudice to the generality of the foregoing) securitisation, treasury and/or structured finance transactions, of whatever nature in any manner and on any terms and for any purposes whatsoever, including, without prejudice to the generality of the foregoing, any transaction entered into in connection with or for the purpose of, or capable of being for the purposes of, avoiding, reducing, minimising, hedging against or otherwise managing the risk of any loss, cost, expense, or liability arising, or which may arise, directly or indirectly, from a change or changes in any interest rate or currency exchange rate or in the price or value of any property, asset, commodity, index or liability or from any other risk or factor affecting the Company's business, including but not limited to dealings whether involving purchases, sales or otherwise in foreign currency, spot and/or forward rate exchange contracts, futures, options, forward rate agreements, swaps, caps, floors, collars and/or any such other currency or interest rate or commodity or other hedging, treasury or structured finance arrangements and such other instruments as are similar to, or derived from any of the foregoing.

3.15 To apply for, establish, create, purchase or otherwise acquire, sell or otherwise dispose of and hold any patents, trade marks, copyrights, brevets d'invention, registered designs, licences, concessions and the like conferring any exclusive or non-exclusive or limited rights to use or any secret or other information and any invention and to use, exercise, develop or grant licences in respect of or otherwise turn to account or exploit the property, rights or information so held.

3.16 To enter into any arrangements with any governments or authorities, national, local or otherwise and to obtain from any such government or authority any rights, privileges and concessions and to carry out, exercise and comply with any such arrangements, rights, privileges and concessions.

3.17 To establish, form, register, incorporate or promote any company or companies or person, whether inside or outside of Ireland.

3.18 To procure that the Company be registered or recognised whether as a branch or otherwise in any country or place.

3.19 To enter into partnership or into any arrangement for sharing profits, union of interests, co-operation, joint venture, reciprocal concession or otherwise with any person or company carrying on or engaged in or about to carry on or engage in any business or transaction and to engage in any transaction in connection with the foregoing.

3.20 To acquire or amalgamate with any other company or person.

3.21 To acquire and undertake the whole or any part of the business, good-will and assets of any person, firm or company carrying on or proposing to carry on any of the businesses which this Company is authorised to carry on, and as part of the consideration for such acquisition to undertake all or any of the liabilities of such person, firm or company, or to acquire an interest in, amalgamate with, or enter into any arrangement for sharing profits, or for co-operation, or for mutual assistance with any such person, firm or company and to give or accept by way of consideration for any of the acts or things aforesaid or property acquired, any shares, debentures, debenture stock or securities that may be agreed upon, and to hold and retain or sell, mortgage or deal with any shares, debentures, debenture stock or securities so received.

3.22 To promote freedom of contract, and to resist, insure against, counteract and discourage interference therewith, to join any lawful federation, union or association, or do any other lawful act or thing with a view to preventing or resisting directly or indirectly any interruption of or interference with the Company's or any other trade or business or providing or safeguarding against the same, or resisting or opposing any strike, movement or organisation which may be thought detrimental to the interests of the Company or its employees and to subscribe to any association or fund for any such purposes.

3.23 To make gifts to any person or company including, without prejudice to the generality of the foregoing, capital contributions and to grant bonuses to the directors or any other persons or companies who are or have been in the employment of the Company including substitute directors and any other officer or employee.

3.24 To establish and support or aid in the establishment and support of associations, institutions, funds, trusts and conveniences calculated to benefit directors, ex-directors, employees or ex-employees of the Company or any subsidiary of the Company or the dependants or connections of such persons, and to grant pensions and allowances upon such terms and in such manner as the Company's board of directors think fit, and to make payments towards insurance and to subscribe or guarantee money for charitable or benevolent objects or for any exhibition or for any public, general or useful object, or any other object whatsoever which the Company's board of directors may think advisable.

3.25 To establish and contribute to any scheme for the purchase of shares or subscription for shares in the Company, its holding company or any of its or their respective subsidiaries, to be held for the benefit of the employees or former employees of the Company or any subsidiary of the Company including any person who is or was a director holding a salaried employment or office in the Company or any subsidiary of the Company and to lend or otherwise provide money to the trustees of such schemes or the employees or former employees of the Company or any subsidiary of the Company to enable them to purchase shares of the Company, its holding company or any of its or their respective subsidiaries and to formulate and carry into effect any scheme for sharing the profits of the Company, its holding company or any of its or their respective subsidiaries with its employees and/or the employees of any of its subsidiaries.

3.26 To remunerate any person or company for services rendered or to be rendered in placing or assisting to place or guaranteeing the placing of any of the shares of the Company's capital or any debentures, debenture stock or other securities of the Company or in or about the formation or promotion of the Company or the conduct of its business.

3.27 To obtain any Act of the Oireachtas or provisional order for enabling the Company to carry any of its objects into effect or for effecting any modification of the Company's constitution or for any other purpose which may seem expedient and to oppose any proceedings or applications which may seem calculated directly or indirectly to prejudice the Company's interests.

3.28 To adopt such means of making known the products of the Company as may seem expedient and in particular by advertising in the press, by circulars, by purchase and exhibition of works of art or interest, by publication of books and periodicals and by granting prizes, rewards and donations.

3.29 To undertake and execute the office of trustee and nominee for the purpose of holding and dealing with any property of any kind for or on behalf of any person or company; to act as trustee, nominee, agent, executor, administrator, registrar, secretary, committee or attorney generally for any purpose and either solely or with others for any person or company; to vest any property in any person or company with or without any declared trust in favour of the Company.

3.30 To pay all costs, charges, fees and expenses incurred or sustained in or about the promotion, establishment, formation and registration of the Company.

3.31 To do all or any of the above things in any part of the world, and as principals, agents, contractors, trustees or otherwise and by or through trustees, agents or otherwise and either alone or in conjunction with any person or company.

3.32 To distribute the property of the Company in specie among the members or, if there is only one, to the sole member of the Company.

3.33 To do all such other things as the Company's board of directors may think incidental or conducive to the attainment of the above objects or any of them.

NOTE: it is hereby declared that in this memorandum of association:

a) the word "company", except where used in reference to this Company, shall be deemed to include a body corporate, whether a company (wherever formed, registered or incorporated), a corporation aggregate, a corporation sole and a national or local government or other legal entity; and

b) the word "person", shall be deemed to include any individual, firm, body corporate, association or partnership, government or state or agency of a state, local authority or government body or any joint venture association or partnership (whether or not having a separate legal personality) and that person's personal representatives, successors or permitted assigns; and

c) the word "property", shall be deemed to include, where the context permits, real property, personal property including choses or things in action and all other intangible property and money and all estates, rights, titles and interests therein and includes the Company's uncalled capital and future calls and all and every other undertaking and asset; and

d) a word or expression used in this memorandum of association which is not otherwise defined and which is also used in the Companies Act 2014, as amended, shall have the same meaning here, as it has in the Companies Act 2014, as amended; and

e) any phrase introduced by the terms "including", "include" and "in particular" or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms, whether or not followed by the phrases "but not limited to", "without prejudice to the generality of the foregoing" or any similar expression; and

f) words denoting the singular number only shall include the plural number and vice versa and references to one gender includes all genders; and

g) it is intended that the objects specified in each paragraph in this clause shall, except where otherwise expressed in such paragraph, be separate and distinct objects of the Company and shall not be in any way limited or restricted by reference to or inference from the terms of any other paragraph or the order in which the paragraphs of this clause occur or the name of the Company.

4. The liability of the members is limited.

5. The authorised share capital of the Company is €1,825,000 divided into 1,750,000,000 ordinary shares of €0.001 each, 25,000 A ordinary shares of €1.00 each, 25,000 deferred shares of €1.00 each and 25,000,000 preferred shares of €0.001 each.

6. The shares forming the capital, may be increased or reduced and be divided into such classes and issued with any special rights, privileges and conditions or with such qualifications as regards preference, dividend, capital, voting or other special incidents, and be held upon such terms as may be attached thereto or as may from time to time be provided by the original or any substituted or amended articles of association and regulations of the Company for the time being, but so that where shares are issued with any preferential or special rights attached thereto such rights shall not be alterable otherwise than pursuant to the provisions of the Company's articles of association for the time being.

# LINDE PUBLIC LIMITED COMPANY

## ARTICLES OF ASSOCIATION

**Interpretation and general**

1. Sections 83, 84 and, for the avoidance of doubt, 117(9) of the Act shall apply to the Company but, subject to that, the provisions set out in these Articles shall constitute the whole of the regulations applicable to the Company and no other "optional provisions" as defined by section 1007(2) of the Act shall apply to the Company.

2. In these Articles:

2.1 "**Act**", means the Companies Act 2014 and every statutory modification and re-enactment thereof for the time being in force;

2.2 "**Adoption Date**", means the effective date of adoption of these Articles;

2.3 "**Approved Nominee**", means a person appointed under contractual arrangements with the Company to hold shares or rights or interests in shares of the Company on a nominee basis;

2.4 "**Article**", means an article of these Articles;

2.5 "**Articles**", means these articles of association as from time to time and for the time being in force;

2.6 "**Auditors**", means the auditors for the time being of the Company;

2.7 "**A Ordinary Shares**", means the A ordinary shares of €1.00 each in the capital of the Company;

2.8 "**Board**", means the board of Directors of the Company;

2.9 "**Chairman**", means the person occupying the position of Chairman of the Board from time to time;

2.10 "**Chief Executive Officer**", shall include any equivalent office;

2.11 "**Clear Days**", means, in relation to a period of notice, that period excluding the day when the notice is given or deemed to be given and excluding the day for which notice is being given or on which an action or event for which notice is being given is to occur or take effect;

2.12 "**Company**", means the company whose name appears in the heading to these Articles;

2.13 "**Company Secretary**", means the person or persons appointed as company secretary or joint company secretary of the Company from time to time and shall include any assistant or deputy secretary;

2.14 "**Deferred Shares**", means the deferred shares of €1.00 each in the capital of the Company;

2.15 "**Directors**", means the directors for the time being of the Company or any of them acting as the Board;

2.16 "**electronic communication**", has the meaning given to that word in the Electronic Commerce Act 2000 and in addition includes in the case of notices or documents issued on behalf of the Company, such documents being made available or displayed on a website of the Company (or a website designated by the Board);

2.17 "**Exchange**", means any securities exchange or other system on which the shares of the Company may be listed or otherwise authorised for trading from time to time in circumstances where the Company has approved such listing or trading;

2.18 "**Exchange Act**", means the Securities Exchange Act of 1934 of the United States, as amended;

2.19 "**Group**", means the Company and its subsidiaries from time to time and for the time being;

2.20 "**member**", means in relation to any share, the member whose name is entered in the Register as the holder of the share or, where the context permits, the members whose names are entered in the Register as the joint holders of shares and shall include a member's personal representatives in consequence of his or her death or bankruptcy;

2.21 "**Memorandum**", means the memorandum of association of the Company;

2.22 "**Office**", means the registered office for the time being of the Company;

2.23 "**Ordinary Shares**", means the ordinary shares of €0.001 each in the capital of the Company;

2.24 "**Preferred Shares**", means the preferred shares of €0.001 each in the capital of the Company;

2.25 "**Redeemable Shares**", means redeemable shares as defined by section 64 of the Act;

2.26 "**Register**", means the register of members of the Company to be kept as required by the Act;

2.27 "**Scheme**", means the scheme of arrangement published by Rounderway Public Limited Company (previously known as "Linde Public Limited Company" and incorporated in Ireland with company number 602527) on 9 December 2022;

2.28 "**SEC**", means the U.S. Securities and Exchange Commission.

NOTE: it is hereby declared that in these Articles:

a) the word "company", except where used in reference to this Company, shall be deemed to include a body corporate, whether a company (wherever formed, registered or incorporated), a corporation aggregate, a corporation sole and a national or local government or other legal entity; and

b) the word "person", shall be deemed to include any individual, firm, body corporate, association or partnership, government or state or agency of a state, local authority or government body or any joint venture association or partnership (whether or not having a separate legal personality) and that person's personal representatives, successors or permitted assigns; and

c) the word "property", shall be deemed to include, where the context permits, real property, personal property including choses or things in action and all other intangible property and money and all estates, rights, titles and interests therein and includes the Company's uncalled capital and future calls and all and every other undertaking and asset; and

d) a word or expression used in the Articles which is not otherwise defined and which is also used in the Act shall have the same meaning here, as it has in the Act; and

e) any phrase introduced by the terms "including", "include" and "in particular" or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms, whether or not followed by the phrases "but not limited to", "without prejudice to the generality of the foregoing" or any similar expression; and

f) words denoting the singular number only shall include the plural number and vice versa and references to one gender includes all genders.

**Authorised share capital**

3. The authorised share capital of the Company is €1,825,000 divided into 1,750,000,000 Ordinary Shares of €0.001 each, 25,000 A Ordinary Shares of €1.00 each, 25,000 Deferred Shares of €1.00 each and 25,000,000 preferred shares of €0.001 each.

**Rights attaching to Ordinary Shares and A Ordinary Shares**

4. The Ordinary Shares and the A Ordinary Shares shall entitle the holders thereof to the following rights:

4.1 subject to the right of the Company to set record dates for the purposes of determining the identity of members entitled to notice of and/or to vote at a general meeting and the authority of the Board and chairperson of the meeting to maintain order and security, the right to attend any general meeting of the Company and to exercise one vote per Ordinary Share and one vote per A Ordinary Share held at any general meeting of the Company;

4.2 the right to participate pro rata in all dividends declared by the Company; and

4.3 the right, in the event of the Company's winding up, to participate pro rata in the total assets of the Company.

5. The rights attaching to the Ordinary Shares may be subject to the terms of issue of any series or class of Preferred Shares allotted by the Directors from time to time in accordance with Article 6.

**Rights attaching to Preferred Shares**

6. The Board is empowered to cause the Preferred Shares to be issued from time to time as shares of one or more series of Preferred Shares, and in the resolution or resolutions providing for the issue of Preferred Shares of each particular series, before issuance, the Board is expressly authorised to fix:

6.1 the distinctive designation of such series and the number of shares which shall constitute such series, which number may be increased (except as otherwise provided by the Board in creating such series) or decreased (but not below the number of shares thereof then in issue) from time to time by resolution of the Board;

6.2 the rate of dividends payable on shares of such series, if any, whether or not and upon what conditions dividends on shares of such series shall be cumulative and, if cumulative, the date or dates from which dividends shall accumulate and the preference or relation which such dividends shall bear to the dividends payable on any other class or classes or on any other series of share capital;

6.3 the terms, if any, on which shares of such series may be redeemed, including without limitation, the redemption price or prices for such series, which may consist of a redemption price or scale of redemption prices applicable only to redemption in connection with a sinking fund (which term as used herein shall include any fund or requirement for the periodic purchase or redemption of shares), and the same or a different redemption price or scale of redemption prices applicable to any other redemption;

6.4 the terms and amount of any sinking fund provided for the purchase or redemption of shares of such series;

6.5 the amount or amounts which shall be paid to the holders of shares of such series in case of liquidation, dissolution or winding up of the Company, whether voluntary or involuntary;

6.6 the terms, if any, upon which the holders of shares of such series may convert shares thereof into shares of any other class or classes or of any one or more series of the same class or of another class or classes;

6.7 the voting rights, full or limited, if any, of the shares of such series; and whether or not and under what conditions the shares of such series (alone or together with the shares of one or more other series having similar provisions) shall be entitled to vote separately as a single class, for the election of one or more additional Directors in case of dividend arrears or other specified events, or upon other matters;

6.8 whether or not the holders of shares of such series, as such, shall have any pre-emptive or preferential rights to subscribe for or purchase shares of any class or series of shares of the Company, now or hereafter authorised, or any securities convertible into, or warrants or other evidences of optional rights to purchase or subscribe for, shares of any class or series of the Company, now or hereafter authorised;

6.9 the limitations and restrictions, if any, to be effective while any shares of such series are outstanding upon the payment of dividends, or the making of other distributions on, and upon the purchase, redemption or other acquisition by the Company of, any other class or classes of shares ranking junior to the shares of such series either as to dividends or upon liquidation, dissolution or winding up;

6.10 the conditions or restrictions, if any, upon the creation of indebtedness of the Company or upon the issuance of any additional shares (including additional shares of such series or of any other class) ranking on a parity with or prior to the shares of such series as to dividends or distribution of assets upon liquidation; and

6.11 such other rights, preferences and limitations as may be permitted to be fixed by the Board of the Company under the laws of Ireland as in effect at the time of the creation of such series.

7. The Board is authorised to change the designations, rights, preferences and limitations of any series of Preferred Shares theretofore established, no shares of which have been issued.

8. The rights conferred upon the member of any pre-existing shares in the share capital of the Company shall be deemed not to be varied by the creation, issue and allotment of Preferred Shares in accordance with these Articles.

9. Unless the Board determines otherwise, any share in the capital of the Company shall be deemed to be a Redeemable Share on, and from the time of, the existence or creation of an agreement, transaction or trade between the Company and any person (who may or may not be a member) pursuant to which the Company acquires or will acquire a share in the capital of the Company, or an interest in shares in the capital of the Company, from the relevant person, save for an acquisition for nil consideration pursuant to section 102(1)(a) of the Act. In these circumstances, the acquisition of such shares by the Company, save where acquired for nil consideration in accordance with the Act, shall constitute the redemption of a Redeemable Share in accordance with Chapter 6 of Part 3 of the Act. No resolution, whether special or otherwise, shall be required to be passed to deem any share in the capital of the Company a Redeemable Share.

| Last name | First name | Position Description |
|---|---|---|
| Ruiz | Joseph | Bulk Truck Driver |
| Shain | Mark | Vehicle Mechanic |
| Hill | Jesse | Bulk Truck Driver |
| Jones | Caleb | Bulk Truck Driver |
| Barnhart | Anthony | Bulk Truck Driver |
| Umi | Kambui | Bulk Truck Driver |
| Robinson | Joel | Bulk Truck Driver |
| King | Bryan | Bulk Truck Driver |
| Weyers | Jason | Bulk Truck Driver |
| Neal | Zachary | Bulk Truck Driver |
| Parsons | Ronald | Bulk Truck Driver |
| Rodriguez | Joseph | Bulk Truck Driver |
| Owen | Michael | Supt, Distribution |
| Mcclain | Steven | Bulk Truck Driver |
| Davenport | Danny | Bulk Truck Driver |
| Dixon | David | Vehicle Mechanic |
| Rose | Michael | Bulk Truck Driver |
| Sheperd | Daniel | Bulk Truck Driver |
| Lopez | Lucio | Bulk Truck Driver |
| Mosley | Austin | Bulk Truck Driver |
| Ortega | Andrew | Bulk Truck Driver |
| Bonillas | Marlon | Bulk Truck Driver |
| Dahlke | Brian | Bulk Truck Driver |
| Aronov | Yuri | Bulk Truck Driver |

# 4T

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH MP00493 | ■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Linde Inc

Physical Address: 12385 West State Rd. 201

City: Magna State: UT Zip: 84404

Mailing Address (if different from physical address): 175 E. Park DR Bldg 60

City: Tonawanda State: NY Zip: 14150

Telephone: 716-879-2665 Website: linde.com

Name of Designated Representative (DR): Kevin Krawczyk

Licensing Company Email: lauren.mcgowan@linde.com DR Email: kevin.krawczyk@linde.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ■ Hospitals | ■ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: PAM Specialty Hospital of Las
Address: _____ City: Las Vegas State: NV Zip: 89102

Name: Linde Gas & Equipment
Address: _____ City: Henderson State: NV Zip: 89011

Name: Linde Gas & Equipment
Address: _____ City: Sparks State: NV Zip: 89431

Name: University Medical Center
Address: _____ City: Las Vegas State: NV Zip: 89106

**Section 4: Publicly Traded Corporation**

State of Incorporation: Delaware
Parent Company (if any): Linde PLC
Corporation Name: Linde Inc
Mailing Address: 10 Riverview Dr
City: Danbury State: CT Zip: 06810
Telephone: 210-837-2000 Email: lauren.mcgowan@linde.com
Contact Person Name: Lauren McGowan
Date of SEC Registration: 8/14/2017 SEC Registration Number: 602527 Stock Exchange Symbol: LIN

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____
Parent Company (if any): _____
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

**Section 6: Partnership**

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✔ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✔ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/ stockholder/partner/owner owning more than 10% of the business stocks/ shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Linde Inc

Facility Name

Kevin Krawczyk

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

08-17-23

Date

| Board Use Only | Date Received: 9/19/23 | Amount: 1000-cc ✓ |
|---|---|---|

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

# Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **linde**

CSVExcel

**Filter:** magna

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Expiration Date |
|---|---|---|---|---|---|
| Linde Inc. | 1750014 | 051293231 | MANUFACTURE; | 12385 West Hwy 201, Magna, Utah (UT) 84044, United States (USA) | 12/31/2023 |

Showing 1 to 1 of 1 entries (filtered from 161 total entries)
Previous1Next
Data Current through: Wednesday, Aug 16, 2023

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

0855

Making our world more productive



Linde Inc.

USIG Officer Listing

| | |
|---|---|
| President | Dan Yankowski |
| VP Distribution | John Sheehy |
| VP West Region | Marcos Cuevas |
| VP Finance | Hezal Patel |
| VP US Marketing & Sales | Andrew Sarantapoulas |

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 1988.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2176449 8300

SR# 20230679073

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202780442

Date: 02-24-23

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

**Linde Inc**

EFFECTIVE **11/09/2020**

EXPIRATION **09/30/2025**

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

11968653-1710 Pharmacy - Class C

Manufacturer

**DBA:** None Associated

**IMPORTANT LICENSURE REMINDERS:**

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

LINDE INC
12385 W ALT HWY 50
MAGNA UT 84044

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

## STATE OF UTAH
## DEPARTMENT OF COMMERCE
## DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
## ACTIVE LICENSE

EFFECTIVE DATE: **11/09/2020**

EXPIRATION DATE: **09/30/2025**

ISSUED TO: **Linde Inc**
**12385 W ALT HWY 50**
**MAGNA UT 84044**

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

**11968653-1710** **Pharmacy - Class C** **Manufacturer**

**DBAs:** None Associated

Form #1

0859

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

**PRODUCER**
MARSH USA, LLC.
1166 Avenue of the Americas
New York, NY 10036
Attn: NewYork.Certs@marsh.com Fax: 212-948-0500

**CONTACT NAME:** Ann-Marie Fleming
**PHONE (A/C, No, Ext):** 212 345 7960 **FAX (A/C, No):** 212 948 0264
**E-MAIL ADDRESS:** Ann-Marie.Fleming@marsh.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Old Republic Insurance Company | 24147 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**
Linde Inc.
10 Riverview Drive
Danbury, CT 06810

**COVERAGES** **CERTIFICATE NUMBER:** NYC-010962292-20 **REVISION NUMBER:** 28

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|---|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | MWZY-313507-23 | 10/01/2023 | 10/01/2024 | EACH OCCURRENCE | $ | 5,000,000 |
| | CLAIMS-MADE [X] OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ | 5,000,000 |
| | | | | | | | MED EXP (Any one person) | $ | 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ | 5,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ | 5,000,000 |
| | X POLICY [ ] PRO-JECT [ ] LOC | | | | | | PRODUCTS - COMP/OP AGG | $ | 5,000,000 |
| | OTHER: | | | | | | | $ | |
| A | AUTOMOBILE LIABILITY | | | MWTB-313505-23 | 10/01/2023 | 10/01/2024 | COMBINED SINGLE LIMIT (Ea accident) | $ | 10,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | $ | |
| | [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ | |
| | [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ | |
| | | | | | | | | $ | |
| | [ ] UMBRELLA LIAB [ ] OCCUR | | | | | | EACH OCCURRENCE | $ | |
| | [ ] EXCESS LIAB [ ] CLAIMS-MADE | | | | | | AGGREGATE | $ | |
| | [ ] DED [ ] RETENTION $ | | | | | | | $ | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | MWC-313504-23 | 10/01/2023 | 10/01/2024 | X PER STATUTE [ ] OTH-ER | | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N] N / A | | | | | | E.L. EACH ACCIDENT | $ | 5,000,000 |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ | 5,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ | 5,000,000 |
| | | | | | | | | | |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**
Evidence of Insurance

**CERTIFICATE HOLDER**

Linde Inc.
10 Riverview Drive
Danbury, CT 06810

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

Marsh USA LLC

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# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: Linde Inc  MDEG License # (if applicable): _____

Physical Address: 12385 West State Rd 201

City: Magna  State: UT  Zip: 84404

Mailing Address (if different from physical address): 175 East Park Dr

City: Tonawanda  State: NY  Zip: 14150

Telephone: 716-879-2665  Website: linde.com

Licensing Company Email: margaret.marren@linde.com

### Section 2: Personal Information

First: Kevin  Middle: James  Last: Krawczyk

Alias(es, nicknames, name changes, etc.): _____

Date of Birth: [redacted]  SSN or ITIN: [redacted]  Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] S McClelland St Apt 410

City: Salt Lake City  State: UT  Zip: 84106

Telephone: [redacted]  Email: kevin.krawczyk@linde.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Buffalo State University | | 08/14-05/16 | |
| Address | City | State | Zip |
| 1300 Elmwood Ave | Buffalo | NY | 14222 |
| Diploma/Degree obtained, if any | | | |
| Bachelors Degree | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Erie Community College | | 08/12-05/14 | |
| Address | City | State | Zip |
| 6205 Main Street | Williamsville | NY | 14221 |
| Diploma/Degree obtained, if any | | | |
| Associates Degree | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Williamsville North High School | | 09/08-06/12 | |
| Address | City | State | Zip |
| 1595 Hopkins Road | Williamsville | NY | 14221 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/23- Present | [redacted] South McClelland Street | Salt Lake City | UT | 84106 |
| 03/20-07/22 | [redacted] West Tupper Street | Buffalo | NY | 14201 |
| 08/18-03/20 | [redacted] N Park Ave | Cheektowaga | NY | 14225 |
| 7/01-08/18 | [redacted] Countryside Lane | Williamsville | NY | 14221 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Linde Inc | | | 08/22-8/23 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 12385 W SR 2021 | | Magna | UT | 84044 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 385-285-2840 | Distribution Superintendent | | 2080 | |
| **Description of Duties** | | | | |
| responsible for all trucking and distribution of product for Magna UT, Price UT, Green River WY. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✔ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted) Date

I, Kevin Krawczyk, **certify that as the MDEG Administrator for**

Linde Inc,

**that I (initial that you have read and meet the following requirements):**

1. KK Have a high school diploma or its equivalent;
2. KK Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. KK Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. KK Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Kevin, Krawczyk
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/17/2023
Date

| Board Use Only | Date Received: |
|---|---|

Making our world more productive

8/17/2023

To whom it may concern,

**Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/

No one owns more than 10%

Making our world more productive

8/17/2023

To whom it may concern,

*List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.*

Linde Inc does not have anyone that falls under this category.

| Last name | First name | Job Description |
|---|---|---|
| Cox | Gary | General Technician |
| Whall | Mark | Truck Driver - Task Based (US only) |
| Guerrero | Valentino | Truck Driver - Task Based (US only) |
| Schoenfeld | Matt | Vehicle Mechanic |
| Nord | Christopher | Production Technician |
| Evans | Mark | Operations Management |
| Hargis | Kent | Truck Driver - Task Based (US only) |
| Olds | Chad | Truck Driver - Task Based (US only) |
| Frazier | Perry | Truck Driver - Task Based (US only) |
| Claudio | Anthony | Production Technician |
| Murray | Rowdy | Truck Driver - Task Based (US only) |
| Gelinas | Kevin | Truck Driver - Task Based (US only) |
| Thomas | Brenton | Production Technician |
| Krawczyk | Kevin | Operations Management |
| Gailey | Blaine | Vehicle Mechanic |
| Walker | Jeffrey | Truck Driver - Task Based (US only) |
| Aiono | William | Truck Driver - Task Based (US only) |
| Spivey | William | Production Technician |
| Munoz | Tomas | Truck Driver - Task Based (US only) |
| Weidenbacher | Mark | Truck Driver - Task Based (US only) |
| Bergman | Mark | Truck Driver - Task Based (US only) |
| Domire | Mathew | Truck Driver - Task Based (US only) |
| Sillitoe | Zackery | Truck Driver - Task Based (US only) |
| Habdas | Tim | Truck Driver - Task Based (US only) |
| Miller | Joshua | Truck Driver - Task Based (US only) |
| Marx | Robert | Truck Driver - Task Based (US only) |
| Venari | Rudin | Vehicle Mechanic |
| Stevenson | Joshua | Truck Driver - Task Based (US only) |
| Cowart | Grayson | Truck Driver - Task Based (US only) |
| Nagel | Adam | Operations Management |
| Spendlove | Don | Truck Driver - Task Based (US only) |
| Rynearson | Isaac | Production Technician |
| Kahl | Christopher | Truck Driver - Task Based (US only) |
| Pratt | Willard | I&E Technician |
| Smith | Kevin | Truck Driver - Task Based (US only) |
| Howard | Jason | Truck Driver - Task Based (US only) |
| Orr | Gregory | Truck Driver - Task Based (US only) |
| Anderson | Matthew | Truck Driver - Task Based (US only) |
| Mcclinton | James | Truck Driver - Task Based (US only) |
| Crandall | Richard | Maintenance Technician |
| Gittings | Paul | Truck Driver - Task Based (US only) |
| Wright | Matthew | Truck Driver - Task Based (US only) |
| Meissner | Jerry | Truck Driver - Task Based (US only) |
| Maciel Barocio | Enrique | Truck Driver - Task Based (US only) |
| Garcia Jr. | Francisco | Production Technician |
| Muhtarevic | Enver | Truck Driver - Task Based (US only) |

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549

# FORM 8-K

**CURRENT REPORT**
**PURSUANT TO SECTION 13 OR 15(d) OF THE**
**SECURITIES EXCHANGE ACT OF 1934**

**DATE OF REPORT (Date of earliest event reported): July 24, 2023**

# Linde plc

**(Exact name of registrant as specified in its charter)**

| Ireland | 001-38730 | 98-1448883 |
|---|---|---|
| (State or other jurisdiction of incorporation) | (Commission File Number) | (I.R.S. Employer Identification No.) |

| | |
|---|---|
| 10 Riverview Dr.<br>Danbury, Connecticut<br>United States 06810 | Forge<br>43 Church Street West<br>Woking, Surrey GU21 6HT<br>United Kingdom |

**(Address of principal executive offices) (Zip Code)**

**+44 1483 242200**
**(Registrant's telephone numbers, including area code)**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

| Title of each class | Trading symbol(s) | Name of each exchange on which registered |
|---|---|---|
| Ordinary shares (€0.001 nominal value per share) | LIN | New York Stock Exchange |

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

**Item 3.03 Material Modification to Rights of Security Holders.**

The rights of shareholders of Linde plc are governed by its Memorandum and Articles of Association (the "Constitution") and the Irish Companies Act 2014. The Constitution was amended at the Annual General Meeting of Shareholders of Linde plc that was held on July 24, 2023 (the "AGM") to reduce certain supermajority shareholder vote requirements (see "Proposal 4" in Item 5.07 below). A copy of the Constitution as amended and restated is filed as Exhibit 3.1 to this Current Report on Form 8-K and is incorporated by reference into this Item 3.03. A description of the amendments to the Constitution is set forth in Linde plc's Definitive Proxy Statement filed with the SEC on May 1, 2023, under the section titled "Proposal 4: Amendments to Linde's Memorandum and Articles of Association to Reduce Certain Supermajority Shareholder Voting Requirements" and is incorporated by reference into this Item 3.03.

**ITEM 5.07 Submission of Matters to a Vote of Security Holders**

The Linde plc AGM was held on July 24, 2023, at which shareholders voted upon the items set forth below. The total number of shares that were present or represented by proxy at the Annual Meeting was 411,082,505 which was 83.95% of the shares outstanding and entitled to vote and which constituted a quorum. The final voting results of the items submitted to a vote of the shareholders are set forth below.

**Proposal 1**

The ten nominees for election as a director were elected to serve until the 2024 annual general meeting of shareholders and until his or her successor is elected and qualified. The vote results were as follows:

| Director Nominees | Shares For | Shares Against | Shares Abstained | Broker Non-Votes | % of Votes Cast For |
|---|---|---|---|---|---|
| Stephen F. Angel | 379,268,002 | 12,302,153 | 793,853 | 18,718,497 | 96.86% |
| Sanjiv Lamba | 386,564,810 | 4,948,190 | 851,008 | 18,718,497 | 98.74% |
| Prof DDr. Ann-Kristin Achleitner | 370,461,615 | 21,092,452 | 809,941 | 18,718,497 | 94.61% |
| Dr. Thomas Enders | 385,655,871 | 6,020,848 | 687,289 | 18,718,497 | 98.46% |
| Hugh Grant | 379,888,078 | 11,781,450 | 694,480 | 18,718,497 | 96.99% |
| Joe Kaeser | 300,400,717 | 84,238,259 | 7,725,032 | 18,718,497 | 78.10% |
| Victoria E. Ossadnik | 373,173,756 | 18,512,444 | 677,808 | 18,718,497 | 95.27% |
| Prof. Dr. Martin H. Richenhagen | 371,753,286 | 19,883,901 | 726,821 | 18,718,497 | 94.92% |
| Alberto Weisser | 385,777,566 | 5,882,787 | 703,655 | 18,718,497 | 98.50% |
| Robert L. Wood | 384,279,497 | 7,366,642 | 717,869 | 18,718,497 | 98.12% |

**Proposal 2a**

Shareholders ratified, on an advisory and non-binding basis, the appointment of PricewaterhouseCoopers ("PWC") as the independent auditor by the votes set forth below.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 390,337,540 | 20,505,674 | 239,291 | N/A |
| (94.95% of votes cast) | (4.98% of votes cast) | | |

**Proposal 2b**

Shareholders approved the authorization of the Board, acting through the Audit Committee, to determine PWC's remuneration by the votes set forth below.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 403,800,710 | 6,888,594 | 393,201 | N/A |
| (98.23% of votes cast) | (1.68% of votes cast) | | |

**Proposal 3**

Shareholders approved, on an advisory and non-binding basis, the compensation of Linde plc's Named Executive Officers as disclosed in the 2023 proxy statement by the votes set forth below.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 374,237,043 | 17,505,109 | 621,856 | 18,718,497 |
| (95.38% of votes cast) | (4.46% of votes cast) | | |

**Proposal 4**

Shareholders approved the proposal to amend Linde's Irish Memorandum and Articles of Association to reduce certain supermajority shareholder vote requirements.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 390,900,058 | 1,123,465 | 340,485 | 18,718,497 |
| (99.63% of votes cast) | (0.29% of votes cast) | | |

**ITEM 9.01. Financial Statements and Exhibits.**

(d) Exhibits. The following exhibit is furnished herewith pursuant to Item 3.03 hereof:

| Exhibit No. | Description |
|---|---|
| 3.1 | Amended and Restated Memorandum and Articles of Association of Linde plc dated July 24, 2023 |
| 104 | Cover Page Interactive Data File (embedded within the Inline XBRL document) |

**SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

**LINDE PLC**

By: /s/ Guillermo Bichara
Name: Guillermo Bichara
Title: Chief Legal Officer

Date: July 28, 2023

**EXHIBIT 3.1**

**Companies Act 2014**

**PUBLIC LIMITED COMPANY**

**CONSTITUTION**

**OF**

**LINDE PUBLIC LIMITED COMPANY**

**MEMORANDUM OF ASSOCIATION**

1. The name of the Company is LINDE PUBLIC LIMITED COMPANY.

2. The Company is a public limited company, registered under Part 17 of the Companies Act 2014.

3. The objects for which the Company is established are:

3.1 To carry on the business of a holding company and to co-ordinate the administration, finances and activities of any subsidiary companies or associated companies, to do all lawful acts and things whatever that are necessary or convenient in carrying on the business of such a holding company and in particular to carry on in all its branches the business of a management services company, to act as managers and to direct or coordinate the management of other companies or of the business, property and estates of any company or person and to undertake and carry out all such services in connection therewith as may be deemed expedient by the Company's board of directors and to exercise its powers as a shareholder of other companies.

3.2 To carry on the businesses of manufacturer, distributor, wholesaler, retailer, service provider, investor, designer, trader and any other business (except the issuing of policies of insurance) which may seem to the Company's board of directors capable of being conveniently carried on in connection with these objects or calculated directly or indirectly to enhance the value of or render more profitable any of the Company's property.

3.3 To carry on all or any of the businesses as aforesaid either as a separate business or as the principal business of the Company.

3.4 To invest and deal with the property of the Company in such manner as may from time to time be determined by the Company's board of directors and to dispose of or vary such investments and dealings.

3.5 To borrow or raise money or capital in any manner and on such terms and subject to such conditions and for such purposes as the Company's board of directors shall think fit or expedient, whether alone or jointly and/or severally with any other person or company, including, without prejudice to the generality of the foregoing, whether by the issue of debentures or debenture stock (perpetual or otherwise) or otherwise, and to secure, with or without consideration, the payment or repayment of any money borrowed, raised or owing or any debt, obligation or liability of the Company or of any other person or company whatsoever in such manner and on such terms and conditions as the Company's board of directors shall think fit or expedient and, in particular by mortgage, charge, lien, pledge or debenture or any other security of whatsoever nature or howsoever described, perpetual or otherwise, charged upon all or any of the Company's property, both present and future, and to purchase, redeem or pay off any such securities or borrowings and also to accept capital contributions from any person or company in any manner and on such terms and conditions and for such purposes as the Company's board of directors shall think fit or expedient.

3.6 To lend and advance money or other property or give credit or financial accommodation to any company or person in any manner either with or without security and whether with or without the payment of interest and upon such terms and conditions as the Company's board of directors shall think fit or expedient.

3.7 To guarantee, indemnify, grant indemnities in respect of, enter into any suretyship or joint obligation, or otherwise support or secure, whether by personal covenant, indemnity or undertaking or by mortgaging, charging, pledging or granting a lien or other security over all or any part of the Company's property (both present and future) or by any one or more of such methods or any other method and whether in support of such guarantee or indemnity or suretyship or joint obligation or otherwise, on such terms and conditions as the Company's board of directors shall think fit, the payment of any debts or the performance or discharge of any contract, obligation or liability of any person or company (including, without prejudice to the generality of the foregoing, the payment of any capital, principal, dividends or interest on any stocks, shares, debentures, debenture stock, notes, bonds or other securities of any person, authority or company) including, without prejudice to the generality of the foregoing, any company which is for the time being the Company's holding company or another subsidiary (as defined by the Act) of the Company's holding company or a subsidiary of the Company or otherwise associated with the Company (including any arrangements of the Company or any of its subsidiaries described in paragraph 3.19), in each case notwithstanding the fact that the Company may not receive any consideration, advantage or benefit, direct or indirect, from entering into any such guarantee or indemnity or suretyship or joint obligation or other arrangement or transaction contemplated herein.

3.8 To grant, convey, assign, transfer, exchange or otherwise alienate or dispose of any property of the Company of whatever nature or tenure for such price, consideration, sum or other return whether equal to or less than the market value thereof or for shares, debentures or securities and whether by way of gift or otherwise as the Company's board of directors shall deem fit or expedient and where the property consists of real property to grant any fee farm grant or lease or to enter into any agreement for letting or hire of any such property for a rent or return equal to or less than the market or rack rent therefor or at no rent and subject to or free from covenants and restrictions as the Company's board of directors shall deem appropriate.

3.9 To purchase, take on, lease, exchange, rent, hire or otherwise acquire any property and to acquire and undertake the whole or any part of the business and property of any company or person.

3.10 To develop and turn to account any land acquired by the Company or in which it is interested and in particular by laying out and preparing the same for building purposes, constructing, altering, pulling down, decorating, maintaining, fitting out and improving buildings and conveniences and by planting, paving, draining, farming, cultivating, letting and by entering into building leases or building agreements and by advancing money to and entering into contracts and arrangements of all kinds with builders, contractors, architects, surveyors, purchasers, vendors, tenants and any other person.

3.11 To construct, improve, maintain, develop, work, manage, carry out or control any property which may seem calculated directly or indirectly to advance the Company's interest and to contribute to, subsidise or otherwise assist or take part in the construction, improvement, maintenance, working, management, carrying out or control thereof.

3.12 To draw, make, accept, endorse, discount, execute and issue promissory notes, bills of exchange, bills of lading, warrants, debentures and other negotiable or transferable instruments.

3.13 To engage in currency exchange, interest rate and commodity transactions including, but not limited to, dealings in foreign currency, spot and forward rate exchange contracts, futures, options, forward rate agreements, swaps, caps, floors, collars and any other foreign exchange, interest rate or commodity hedging arrangements and such other instruments as are similar to, or derived from, any of the foregoing whether for the purpose of making a profit or avoiding a loss or managing a currency, interest rate or commodity exposure or any other exposure or for any other purpose.

3.14 As a pursuit in itself or otherwise and whether for the purpose of making a profit or avoiding a loss or managing a currency, interest rate or commodity exposure or any other exposure or for any other purpose whatsoever, to engage in any currency exchange transactions, interest rate transactions and commodity transactions, derivative and or treasury transactions and any other financial or other transactions, including (without prejudice to the generality of the foregoing) securitisation, treasury and/or structured finance transactions, of whatever nature in any manner and on any terms and for any purposes whatsoever, including, without prejudice to the generality of the foregoing, any transaction entered into in connection with or for the purpose of, or capable of being for the purposes of, avoiding, reducing, minimising, hedging against or otherwise managing the risk of any loss, cost, expense, or liability arising, or which may arise, directly or indirectly, from a change or changes in any interest rate or currency exchange rate or in the price or value of any property, asset, commodity, index or liability or from any other risk or factor affecting the Company's business, including but not limited to dealings whether involving purchases, sales or otherwise in foreign currency, spot and/or forward rate exchange contracts, futures, options, forward rate agreements, swaps, caps, floors, collars and or any such other currency or interest rate or commodity or other hedging, treasury or structured finance arrangements and such other instruments as are similar to, or derived from any of the foregoing.

3.15 To apply for, establish, create, purchase or otherwise acquire, sell or otherwise dispose of and hold any patents, trade marks, copyrights, brevets d'invention, registered designs, licences, concessions and the like conferring any exclusive or non-exclusive or limited rights to use or any secret or other information and any invention and to use, exercise, develop or grant licences in respect of or otherwise turn to account or exploit the property, rights or information so held.

3.16 To enter into any arrangements with any governments or authorities, national, local or otherwise and to obtain from any such government or authority any rights, privileges and concessions and to carry out, exercise and comply with any such arrangements, rights, privileges and concessions.

3.17 To establish, form, register, incorporate or promote any company or companies or person, whether inside or outside of Ireland.

3.18 To procure that the Company be registered or recognised whether as a branch or otherwise in any country or place.

3.19 To enter into partnership or into any arrangement for sharing profits, union of interests, co-operation, joint venture, reciprocal concession or otherwise with any person or company carrying on or engaged in or about to carry on or engage in any business or transaction and to engage in any transaction in connection with the foregoing.

3.20 To acquire or amalgamate with any other company or person.

3.21 To acquire and undertake the whole or any part of the business, good-will and assets of any person, firm or company carrying on or proposing to carry on any of the businesses which this Company is authorised to carry on, and as part of the consideration for such acquisition to undertake all or any of the liabilities of such person, firm or company, or to acquire an interest in, amalgamate with, or enter into any arrangement for sharing profits, or for co-operation, or for mutual assistance with any such person, firm or company and to give or accept by way of consideration for any of the acts or things aforesaid or property acquired, any shares, debentures, debenture stock or securities that may be agreed upon, and to hold and retain or sell, mortgage or deal with any shares, debentures, debenture stock or securities so received.

3.22 To promote freedom of contract, and to resist, insure against, counteract and discourage interference therewith, to join any lawful federation, union or association, or do any other lawful act or thing with a view to preventing or resisting directly or indirectly any interruption of or interference with the Company's or any other trade or business or providing or safeguarding against the same, or resisting or opposing any strike, movement or organisation which may be thought detrimental to the interests of the Company or its employees and to subscribe to any association or fund for any such purposes.

3.23 To make gifts to any person or company including, without prejudice to the generality of the foregoing, capital contributions and to grant bonuses to the directors or any other persons or companies who are or have been in the employment of the Company including substitute directors and any other officer or employee.

3.24 To establish and support or aid in the establishment and support of associations, institutions, funds, trusts and conveniences calculated to benefit directors, ex-directors, employees or ex-employees of the Company or any subsidiary of the Company or the dependants or connections of such persons, and to grant pensions and allowances upon such terms and in such manner as the Company's board of directors think fit, and to make payments towards insurance and to subscribe or guarantee money for charitable or benevolent objects or for any exhibition or for any public, general or useful object, or any other object whatsoever which the Company's board of directors may think advisable.

3.25 To establish and contribute to any scheme for the purchase of shares or subscription for shares in the Company, its holding company or any of its or their respective subsidiaries, to be held for the benefit of the employees or former employees of the Company or any subsidiary of the Company including any person who is or was a director holding a salaried employment or office in the Company or any subsidiary of the Company and to lend or otherwise provide money to the trustees of such schemes or the employees or former employees of the Company or any subsidiary of the Company to enable them to purchase shares of the Company, its holding company or any of its or their respective subsidiaries and to formulate and carry into effect any scheme for sharing the profits of the Company, its holding company or any of its or their respective subsidiaries with its employees and/or the employees of any of its subsidiaries.

3.26 To remunerate any person or company for services rendered or to be rendered in placing or assisting to place or guaranteeing the placing of any of the shares of the Company's capital or any debentures, debenture stock or other securities of the Company or in or about the formation or promotion of the Company or the conduct of its business.

3.27 To obtain any Act of the Oireachtas or provisional order for enabling the Company to carry any of its objects into effect or for effecting any modification of the Company's constitution or for any other purpose which may seem expedient and to oppose any proceedings or applications which may seem calculated directly or indirectly to prejudice the Company's interests.

3.28 To adopt such means of making known the products of the Company as may seem expedient and in particular by advertising in the press, by circulars, by purchase and exhibition of works of art or interest, by publication of books and periodicals and by granting prizes, rewards and donations.

3.29 To undertake and execute the office of trustee and nominee for the purpose of holding and dealing with any property of any kind for or on behalf of any person or company; to act as trustee, nominee, agent, executor, administrator, registrar, secretary, committee or attorney generally for any purpose and either solely or with others for any person or company; to vest any property in any person or company with or without any declared trust in favour of the Company.

3.30 To pay all costs, charges, fees and expenses incurred or sustained in or about the promotion, establishment, formation and registration of the Company.

3.31 To do all or any of the above things in any part of the world, and as principals, agents, contractors, trustees or otherwise and by or through trustees, agents or otherwise and either alone or in conjunction with any person or company.

3.32 To distribute the property of the Company in specie among the members or, if there is only one, to the sole member of the Company.

3.33 To do all such other things as the Company's board of directors may think incidental or conducive to the attainment of the above objects or any of them.

NOTE: it is hereby declared that in this memorandum of association:

a) the word "company", except where used in reference to this Company, shall be deemed to include a body corporate, whether a company (wherever formed, registered or incorporated), a corporation aggregate, a corporation sole and a national or local government or other legal entity; and

b) the word "person", shall be deemed to include any individual, firm, body corporate, association or partnership, government or state or agency of a state, local authority or government body or any joint venture association or partnership (whether or not having a separate legal personality) and that person's personal representatives, successors or permitted assigns; and

c) the word "property", shall be deemed to include, where the context permits, real property, personal property including choses or things in action and all other intangible property and money and all estates, rights, titles and interests therein and includes the Company's uncalled capital and future calls and all and every other undertaking and asset; and

d) a word or expression used in this memorandum of association which is not otherwise defined and which is also used in the Companies Act 2014, as amended, shall have the same meaning here, as it has in the Companies Act 2014, as amended; and

e) any phrase introduced by the terms "including", "include" and "in particular" or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms, whether or not followed by the phrases "but not limited to", "without prejudice to the generality of the foregoing" or any similar expression; and

f) words denoting the singular number only shall include the plural number and vice versa and references to one gender includes all genders; and

g) it is intended that the objects specified in each paragraph in this clause shall, except where otherwise expressed in such paragraph, be separate and distinct objects of the Company and shall not be in any way limited or restricted by reference to or inference from the terms of any other paragraph or the order in which the paragraphs of this clause occur or the name of the Company.

4. The liability of the members is limited.

5. The authorised share capital of the Company is €1,825,000 divided into 1,750,000,000 ordinary shares of €0.001 each, 25,000 A ordinary shares of €1.00 each, 25,000 deferred shares of €1.00 each and 25,000,000 preferred shares of €0.001 each.

6. The shares forming the capital, may be increased or reduced and be divided into such classes and issued with any special rights, privileges and conditions or with such qualifications as regards preference, dividend, capital, voting or other special incidents, and be held upon such terms as may be attached thereto or as may from time to time be provided by the original or any substituted or amended articles of association and regulations of the Company for the time being, but so that where shares are issued with any preferential or special rights attached thereto such rights shall not be alterable otherwise than pursuant to the provisions of the Company's articles of association for the time being.

# LINDE PUBLIC LIMITED COMPANY

## ARTICLES OF ASSOCIATION

**Interpretation and general**

1. Sections 83, 84 and, for the avoidance of doubt, 117(9) of the Act shall apply to the Company but, subject to that, the provisions set out in these Articles shall constitute the whole of the regulations applicable to the Company and no other "optional provisions" as defined by section 1007(2) of the Act shall apply to the Company.

2. In these Articles:

2.1 "**Act**", means the Companies Act 2014 and every statutory modification and re-enactment thereof for the time being in force;

2.2 "**Adoption Date**", means the effective date of adoption of these Articles;

2.3 "**Approved Nominee**", means a person appointed under contractual arrangements with the Company to hold shares or rights or interests in shares of the Company on a nominee basis;

2.4 "**Article**", means an article of these Articles;

2.5 "**Articles**", means these articles of association as from time to time and for the time being in force;

2.6 "**Auditors**", means the auditors for the time being of the Company;

2.7 "**A Ordinary Shares**", means the A ordinary shares of €1.00 each in the capital of the Company;

2.8 "**Board**", means the board of Directors of the Company;

2.9 "**Chairman**", means the person occupying the position of Chairman of the Board from time to time;

2.10 "**Chief Executive Officer**", shall include any equivalent office;

2.11 "**Clear Days**", means, in relation to a period of notice, that period excluding the day when the notice is given or deemed to be given and excluding the day for which notice is being given or on which an action or event for which notice is being given is to occur or take effect;

2.12 "**Company**", means the company whose name appears in the heading to these Articles;

2.13 "**Company Secretary**", means the person or persons appointed as company secretary or joint company secretary of the Company from time to time and shall include any assistant or deputy secretary;

2.14 "**Deferred Shares**", means the deferred shares of €1.00 each in the capital of the Company;

2.15 "**Directors**", means the directors for the time being of the Company or any of them acting as the Board;

2.16 "**electronic communication**", has the meaning given to that word in the Electronic Commerce Act 2000 and in addition includes in the case of notices or documents issued on behalf of the Company, such documents being made available or displayed on a website of the Company (or a website designated by the Board);

2.17 "**Exchange**", means any securities exchange or other system on which the shares of the Company may be listed or otherwise authorised for trading from time to time in circumstances where the Company has approved such listing or trading;

2.18 "**Exchange Act**", means the Securities Exchange Act of 1934 of the United States, as amended;

2.19 "**Group**", means the Company and its subsidiaries from time to time and for the time being;

2.20 "**member**", means in relation to any share, the member whose name is entered in the Register as the holder of the share or, where the context permits, the members whose names are entered in the Register as the joint holders of shares and shall include a member's personal representatives in consequence of his or her death or bankruptcy;

2.21 "**Memorandum**", means the memorandum of association of the Company;

2.22 "**Office**", means the registered office for the time being of the Company;

2.23 "**Ordinary Shares**", means the ordinary shares of €0.001 each in the capital of the Company;

2.24 "**Preferred Shares**", means the preferred shares of €0.001 each in the capital of the Company;

2.25 "**Redeemable Shares**", means redeemable shares as defined by section 64 of the Act;

2.26 "**Register**", means the register of members of the Company to be kept as required by the Act;

2.27 "**Scheme**", means the scheme of arrangement published by Rounderway Public Limited Company (previously known as "Linde Public Limited Company" and incorporated in Ireland with company number 602527) on 9 December 2022;

2.28 "**SEC**", means the U.S. Securities and Exchange Commission.

NOTE: it is hereby declared that in these Articles:

a) the word "company", except where used in reference to this Company, shall be deemed to include a body corporate, whether a company (wherever formed, registered or incorporated), a corporation aggregate, a corporation sole and a national or local government or other legal entity; and

b) the word "person", shall be deemed to include any individual, firm, body corporate, association or partnership, government or state or agency of a state, local authority or government body or any joint venture association or partnership (whether or not having a separate legal personality) and that person's personal representatives, successors or permitted assigns; and

c) the word "property", shall be deemed to include, where the context permits, real property, personal property including choses or things in action and all other intangible property and money and all estates, rights, titles and interests therein and includes the Company's uncalled capital and future calls and all and every other undertaking and asset; and

d) a word or expression used in the Articles which is not otherwise defined and which is also used in the Act shall have the same meaning here, as it has in the Act; and

e) any phrase introduced by the terms "including", "include" and "in particular" or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms, whether or not followed by the phrases "but not limited to", "without prejudice to the generality of the foregoing" or any similar expression; and

f) words denoting the singular number only shall include the plural number and vice versa and references to one gender includes all genders.

**Authorised share capital**

3. The authorised share capital of the Company is €1,825,000 divided into 1,750,000,000 Ordinary Shares of €0.001 each, 25,000 A Ordinary Shares of €1.00 each, 25,000 Deferred Shares of €1.00 each and 25,000,000 preferred shares of €0.001 each.

**Rights attaching to Ordinary Shares and A Ordinary Shares**

4. The Ordinary Shares and the A Ordinary Shares shall entitle the holders thereof to the following rights:

4.1 subject to the right of the Company to set record dates for the purposes of determining the identity of members entitled to notice of and/or to vote at a general meeting and the authority of the Board and chairperson of the meeting to maintain order and security, the right to attend any general meeting of the Company and to exercise one vote per Ordinary Share and one vote per A Ordinary Share held at any general meeting of the Company;

4.2 the right to participate pro rata in all dividends declared by the Company; and

4.3 the right, in the event of the Company's winding up, to participate pro rata in the total assets of the Company.

5. The rights attaching to the Ordinary Shares may be subject to the terms of issue of any series or class of Preferred Shares allotted by the Directors from time to time in accordance with Article 6.

**Rights attaching to Preferred Shares**

6. The Board is empowered to cause the Preferred Shares to be issued from time to time as shares of one or more series of Preferred Shares, and in the resolution or resolutions providing for the issue of Preferred Shares of each particular series, before issuance, the Board is expressly authorised to fix:

6.1 the distinctive designation of such series and the number of shares which shall constitute such series, which number may be increased (except as otherwise provided by the Board in creating such series) or decreased (but not below the number of shares thereof then in issue) from time to time by resolution of the Board;

6.2 the rate of dividends payable on shares of such series, if any, whether or not and upon what conditions dividends on shares of such series shall be cumulative and, if cumulative, the date or dates from which dividends shall accumulate and the preference or relation which such dividends shall bear to the dividends payable on any other class or classes or on any other series of share capital;

6.3 the terms, if any, on which shares of such series may be redeemed, including without limitation, the redemption price or prices for such series, which may consist of a redemption price or scale of redemption prices applicable only to redemption in connection with a sinking fund (which term as used herein shall include any fund or requirement for the periodic purchase or redemption of shares), and the same or a different redemption price or scale of redemption prices applicable to any other redemption;

6.4 the terms and amount of any sinking fund provided for the purchase or redemption of shares of such series;

6.5 the amount or amounts which shall be paid to the holders of shares of such series in case of liquidation, dissolution or winding up of the Company, whether voluntary or involuntary;

6.6 the terms, if any, upon which the holders of shares of such series may convert shares thereof into shares of any other class or classes or of any one or more series of the same class or of another class or classes;

6.7 the voting rights, full or limited, if any, of the shares of such series; and whether or not and under what conditions the shares of such series (alone or together with the shares of one or more other series having similar provisions) shall be entitled to vote separately as a single class, for the election of one or more additional Directors in case of dividend arrears or other specified events, or upon other matters;

6.8 whether or not the holders of shares of such series, as such, shall have any pre-emptive or preferential rights to subscribe for or purchase shares of any class or series of shares of the Company, now or hereafter authorised, or any securities convertible into, or warrants or other evidences of optional rights to purchase or subscribe for, shares of any class or series of the Company, now or hereafter authorised;

6.9 the limitations and restrictions, if any, to be effective while any shares of such series are outstanding upon the payment of dividends, or the making of other distributions on, and upon the purchase, redemption or other acquisition by the Company of, any other class or classes of shares ranking junior to the shares of such series either as to dividends or upon liquidation, dissolution or winding up;

6.10 the conditions or restrictions, if any, upon the creation of indebtedness of the Company or upon the issuance of any additional shares (including additional shares of such series or of any other class) ranking on a parity with or prior to the shares of such series as to dividends or distribution of assets upon liquidation; and

6.11 such other rights, preferences and limitations as may be permitted to be fixed by the Board of the Company under the laws of Ireland as in effect at the time of the creation of such series.

7. The Board is authorised to change the designations, rights, preferences and limitations of any series of Preferred Shares theretofore established, no shares of which have been issued.

8. The rights conferred upon the member of any pre-existing shares in the share capital of the Company shall be deemed not to be varied by the creation, issue and allotment of Preferred Shares in accordance with these Articles.

9. Unless the Board determines otherwise, any share in the capital of the Company shall be deemed to be a Redeemable Share on, and from the time of, the existence or creation of an agreement, transaction or trade between the Company and any person (who may or may not be a member) pursuant to which the Company acquires or will acquire a share in the capital of the Company, or an interest in shares in the capital of the Company, from the relevant person, save for an acquisition for nil consideration pursuant to section 102(1)(a) of the Act. In these circumstances, the acquisition of such shares by the Company, save where acquired for nil consideration in accordance with the Act, shall constitute the redemption of a Redeemable Share in accordance with Chapter 6 of Part 3 of the Act. No resolution, whether special or otherwise, shall be required to be passed to deem any share in the capital of the Company a Redeemable Share.

# 4U

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | ☐ Nevada ■ Out-of-State |
|---|---|

| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
|---|---|---|
| ■ New Wholesaler | * If making a change, provide current license number: | ■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) |
| ☐ Ownership Change* | | ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) |
| ☐ Name Change* | | ☐ Partnership (complete sections 1, 2, 3, 6, 8, 9) |
| ☐ Location Change* (in-state only) | WH _____ | ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Linde Inc

Physical Address: 2300 East Pacific Coast HWY

City: Wilmington State: CA Zip: 90744

Mailing Address (if different from physical address): 175 E. Park DR Bldg 60

City: Tonawanda State: NY Zip: 14150

Telephone: 716-879-2665 Website: linde.com

Name of Designated Representative (DR): David LeValley

Licensing Company Email: lauren.mcgowan@linde.com DR Email: david.levalley@linde.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ■ Hospitals | ■ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: PAM Specialty Hospital of Las
Address: _____ City: Las Vegas State: NV Zip: 89102

Name: Linde Gas & Equipment
Address: _____ City: Henderson State: NV Zip: 89011

Name: Linde Gas & Equipment
Address: _____ City: Sparks State: NV Zip: 89431

Name: University Medical Center
Address: _____ City: Las Vegas State: NV Zip: 89106

**Section 4: Publicly Traded Corporation**

State of Incorporation: Delaware
Parent Company (if any): Linde PLC
Corporation Name: Linde Inc
Mailing Address: 10 Riverview Dr
City: Danbury State: CT Zip: 06810
Telephone: 210-837-2000 Email: lauren.mcgowan@linde.com
Contact Person Name: Lauren McGowan

Date of SEC Registration: 08/14/2017 | SEC Registration Number: 602527 | Stock Exchange Symbol: LIN

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____
Parent Company (if any): _____
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

**Section 6: Partnership**

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✔ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✔ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✔" on the right. | Publicly Traded | Non-publicly Traded | Partnership | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✔ | ✔ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✔ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✔ | | |
| • **List of all partners and their percent ownership.** | | | ✔ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✔ | ✔ | ✔ | ✔ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✔ | ✔ | ✔ |
| • **Personal History Record Application** must be completed by each shareholder/ stockholder/partner/owner owning more than 10% of the business stocks/ shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✔ | ✔ | ✔ |
| • **Copy of DEA certificate if handling controlled substances** | ✔ | ✔ | ✔ | ✔ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✔ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✔ | ✔ | ✔ | ✔ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✔ | ✔ | ✔ | ✔ |
| • **[3]Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✔ | ✔ | ✔ | ✔ |
| • **If providing [3]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✔ | ✔ | ✔ | ✔ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019 Fingerprint%20Submission%20Instructions.pdf. | | ✔ | ✔ | ✔ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✔ | ✔ | ✔ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Linde Inc

Facility Name

David LeValley

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

08/23/2023

Date

| Board Use Only | Date Received: 9/18/23 | Amount: 1000-CC |
|---|---|---|

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

# Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **Linde**

CSVExcel

**Filter:** 2300 Pacific

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Expiration Date |
|---|---|---|---|---|---|
| Linde Inc. | 2015973 | 602893984 | MANUFACTURE; | 2300 E. Pacific Coast Highway, Wilmington, California (CA) 90744, United States (USA) | 12/31/2023 |

Showing 1 to 1 of 1 entries (filtered from 161 total entries)
Previous1Next
Data Current through: Wednesday, Aug 16, 2023

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

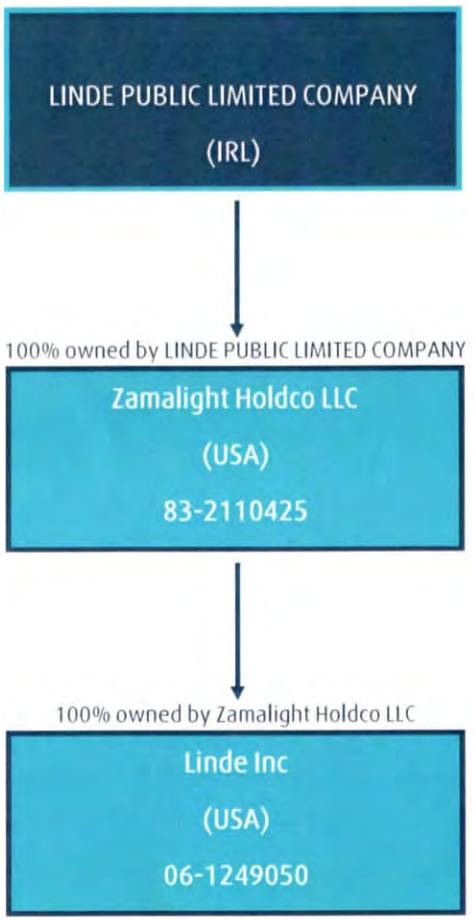
Linde Inc.

USIG Officer Listing

| | |
|---|---|
| **President** | Dan Yankowski |
| **VP Distribution** | John Sheehy |
| **VP West Region** | Marcos Cuevas |
| **VP Finance** | Hezal Patel |
| **VP US Marketing & Sales** | Andrew Sarantapoulas |

0892

Making our world more productive



# Delaware



The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 1988.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2176449 8300

SR# 20230679073

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202780442

Date: 02-24-23

0894

# STATE OF CALIFORNIA

## DEPARTMENT OF PUBLIC HEALTH
## FOOD AND DRUG BRANCH

## DRUG MANUFACTURING LICENSE

LINDE INC.
2300 East Pacific Coast Highway
Wilmington, CA 90744

**LICENSE NUMBER: 40243**
**EXPIRATION DATE: 6/2/2025**

The person named herein is licensed to manufacture drugs through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.

*Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500*

Printed: 5/4/2023

OSP 07 102309

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

| | |
|---|---|
| **PRODUCER**<br>MARSH USA, LLC.<br>1166 Avenue of the Americas<br>New York, NY 10036<br>Attn: NewYork.Certs@marsh.com Fax: 212-948-0500 | **CONTACT NAME:** Ann-Marie Fleming<br>**PHONE (A/C, No, Ext):** 212 345 7960 **FAX (A/C, No):** 212 948 0264<br>**E-MAIL ADDRESS:** Ann-Marie.Fleming@marsh.com |
| | **INSURER(S) AFFORDING COVERAGE** — **NAIC #**<br>**INSURER A :** Old Republic Insurance Company — 24147 |
| **INSURED**<br>Linde Inc.<br>10 Riverview Drive<br>Danbury, CT 06810 | **INSURER B :**<br>**INSURER C :**<br>**INSURER D :**<br>**INSURER E :**<br>**INSURER F :** |

**COVERAGES** **CERTIFICATE NUMBER:** NYC-010962292-20 **REVISION NUMBER:** 28

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X **COMMERCIAL GENERAL LIABILITY**<br>CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] POLICY [ ] PRO-JECT [ ] LOC<br>[ ] OTHER: | | | MWZY-313507-23 | 10/01/2023 | 10/01/2024 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 5,000,000<br>$ 5,000,000<br>$ 10,000<br>$ 5,000,000<br>$ 5,000,000<br>$ 5,000,000 |
| A | **AUTOMOBILE LIABILITY**<br>X ANY AUTO<br>[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY | | | MWTB-313505-23 | 10/01/2023 | 10/01/2024 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ 10,000,000<br>$<br>$<br>$ |
| | [ ] **UMBRELLA LIAB** [ ] OCCUR<br>[ ] **EXCESS LIAB** [ ] CLAIMS-MADE<br>[ ] DED [ ] RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE | $<br>$ |
| A | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y/N<br>ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? [N] N/A<br>**(Mandatory in NH)**<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | MWC-313504-23 | 10/01/2023 | 10/01/2024 | X PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 5,000,000<br>$ 5,000,000<br>$ 5,000,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Evidence of Insurance

**CERTIFICATE HOLDER**

Linde Inc.
10 Riverview Drive
Danbury, CT 06810

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

Marsh USA LLC

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**NEVADA STATE BOARD OF PHARMACY**
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG Linde Inc MDEG License # (if applicable) ____

Physical Address 2300 East Pacific Coast HWY

City Wilmington State CA Zip 90744

Mailing Address (if different from physical address) 175 East Park Dr

City Tonawanda State NY Zip 14150

Telephone 716-879-2665 Website Linde.com

Licensing Company Email margaret.marren@linde.com

**Section 2: Personal Information**

First David Middle H Last LeValley

Alias(es, nicknames, name changes, etc.) Dave

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Gramercy Ave

City Torrance State CA Zip 90501

Telephone [redacted] Email david.levalley@linde.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**NEVADA STATE BOARD OF PHARMACY**

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

# Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**NAC 639.694**

1. **Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:**
   a. Be a natural person;
   b. Have a high school diploma or its equivalent;
   c. Have:
      i. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
      ii. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
   d. Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
   e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.
4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

**NAC 639.6946**

1. Except as otherwise provided in NAC 639.6945, a medical products provider shall:
   a. Provide services for all medical products sold, leased or otherwise provided by the medical products provider, including, without limitation, set up, repair and maintenance.
   b. Employ an administrator and other employees sufficient to provide the services described in paragraph (a).

**NAC 639.6957**

1. A medical products wholesaler shall:
   a. Employ a facility administrator and other employees sufficient to operate, set up, repair, maintain and service all medical products sold, leased or otherwise provided by the medical products wholesaler.

**Please mail this completed application and all other required documents with your MDEG and/or Wholesaler Application to the address indicated above.**

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | Address | City | From - To (MM/YY – MM/YY) | State | Zip | Diploma/Degree obtained, if any |
|---|---|---|---|---|---|---|
| Boston University | 595 Commonwealth Ave | Boston | 08/06 - 05/10 | MA | 02215 | B.S. Mechanical Engineering |
| Iroquois High School | 2111 Girdle Rd | Elma | | NY | 14059 | High School Diploma |
| | | | | | | |
| | | | | | | |
| | | | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/20 - pres | [redacted] Gramercy Ave | Torrance | CA | 90501 |
| 07/17 - 09/20 | [redacted] Allston Way | Brea | CA | 92821 |
| 04/14 - 07/17 | [redacted] Hockanum Blvd | Vernon | CT | 06066 |
| 04/13 - 04/14 | [redacted] Farmington Ave | West Hartford | CT | 06119 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Linde Inc (fka Praxair) | | 07/10 - present | |
| **Business Address** | **City** | **State** | **Zip** |
| 2300 East Pacific Coast Hwy | Wilmington | CA | 90744 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 562-983-2175 | Associate Director of Operations | 27040 | |
| **Description of Duties** | | | |
| Responsible for Production and Distribution of Medical Grade Liquid Nitrogen and Liquid Argon as well as Food Grade Liquid Carbon Dioxide and Liquid Nitrogen. | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section B: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✔ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section B of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted) Date

I, David LeValley, **certify that as the MDEG Administrator for**

Linde Inc,

**that I (initial that you have read and meet the following requirements):**

1. DL Have a high school diploma or its equivalent;
2. DL Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. DL Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. DL Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

David LeValley
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/23/2023
Date

| **Board Use Only** | Date Received: |
|---|---|

Making our world more productive

0903

8/17/2023

To whom it may concern,

*List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.*

Linde Inc does not have anyone that falls under this category.

| Last name | First name | Position Description |
|---|---|---|
| Bergdoll | Eric | Bulk Truck Driver |
| Lewis | Dana | Bulk Truck Driver |
| Neff | Jon | Supt, Distribution |
| Ruiz | Omar | Lead Technician |
| Villa | Francisco | Lead Technician |
| Ellis | Dwayne | CO2 Production Tech |
| LeValley | David | Assoc Dir, Ops - SoCal |
| Barillas | Eduardo | BAG Production Tech |
| McDonald | Jose | BAG Production Tech |
| McCain | Todd | Fill Zone Technician |
| Mehaffey | Matthew | BAG Production Tech |
| Castro | Alberto | CO2 Production Tech |
| Gonzalez | Arturo | I&E Technician |
| Cuevas | Salvador | Vehicle Mechanic |
| Nunez | Victor | Maintenance Technician |
| Garcia | Ricardo | Bulk Truck Driver |
| Plotnikov | Yuri | Production Technician |
| Huerta | Jonathan | Vehicle Mechanic |
| Bynum | Sean | Bulk Truck Driver |
| Mehaffey | William | BAG Production Tech |
| Weiss | Mark | Bulk Truck Driver |
| Griffin | Raymond | Bulk Truck Driver |
| Perez Padilla | Rigoberto | Bulk Truck Driver |
| Clement | Michael | Bulk Truck Driver |
| Cardenas | Renzo | Bulk Truck Driver |
| Diaz | Hector | Bulk Truck Driver |
| Edwards | Curtis | Bulk Truck Driver |
| Lopez | Felipe | Bulk Truck Driver |
| Ly | Steven Tanh | Bulk Truck Driver |
| Marshall | Elvis | Bulk Truck Driver |
| Martinez | Jimmy | Bulk Truck Driver |
| McDonald | Eric | Bulk Truck Driver |
| Wilson | Reggie | Bulk Truck Driver |
| Oard | Caryron | Bulk Truck Driver |
| Campbell | Gary | Bulk Truck Driver |
| Bates | James | Bulk Truck Driver |
| Sheek | Matthew | Bulk Truck Driver |
| Orona | Patrick | Bulk Truck Driver |
| Neal | Diondre | Bulk Truck Driver |
| Gutierrez | Frankie | Bulk Truck Driver |
| Johnson | Malcome | Bulk Truck Driver |
| Lopez | Fidel | Maintenance Technician |
| Watkins | Terrance | Supt, Production |
| Bonner | James | Plant Engineer |
| Lamasan | Rafael | Bulk Truck Driver |
| De Leon | Rudy | I&E Technician |

| | | |
|---|---|---|
| Garcia | Raul | Production Technician |
| Martinez | Anthony | Fill Zone Technician |
| Heng | Dara | I&E Technician |
| Montano | Marvin | Vehicle Mechanic |
| Zamora | Sergio | Bulk Truck Driver |

**UNITED STATES**
**SECURITIES AND EXCHANGE COMMISSION**
**WASHINGTON, D.C. 20549**

# FORM 8-K

**CURRENT REPORT**
**PURSUANT TO SECTION 13 OR 15(d) OF THE**
**SECURITIES EXCHANGE ACT OF 1934**

**DATE OF REPORT (Date of earliest event reported): July 24, 2023**

# Linde plc

**(Exact name of registrant as specified in its charter)**

| Ireland | 001-38730 | 98-1448883 |
|---|---|---|
| **(State or other jurisdiction of incorporation)** | **(Commission File Number)** | **(I.R.S. Employer Identification No.)** |

| | |
|---|---|
| **10 Riverview Dr.**<br>**Danbury, Connecticut**<br>**United States 06810** | **Forge**<br>**43 Church Street West**<br>**Woking, Surrey GU21 6HT**<br>**United Kingdom** |

**(Address of principal executive offices) (Zip Code)**

**+44 1483 242200**
**(Registrant's telephone numbers, including area code)**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

| Title of each class | Trading symbol(s) | Name of each exchange on which registered |
|---|---|---|
| Ordinary shares (€0.001 nominal value per share) | LIN | New York Stock Exchange |

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

**Item 3.03 Material Modification to Rights of Security Holders.**

The rights of shareholders of Linde plc are governed by its Memorandum and Articles of Association (the "Constitution") and the Irish Companies Act 2014. The Constitution was amended at the Annual General Meeting of Shareholders of Linde plc that was held on July 24, 2023 (the "AGM") to reduce certain supermajority shareholder vote requirements (see "Proposal 4" in Item 5.07 below). A copy of the Constitution as amended and restated is filed as Exhibit 3.1 to this Current Report on Form 8-K and is incorporated by reference into this Item 3.03. A description of the amendments to the Constitution is set forth in Linde plc's Definitive Proxy Statement filed with the SEC on May 1, 2023, under the section titled "Proposal 4: Amendments to Linde's Memorandum and Articles of Association to Reduce Certain Supermajority Shareholder Voting Requirements" and is incorporated by reference into this Item 3.03.

**ITEM 5.07 Submission of Matters to a Vote of Security Holders**

The Linde plc AGM was held on July 24, 2023, at which shareholders voted upon the items set forth below. The total number of shares that were present or represented by proxy at the Annual Meeting was 411,082,505 which was 83.95% of the shares outstanding and entitled to vote and which constituted a quorum. The final voting results of the items submitted to a vote of the shareholders are set forth below.

**Proposal 1**

The ten nominees for election as a director were elected to serve until the 2024 annual general meeting of shareholders and until his or her successor is elected and qualified. The vote results were as follows:

| Director Nominees | Shares For | Shares Against | Shares Abstained | Broker Non-Votes | % of Votes Cast For |
|---|---|---|---|---|---|
| Stephen F. Angel | 379,268,002 | 12,302,153 | 793,853 | 18,718,497 | 96.86% |
| Sanjiv Lamba | 386,564,810 | 4,948,190 | 851,008 | 18,718,497 | 98.74% |
| Prof DDr. Ann-Kristin Achleitner | 370,461,615 | 21,092,452 | 809,941 | 18,718,497 | 94.61% |
| Dr. Thomas Enders | 385,655,871 | 6,020,848 | 687,289 | 18,718,497 | 98.46% |
| Hugh Grant | 379,888,078 | 11,781,450 | 694,480 | 18,718,497 | 96.99% |
| Joe Kaeser | 300,400,717 | 84,238,259 | 7,725,032 | 18,718,497 | 78.10% |
| Victoria E. Ossadnik | 373,173,756 | 18,512,444 | 677,808 | 18,718,497 | 95.27% |
| Prof. Dr. Martin H. Richenhagen | 371,753,286 | 19,883,901 | 726,821 | 18,718,497 | 94.92% |
| Alberto Weisser | 385,777,566 | 5,882,787 | 703,655 | 18,718,497 | 98.50% |
| Robert L. Wood | 384,279,497 | 7,366,642 | 717,869 | 18,718,497 | 98.12% |

**Proposal 2a**

Shareholders ratified, on an advisory and non-binding basis, the appointment of PricewaterhouseCoopers ("PWC") as the independent auditor by the votes set forth below.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 390,337,540 | 20,505,674 | 239,291 | N/A |
| (94.95% of votes cast) | (4.98% of votes cast) | | |

**Proposal 2b**

Shareholders approved the authorization of the Board, acting through the Audit Committee, to determine PWC's remuneration by the votes set forth below.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 403,800,710 | 6,888,594 | 393,201 | N/A |
| (98.23% of votes cast) | (1.68% of votes cast) | | |

**Proposal 3**

Shareholders approved, on an advisory and non-binding basis, the compensation of Linde plc's Named Executive Officers as disclosed in the 2023 proxy statement by the votes set forth below.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 374,237,043 | 17,505,109 | 621,856 | 18,718,497 |
| (95.38% of votes cast) | (4.46% of votes cast) | | |

**Proposal 4**

Shareholders approved the proposal to amend Linde's Irish Memorandum and Articles of Association to reduce certain supermajority shareholder vote requirements.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 390,900,058 | 1,123,465 | 340,485 | 18,718,497 |
| (99.63% of votes cast) | (0.29% of votes cast) | | |

**ITEM 9.01. Financial Statements and Exhibits.**

(d) Exhibits. The following exhibit is furnished herewith pursuant to Item 3.03 hereof:

| Exhibit No. | Description |
|---|---|
| 3.1 | Amended and Restated Memorandum and Articles of Association of Linde plc dated July 24, 2023 |
| 104 | Cover Page Interactive Data File (embedded within the Inline XBRL document) |

**SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

**LINDE PLC**

By: /s/ Guillermo Bichara
Name: Guillermo Bichara
Title: Chief Legal Officer

Date: July 28, 2023

**EXHIBIT 3.1**

**Companies Act 2014**

**PUBLIC LIMITED COMPANY**

**CONSTITUTION**

**OF**

**LINDE PUBLIC LIMITED COMPANY**

**MEMORANDUM OF ASSOCIATION**

1. The name of the Company is LINDE PUBLIC LIMITED COMPANY.

2. The Company is a public limited company, registered under Part 17 of the Companies Act 2014.

3. The objects for which the Company is established are:

3.1 To carry on the business of a holding company and to co-ordinate the administration, finances and activities of any subsidiary companies or associated companies, to do all lawful acts and things whatever that are necessary or convenient in carrying on the business of such a holding company and in particular to carry on in all its branches the business of a management services company, to act as managers and to direct or coordinate the management of other companies or of the business, property and estates of any company or person and to undertake and carry out all such services in connection therewith as may be deemed expedient by the Company's board of directors and to exercise its powers as a shareholder of other companies.

3.2 To carry on the businesses of manufacturer, distributor, wholesaler, retailer, service provider, investor, designer, trader and any other business (except the issuing of policies of insurance) which may seem to the Company's board of directors capable of being conveniently carried on in connection with these objects or calculated directly or indirectly to enhance the value of or render more profitable any of the Company's property.

3.3 To carry on all or any of the businesses as aforesaid either as a separate business or as the principal business of the Company.

3.4 To invest and deal with the property of the Company in such manner as may from time to time be determined by the Company's board of directors and to dispose of or vary such investments and dealings.

3.5 To borrow or raise money or capital in any manner and on such terms and subject to such conditions and for such purposes as the Company's board of directors shall think fit or expedient, whether alone or jointly and/or severally with any other person or company, including, without prejudice to the generality of the foregoing, whether by the issue of debentures or debenture stock (perpetual or otherwise) or otherwise, and to secure, with or without consideration, the payment or repayment of any money borrowed, raised or owing or any debt, obligation or liability of the Company or of any other person or company whatsoever in such manner and on such terms and conditions as the Company's board of directors shall think fit or expedient and, in particular by mortgage, charge, lien, pledge or debenture or any other security of whatsoever nature or howsoever described, perpetual or otherwise, charged upon all or any of the Company's property, both present and future, and to purchase, redeem or pay off any such securities or borrowings and also to accept capital contributions from any person or company in any manner and on such terms and conditions and for such purposes as the Company's board of directors shall think fit or expedient.

3.6 To lend and advance money or other property or give credit or financial accommodation to any company or person in any manner either with or without security and whether with or without the payment of interest and upon such terms and conditions as the Company's board of directors shall think fit or expedient.

3.7 To guarantee, indemnify, grant indemnities in respect of, enter into any suretyship or joint obligation, or otherwise support or secure, whether by personal covenant, indemnity or undertaking or by mortgaging, charging, pledging or granting a lien or other security over all or any part of the Company's property (both present and future) or by any one or more of such methods or any other method and whether in support of such guarantee or indemnity or suretyship or joint obligation or otherwise, on such terms and conditions as the Company's board of directors shall think fit, the payment of any debts or the performance or discharge of any contract, obligation or liability of any person or company (including, without prejudice to the generality of the foregoing, the payment of any capital, principal, dividends or interest on any stocks, shares, debentures, debenture stock, notes, bonds or other securities of any person, authority or company) including, without prejudice to the generality of the foregoing, any company which is for the time being the Company's holding company or another subsidiary (as defined by the Act) of the Company's holding company or a subsidiary of the Company or otherwise associated with the Company (including any arrangements of the Company or any of its subsidiaries described in paragraph 3.19), in each case notwithstanding the fact that the Company may not receive any consideration, advantage or benefit, direct or indirect, from entering into any such guarantee or indemnity or suretyship or joint obligation or other arrangement or transaction contemplated herein.

3.8 To grant, convey, assign, transfer, exchange or otherwise alienate or dispose of any property of the Company of whatever nature or tenure for such price, consideration, sum or other return whether equal to or less than the market value thereof or for shares, debentures or securities and whether by way of gift or otherwise as the Company's board of directors shall deem fit or expedient and where the property consists of real property to grant any fee farm grant or lease or to enter into any agreement for letting or hire of any such property for a rent or return equal to or less than the market or rack rent therefor or at no rent and subject to or free from covenants and restrictions as the Company's board of directors shall deem appropriate.

3.9 To purchase, take on, lease, exchange, rent, hire or otherwise acquire any property and to acquire and undertake the whole or any part of the business and property of any company or person.

3.10 To develop and turn to account any land acquired by the Company or in which it is interested and in particular by laying out and preparing the same for building purposes, constructing, altering, pulling down, decorating, maintaining, fitting out and improving buildings and conveniences and by planting, paving, draining, farming, cultivating, letting and by entering into building leases or building agreements and by advancing money to and entering into contracts and arrangements of all kinds with builders, contractors, architects, surveyors, purchasers, vendors, tenants and any other person.

3.11 To construct, improve, maintain, develop, work, manage, carry out or control any property which may seem calculated directly or indirectly to advance the Company's interest and to contribute to, subsidise or otherwise assist or take part in the construction, improvement, maintenance, working, management, carrying out or control thereof.

3.12 To draw, make, accept, endorse, discount, execute and issue promissory notes, bills of exchange, bills of lading, warrants, debentures and other negotiable or transferable instruments.

3.13 To engage in currency exchange, interest rate and commodity transactions including, but not limited to, dealings in foreign currency, spot and forward rate exchange contracts, futures, options, forward rate agreements, swaps, caps, floors, collars and any other foreign exchange, interest rate or commodity hedging arrangements and such other instruments as are similar to, or derived from, any of the foregoing whether for the purpose of making a profit or avoiding a loss or managing a currency, interest rate or commodity exposure or any other exposure or for any other purpose.

3.14 As a pursuit in itself or otherwise and whether for the purpose of making a profit or avoiding a loss or managing a currency, interest rate or commodity exposure or any other exposure or for any other purpose whatsoever, to engage in any currency exchange transactions, interest rate transactions and commodity transactions, derivative and or treasury transactions and any other financial or other transactions, including (without prejudice to the generality of the foregoing) securitisation, treasury and/or structured finance transactions, of whatever nature in any manner and on any terms and for any purposes whatsoever, including, without prejudice to the generality of the foregoing, any transaction entered into in connection with or for the purpose of, or capable of being for the purposes of, avoiding, reducing, minimising, hedging against or otherwise managing the risk of any loss, cost, expense, or liability arising, or which may arise, directly or indirectly, from a change or changes in any interest rate or currency exchange rate or in the price or value of any property, asset, commodity, index or liability or from any other risk or factor affecting the Company's business, including but not limited to dealings whether involving purchases, sales or otherwise in foreign currency, spot and/or forward rate exchange contracts, futures, options, forward rate agreements, swaps, caps, floors, collars and or any such other currency or interest rate or commodity or other hedging, treasury or structured finance arrangements and such other instruments as are similar to, or derived from any of the foregoing.

3.15 To apply for, establish, create, purchase or otherwise acquire, sell or otherwise dispose of and hold any patents, trade marks, copyrights, brevets d'invention, registered designs, licences, concessions and the like conferring any exclusive or non-exclusive or limited rights to use or any secret or other information and any invention and to use, exercise, develop or grant licences in respect of or otherwise turn to account or exploit the property, rights or information so held.

3.16 To enter into any arrangements with any governments or authorities, national, local or otherwise and to obtain from any such government or authority any rights, privileges and concessions and to carry out, exercise and comply with any such arrangements, rights, privileges and concessions.

3.17 To establish, form, register, incorporate or promote any company or companies or person, whether inside or outside of Ireland.

3.18 To procure that the Company be registered or recognised whether as a branch or otherwise in any country or place.

3.19 To enter into partnership or into any arrangement for sharing profits, union of interests, co-operation, joint venture, reciprocal concession or otherwise with any person or company carrying on or engaged in or about to carry on or engage in any business or transaction and to engage in any transaction in connection with the foregoing.

3.20 To acquire or amalgamate with any other company or person.

3.21 To acquire and undertake the whole or any part of the business, good-will and assets of any person, firm or company carrying on or proposing to carry on any of the businesses which this Company is authorised to carry on, and as part of the consideration for such acquisition to undertake all or any of the liabilities of such person, firm or company, or to acquire an interest in, amalgamate with, or enter into any arrangement for sharing profits, or for co-operation, or for mutual assistance with any such person, firm or company and to give or accept by way of consideration for any of the acts or things aforesaid or property acquired, any shares, debentures, debenture stock or securities that may be agreed upon, and to hold and retain or sell, mortgage or deal with any shares, debentures, debenture stock or securities so received.

3.22 To promote freedom of contract, and to resist, insure against, counteract and discourage interference therewith, to join any lawful federation, union or association, or do any other lawful act or thing with a view to preventing or resisting directly or indirectly any interruption of or interference with the Company's or any other trade or business or providing or safeguarding against the same, or resisting or opposing any strike, movement or organisation which may be thought detrimental to the interests of the Company or its employees and to subscribe to any association or fund for any such purposes.

3.23 To make gifts to any person or company including, without prejudice to the generality of the foregoing, capital contributions and to grant bonuses to the directors or any other persons or companies who are or have been in the employment of the Company including substitute directors and any other officer or employee.

3.24 To establish and support or aid in the establishment and support of associations, institutions, funds, trusts and conveniences calculated to benefit directors, ex-directors, employees or ex-employees of the Company or any subsidiary of the Company or the dependants or connections of such persons, and to grant pensions and allowances upon such terms and in such manner as the Company's board of directors think fit, and to make payments towards insurance and to subscribe or guarantee money for charitable or benevolent objects or for any exhibition or for any public, general or useful object, or any other object whatsoever which the Company's board of directors may think advisable.

3.25 To establish and contribute to any scheme for the purchase of shares or subscription for shares in the Company, its holding company or any of its or their respective subsidiaries, to be held for the benefit of the employees or former employees of the Company or any subsidiary of the Company including any person who is or was a director holding a salaried employment or office in the Company or any subsidiary of the Company and to lend or otherwise provide money to the trustees of such schemes or the employees or former employees of the Company or any subsidiary of the Company to enable them to purchase shares of the Company, its holding company or any of its or their respective subsidiaries and to formulate and carry into effect any scheme for sharing the profits of the Company, its holding company or any of its or their respective subsidiaries with its employees and or the employees of any of its subsidiaries.

3.26 To remunerate any person or company for services rendered or to be rendered in placing or assisting to place or guaranteeing the placing of any of the shares of the Company's capital or any debentures, debenture stock or other securities of the Company or in or about the formation or promotion of the Company or the conduct of its business.

3.27 To obtain any Act of the Oireachtas or provisional order for enabling the Company to carry any of its objects into effect or for effecting any modification of the Company's constitution or for any other purpose which may seem expedient and to oppose any proceedings or applications which may seem calculated directly or indirectly to prejudice the Company's interests.

3.28 To adopt such means of making known the products of the Company as may seem expedient and in particular by advertising in the press, by circulars, by purchase and exhibition of works of art or interest, by publication of books and periodicals and by granting prizes, rewards and donations.

3.29 To undertake and execute the office of trustee and nominee for the purpose of holding and dealing with any property of any kind for or on behalf of any person or company; to act as trustee, nominee, agent, executor, administrator, registrar, secretary, committee or attorney generally for any purpose and either solely or with others for any person or company; to vest any property in any person or company with or without any declared trust in favour of the Company.

3.30 To pay all costs, charges, fees and expenses incurred or sustained in or about the promotion, establishment, formation and registration of the Company.

3.31 To do all or any of the above things in any part of the world, and as principals, agents, contractors, trustees or otherwise and by or through trustees, agents or otherwise and either alone or in conjunction with any person or company.

3.32 To distribute the property of the Company in specie among the members or, if there is only one, to the sole member of the Company.

3.33 To do all such other things as the Company's board of directors may think incidental or conducive to the attainment of the above objects or any of them.

NOTE: it is hereby declared that in this memorandum of association:

a) the word "company", except where used in reference to this Company, shall be deemed to include a body corporate, whether a company (wherever formed, registered or incorporated), a corporation aggregate, a corporation sole and a national or local government or other legal entity; and

b) the word "person", shall be deemed to include any individual, firm, body corporate, association or partnership, government or state or agency of a state, local authority or government body or any joint venture association or partnership (whether or not having a separate legal personality) and that person's personal representatives, successors or permitted assigns; and

c) the word "property", shall be deemed to include, where the context permits, real property, personal property including choses or things in action and all other intangible property and money and all estates, rights, titles and interests therein and includes the Company's uncalled capital and future calls and all and every other undertaking and asset; and

d) a word or expression used in this memorandum of association which is not otherwise defined and which is also used in the Companies Act 2014, as amended, shall have the same meaning here, as it has in the Companies Act 2014, as amended; and

e) any phrase introduced by the terms "including", "include" and "in particular" or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms, whether or not followed by the phrases "but not limited to", "without prejudice to the generality of the foregoing" or any similar expression; and

f) words denoting the singular number only shall include the plural number and vice versa and references to one gender includes all genders; and

g) it is intended that the objects specified in each paragraph in this clause shall, except where otherwise expressed in such paragraph, be separate and distinct objects of the Company and shall not be in any way limited or restricted by reference to or inference from the terms of any other paragraph or the order in which the paragraphs of this clause occur or the name of the Company.

4. The liability of the members is limited.

5. The authorised share capital of the Company is €1,825,000 divided into 1,750,000,000 ordinary shares of €0.001 each, 25,000 A ordinary shares of €1.00 each, 25,000 deferred shares of €1.00 each and 25,000,000 preferred shares of €0.001 each.

6. The shares forming the capital, may be increased or reduced and be divided into such classes and issued with any special rights, privileges and conditions or with such qualifications as regards preference, dividend, capital, voting or other special incidents, and be held upon such terms as may be attached thereto or as may from time to time be provided by the original or any substituted or amended articles of association and regulations of the Company for the time being, but so that where shares are issued with any preferential or special rights attached thereto such rights shall not be alterable otherwise than pursuant to the provisions of the Company's articles of association for the time being.

# LINDE PUBLIC LIMITED COMPANY

## ARTICLES OF ASSOCIATION

**Interpretation and general**

1. Sections 83, 84 and, for the avoidance of doubt, 117(9) of the Act shall apply to the Company but, subject to that, the provisions set out in these Articles shall constitute the whole of the regulations applicable to the Company and no other "optional provisions" as defined by section 1007(2) of the Act shall apply to the Company.

2. In these Articles:

2.1 "**Act**", means the Companies Act 2014 and every statutory modification and re-enactment thereof for the time being in force;

2.2 "**Adoption Date**", means the effective date of adoption of these Articles;

2.3 "**Approved Nominee**", means a person appointed under contractual arrangements with the Company to hold shares or rights or interests in shares of the Company on a nominee basis;

2.4 "**Article**", means an article of these Articles;

2.5 "**Articles**", means these articles of association as from time to time and for the time being in force;

2.6 "**Auditors**", means the auditors for the time being of the Company;

2.7 "**A Ordinary Shares**", means the A ordinary shares of €1.00 each in the capital of the Company;

2.8 "**Board**", means the board of Directors of the Company;

2.9 "**Chairman**", means the person occupying the position of Chairman of the Board from time to time;

2.10 "**Chief Executive Officer**", shall include any equivalent office;

2.11 "**Clear Days**", means, in relation to a period of notice, that period excluding the day when the notice is given or deemed to be given and excluding the day for which notice is being given or on which an action or event for which notice is being given is to occur or take effect;

2.12 "**Company**", means the company whose name appears in the heading to these Articles;

2.13 "**Company Secretary**", means the person or persons appointed as company secretary or joint company secretary of the Company from time to time and shall include any assistant or deputy secretary;

2.14 "**Deferred Shares**", means the deferred shares of €1.00 each in the capital of the Company;

2.15 "**Directors**", means the directors for the time being of the Company or any of them acting as the Board;

2.16 "**electronic communication**", has the meaning given to that word in the Electronic Commerce Act 2000 and in addition includes in the case of notices or documents issued on behalf of the Company, such documents being made available or displayed on a website of the Company (or a website designated by the Board);

2.17 "**Exchange**", means any securities exchange or other system on which the shares of the Company may be listed or otherwise authorised for trading from time to time in circumstances where the Company has approved such listing or trading;

2.18 "**Exchange Act**", means the Securities Exchange Act of 1934 of the United States, as amended;

2.19 "**Group**", means the Company and its subsidiaries from time to time and for the time being;

2.20 "**member**", means in relation to any share, the member whose name is entered in the Register as the holder of the share or, where the context permits, the members whose names are entered in the Register as the joint holders of shares and shall include a member's personal representatives in consequence of his or her death or bankruptcy;

2.21 "**Memorandum**", means the memorandum of association of the Company;

2.22 "**Office**", means the registered office for the time being of the Company;

2.23 "**Ordinary Shares**", means the ordinary shares of €0.001 each in the capital of the Company;

2.24 "**Preferred Shares**", means the preferred shares of €0.001 each in the capital of the Company;

2.25 "**Redeemable Shares**", means redeemable shares as defined by section 64 of the Act;

2.26 "**Register**", means the register of members of the Company to be kept as required by the Act;

2.27 "**Scheme**", means the scheme of arrangement published by Rounderway Public Limited Company (previously known as "Linde Public Limited Company" and incorporated in Ireland with company number 602527) on 9 December 2022;

2.28 "**SEC**", means the U.S. Securities and Exchange Commission.

NOTE: it is hereby declared that in these Articles:

a) the word "company", except where used in reference to this Company, shall be deemed to include a body corporate, whether a company (wherever formed, registered or incorporated), a corporation aggregate, a corporation sole and a national or local government or other legal entity; and

b) the word "person", shall be deemed to include any individual, firm, body corporate, association or partnership, government or state or agency of a state, local authority or government body or any joint venture association or partnership (whether or not having a separate legal personality) and that person's personal representatives, successors or permitted assigns; and

c) the word "property", shall be deemed to include, where the context permits, real property, personal property including choses or things in action and all other intangible property and money and all estates, rights, titles and interests therein and includes the Company's uncalled capital and future calls and all and every other undertaking and asset; and

d) a word or expression used in the Articles which is not otherwise defined and which is also used in the Act shall have the same meaning here, as it has in the Act; and

e) any phrase introduced by the terms "including", "include" and "in particular" or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms, whether or not followed by the phrases "but not limited to", "without prejudice to the generality of the foregoing" or any similar expression; and

f) words denoting the singular number only shall include the plural number and vice versa and references to one gender includes all genders.

**Authorised share capital**

3. The authorised share capital of the Company is €1,825,000 divided into 1,750,000,000 Ordinary Shares of €0.001 each, 25,000 A Ordinary Shares of €1.00 each, 25,000 Deferred Shares of €1.00 each and 25,000,000 preferred shares of €0.001 each.

**Rights attaching to Ordinary Shares and A Ordinary Shares**

4. The Ordinary Shares and the A Ordinary Shares shall entitle the holders thereof to the following rights:

4.1 subject to the right of the Company to set record dates for the purposes of determining the identity of members entitled to notice of and/or to vote at a general meeting and the authority of the Board and chairperson of the meeting to maintain order and security, the right to attend any general meeting of the Company and to exercise one vote per Ordinary Share and one vote per A Ordinary Share held at any general meeting of the Company;

4.2 the right to participate pro rata in all dividends declared by the Company; and

4.3 the right, in the event of the Company's winding up, to participate pro rata in the total assets of the Company.

5. The rights attaching to the Ordinary Shares may be subject to the terms of issue of any series or class of Preferred Shares allotted by the Directors from time to time in accordance with Article 6.

**Rights attaching to Preferred Shares**

6. The Board is empowered to cause the Preferred Shares to be issued from time to time as shares of one or more series of Preferred Shares, and in the resolution or resolutions providing for the issue of Preferred Shares of each particular series, before issuance, the Board is expressly authorised to fix:

6.1 the distinctive designation of such series and the number of shares which shall constitute such series, which number may be increased (except as otherwise provided by the Board in creating such series) or decreased (but not below the number of shares thereof then in issue) from time to time by resolution of the Board;

6.2 the rate of dividends payable on shares of such series, if any, whether or not and upon what conditions dividends on shares of such series shall be cumulative and, if cumulative, the date or dates from which dividends shall accumulate and the preference or relation which such dividends shall bear to the dividends payable on any other class or classes or on any other series of share capital;

6.3 the terms, if any, on which shares of such series may be redeemed, including without limitation, the redemption price or prices for such series, which may consist of a redemption price or scale of redemption prices applicable only to redemption in connection with a sinking fund (which term as used herein shall include any fund or requirement for the periodic purchase or redemption of shares), and the same or a different redemption price or scale of redemption prices applicable to any other redemption;

6.4 the terms and amount of any sinking fund provided for the purchase or redemption of shares of such series;

6.5 the amount or amounts which shall be paid to the holders of shares of such series in case of liquidation, dissolution or winding up of the Company, whether voluntary or involuntary;

6.6 the terms, if any, upon which the holders of shares of such series may convert shares thereof into shares of any other class or classes or of any one or more series of the same class or of another class or classes;

6.7 the voting rights, full or limited, if any, of the shares of such series; and whether or not and under what conditions the shares of such series (alone or together with the shares of one or more other series having similar provisions) shall be entitled to vote separately as a single class, for the election of one or more additional Directors in case of dividend arrears or other specified events, or upon other matters;

6.8 whether or not the holders of shares of such series, as such, shall have any pre-emptive or preferential rights to subscribe for or purchase shares of any class or series of shares of the Company, now or hereafter authorised, or any securities convertible into, or warrants or other evidences of optional rights to purchase or subscribe for, shares of any class or series of the Company, now or hereafter authorised;

6.9 the limitations and restrictions, if any, to be effective while any shares of such series are outstanding upon the payment of dividends, or the making of other distributions on, and upon the purchase, redemption or other acquisition by the Company of, any other class or classes of shares ranking junior to the shares of such series either as to dividends or upon liquidation, dissolution or winding up;

6.10 the conditions or restrictions, if any, upon the creation of indebtedness of the Company or upon the issuance of any additional shares (including additional shares of such series or of any other class) ranking on a parity with or prior to the shares of such series as to dividends or distribution of assets upon liquidation; and

6.11 such other rights, preferences and limitations as may be permitted to be fixed by the Board of the Company under the laws of Ireland as in effect at the time of the creation of such series.

7. The Board is authorised to change the designations, rights, preferences and limitations of any series of Preferred Shares theretofore established, no shares of which have been issued.

8. The rights conferred upon the member of any pre-existing shares in the share capital of the Company shall be deemed not to be varied by the creation, issue and allotment of Preferred Shares in accordance with these Articles.

9. Unless the Board determines otherwise, any share in the capital of the Company shall be deemed to be a Redeemable Share on, and from the time of, the existence or creation of an agreement, transaction or trade between the Company and any person (who may or may not be a member) pursuant to which the Company acquires or will acquire a share in the capital of the Company, or an interest in shares in the capital of the Company, from the relevant person, save for an acquisition for nil consideration pursuant to section 102(1)(a) of the Act. In these circumstances, the acquisition of such shares by the Company, save where acquired for nil consideration in accordance with the Act, shall constitute the redemption of a Redeemable Share in accordance with Chapter 6 of Part 3 of the Act. No resolution, whether special or otherwise, shall be required to be passed to deem any share in the capital of the Company a Redeemable Share.

Making our world more productive

8/17/2023

To whom it may concern,

**Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/

No one owns more than 10%

# 4V

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ■ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Linde Inc

Physical Address: 2000 Loveridge

City: Pittburg State: CA Zip: 94565

Mailing Address (if different from physical address): 175 E. Park DR Bldg 60

City: Tonawanda State: NY Zip: 14150

Telephone: 716-879-2665 Website: linde.com

Name of Designated Representative (DR): Michael Catania

Licensing Company Email: lauren.mcgowan@linde.com DR Email: michael.catania@linde.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ■ Hospitals | ■ *Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

9/20/23
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: PAM Specialty Hospital of Las
Address: _____ City: Las Vegas State: NV Zip: 89102

Name: Linde Gas & Equipment
Address: _____ City: Henderson State: NV Zip: 89011

Name: Linde Gas & Equipment
Address: _____ City: Sparks State: NV Zip: 89431

Name: University Medical Center
Address: _____ City: Las Vegas State: NV Zip: 89106

**Section 4: Publicly Traded Corporation**

State of Incorporation: Delaware
Parent Company (if any): Linde PLC
Corporation Name: Linde Inc
Mailing Address: 10 Riverview Dr
City: Danbury State: CT Zip: 06810
Telephone: 210-837-2000 Email: lauren.mcgowan@linde.com
Contact Person Name: Lauren McGowan

Date of SEC Registration: 08/14/2017 | SEC Registration Number: 602527 | Stock Exchange Symbol: LIN

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____
Parent Company (if any): _____
Corporation/Organization Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

**Section 6: Partnership**

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

| Section B: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✔ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✔ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| **Section D: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✔" on the right.** | Publicly Traded | Non-publicly Traded | Partnership | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✔ | ✔ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✔ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✔ | | |
| • **List of all partners and their percent ownership.** | | | ✔ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✔ | ✔ | ✔ | ✔ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✔ | ✔ | ✔ |
| • **Personal History Record Application** must be completed by each shareholder/ stockholder/partner/owner owning more than 10% of the business stocks/ shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✔ | ✔ | ✔ |
| • **Copy of DEA certificate if handling controlled substances** | ✔ | ✔ | ✔ | ✔ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✔ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✔ | ✔ | ✔ | ✔ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✔ | ✔ | ✔ | ✔ |
| • ***Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✔ | ✔ | ✔ | ✔ |
| • **If providing *Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✔ | ✔ | ✔ | ✔ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section B)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✔ | ✔ | ✔ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✔ | ✔ | ✔ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Linde Inc

Facility Name

MICHAEL CATANIA

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/20/23

Date

| Board Use Only | Date Received: 10/10/23 | Amount: 1,000 CC ✓ |
|---|---|---|

Drug Databases (https://www.fda.gov/Drugs/InformationOnDrugs/default.htm)

# Drug Establishments Current Registration Site

New Search (default.cfm)

Search Results for **Linde**

CSVExcel

**Filter:** 2000 Loveridge

| Firm Name | FDA Establishment Identifier | DUNS | Business Operations | Address | Expiration Date |
|---|---|---|---|---|---|
| Linde Inc. | 2910874 | 009122961 | MANUFACTURE; | 2000 Loveridge Rd., Pittsburg, California (CA) 94565, United States (USA) | 12/31/2023 |

Showing 1 to 1 of 1 entries (filtered from 161 total entries)
Previous1Next
Data Current through: Wednesday, Aug 16, 2023

Return to Drug Firm Annual Registration Status Home Page (default.cfm)

Making our world more productive



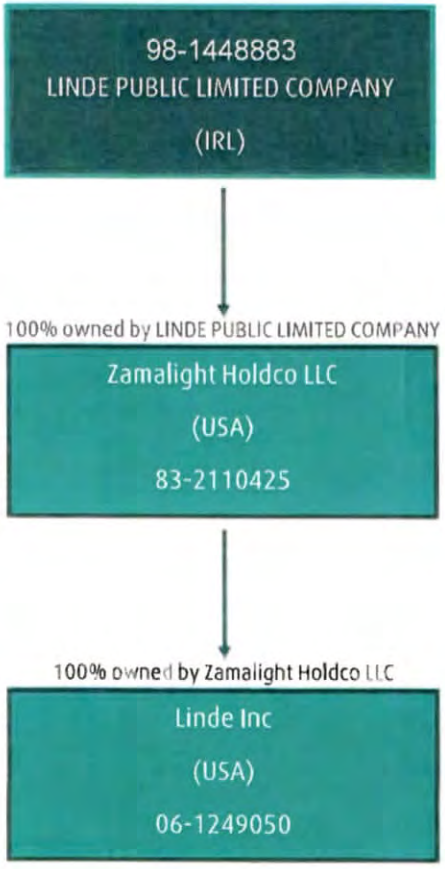

# Linde Inc

USIG Officer Listing

| | |
|---|---|
| President | Sean Durbin |
| VP, Distribution | John A Sheehy |
| VP, East Region | Todd Lawson |
| VP, Finance | Hezal Patel |
| VP, US Marketing & Sales | Andrew Sarantapoulas |

0930

Making our world more productive



Making our world more productive




Listed below are the top 4 share holders of Linde PLC and their percentage of ownership:

## Top 10 Owners of Linde PLC

| Stockholder | Stake | Shares owned | Total value ($) | Shares bought / sold | Total change |
|---|---|---|---|---|---|
| The Vanguard Group, Inc. | 8.60% | 41,952,895 | 16,237,448,481 | -170,689 | -0.41% |
| BlackRock Fund Advisors | 4.48% | 21,881,137 | 8,468,875,264 | +448,887 | +2.09% |
| SSgA Funds Management, Inc. | 4.12% | 20,118,836 | 7,786,794,285 | +134,593 | +0.67% |
| Massachusetts Financial Services ... | 2.48% | 12,121,647 | 4,691,562,255 | +231,107 | +1.94% |

# Delaware

The First State



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINDE INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LINDE INC." WAS INCORPORATED ON THE TWENTY-SIXTH DAY OF OCTOBER, A.D. 1988.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

2176449 8300

SR# 20230679073

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202780442

Date: 02-24-23

Making our world more productive




September 25, 2023

To Whom It May Concern,

Linde does not work with control substances; they do not have a DEA certificate. We only deal with medical gases.

Thank you

0934

# STATE OF CALIFORNIA

## DEPARTMENT OF PUBLIC HEALTH
## FOOD AND DRUG BRANCH

## DRUG MANUFACTURING LICENSE

**LINDE INC.**
**2000 Loveridge Road**
**Pittsburg, CA 94565**

**LICENSE NUMBER: 40200**
**EXPIRATION DATE: 8/4/2025**

**The person named herein is licensed to manufacture drugs through the expiration date of this license. This license is issued in accordance with the California Health and Safety Code and is not transferable to any other person or place. The licensee is required by law to immediately notify the California Department of Public Health of any change in the information reported in the application.**

**Food and Drug Branch, 1500 Capitol Avenue, MS 7602, PO Box 997435, Sacramento, CA 95899-7435 (916) 650-6500**

*Printed: 6/1/2023*

DEPT OF 102308

0935

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 09/20/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**
MARSH USA, LLC.
1166 Avenue of the Americas
New York, NY 10036
Attn: NewYork.Certs@marsh.com Fax: 212-948-0500

**CONTACT NAME:** Ann-Marie Fleming
**PHONE (A/C, No, Ext):** 212 345 7960 **FAX (A/C, No):** 212 948 0264
**E-MAIL ADDRESS:** Ann-Marie.Fleming@marsh.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Old Republic Insurance Company | 24147 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**
Linde Inc.
10 Riverview Drive
Danbury, CT 06810

**COVERAGES** **CERTIFICATE NUMBER:** NYC-010962292-20 **REVISION NUMBER:** 28

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|---|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | MWZY-313507-23 | 10/01/2023 | 10/01/2024 | EACH OCCURRENCE | $ | 5,000,000 |
| | CLAIMS-MADE [X] OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ | 5,000,000 |
| | | | | | | | MED EXP (Any one person) | $ | 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ | 5,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ | 5,000,000 |
| | X POLICY [ ] PRO-JECT [ ] LOC | | | | | | PRODUCTS - COMP/OP AGG | $ | 5,000,000 |
| | OTHER: | | | | | | | $ | |
| A | AUTOMOBILE LIABILITY | | | MWTB-313505-23 | 10/01/2023 | 10/01/2024 | COMBINED SINGLE LIMIT (Ea accident) | $ | 10,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | $ | |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ | |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ | |
| | | | | | | | | $ | |
| | UMBRELLA LIAB [ ] OCCUR | | | | | | EACH OCCURRENCE | $ | |
| | EXCESS LIAB [ ] CLAIMS-MADE | | | | | | AGGREGATE | $ | |
| | DED [ ] RETENTION $ | | | | | | | $ | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | MWC-313504-23 | 10/01/2023 | 10/01/2024 | X PER STATUTE [ ] OTH-ER | | |
| | ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? N | N/A | | | | | E.L. EACH ACCIDENT | $ | 5,000,000 |
| | (Mandatory in NH) | | | | | | E.L. DISEASE - EA EMPLOYEE | $ | 5,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | $ | 5,000,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**
Evidence of Insurance

**CERTIFICATE HOLDER**
Linde Inc.
10 Riverview Drive
Danbury, CT 06810

**CANCELLATION**
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**
Marsh USA LLC

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**NEVADA STATE BOARD OF PHARMACY**
985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG: Linde Inc — MDEG License # (if applicable): _____
Physical Address: 2000 Loveridge Rd
City: Pittsburg — State: CA — Zip: 94565
Mailing Address (if different from physical address): 175 East Park Dr Bldg 60
City: Tonawanda — State: NY — Zip: 14150
Telephone: 716-879-2665 — Website: Linde.com
Licensing Company Email: margaret.marren@linde.com

**Section 2: Personal Information**

First: Michael — Middle: P — Last: Catania
Alias(es, nicknames, name changes, etc.): _____
Date of Birth: [redacted] — SSN or ITIN: [redacted] — Sex: ☒ M ☐ F ☐ X
Mailing Address: [redacted] Brook Hollow Circle
City: Stockton — State: CA — Zip: 95219
Telephone: [redacted] — Email: michael.catania@linde.com
Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.179) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of the Pacific | | 09/10 - 05/11 | |
| Address | City | State | Zip |
| 3601 Pacific Ave. | Stockton | CA | 95211 |
| Diploma/Degree obtained, if any | | | |
| M.S. Engineering Sciences Concentration Environmental Engineering | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of California, Davis | | 09/04 - 06/09 | |
| Address | City | State | Zip |
| 1 Shields Ave | Davis | CA | 95616 |
| Diploma/Degree obtained, if any | | | |
| B.S. Chemical Engineering | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Lincoln High School | | 09/00 - 06/04 | |
| Address | City | State | Zip |
| 6844 Alexandria Pl. | Stockton | CA | 95207 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/21 - present | [redacted] Brook Hollow Circle | Stockton | CA | 95219 |
| 06/18 - 06/21 | [redacted] Via Fabriano Dr. | Rock Springs | WY | 82901 |
| 06/17 - 06/18 | [redacted] Dewar Dr. Apt. 307 | Rock Springs | WY | 82901 |
| 06/12 - 06/17 | [redacted] Reagan Ave. Apt. 308 | Rock Springs | WY | 82901 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he/she has at least 1,500 hours of relevant work experience relating to the products provided by the medical products [illegible]. If current, list your hours of employment related to the above. (Attach [illegible])**

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Linde | | 05/23 - present |
| **Business Address** | **City** | **State / Zip** |
| 2000 Loveridge Rd. | Pittsburg | CA / 94565 |
| **Phone** | **Title** | **Number of Employed Hours** |
| | Associate Director of Operations | 2160 |

**Description of Duties**
Plant manager for 5 facilities producing Nitrogen, Oxygen, Argon, and CO2.

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| J.R. Simplot | | 04/21 - 05/23 |
| **Business Address** | **City** | **State / Zip** |
| 16777 S Howland Rd. | Lathrop | CA / 95330 |
| **Phone** | **Title** | **Number of Employed Hours** |
| | Production Manager | 18000 |

**Description of Duties**
Production manager for a fertilizer manufacturing site. Production included: Ammonium Sulfate, Granulated NPKs, and Sulfuric Acid.

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| J.R. Simplot | | 04/18 - 04/21 |
| **Business Address** | **City** | **State / Zip** |
| S. Highway 430 | Rock Springs | WY / 82901 |
| **Phone** | **Title** | **Number of Employed Hours** |
| | Area Production Manager | 25,920 |

**Description of Duties**
Production manager for an Ammonia Plant. Production included: Anhydrous Ammonia, Hydrogen, Nitrogen, and CO2

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| | | |
| **Business Address** | **City** | **State / Zip** |
| | | |
| **Phone** | **Title** | **Number of Employed Hours** |
| | | |

**Description of Duties**

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| | | |
| **Business Address** | **City** | **State / Zip** |
| | | |
| **Phone** | **Title** | **Number of Employed Hours** |
| | | |

**Description of Duties**

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✔ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>**

**This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted) Date

I, Michael Catania, **certify that as the MDEG Administrator for**

Medical Products Provider and Wholesaler,

**that I (initial that you have read and meet the following requirements):**

1. MC Have a high school diploma or its equivalent;
2. MC Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. MC Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. MC Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Michael Catania
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/20/23
Date

| Board Use Only | Date Received: |
|---|---|

| Last name | First name | Position Description |
|---|---|---|
| Williams | Steven | Bulk Truck Driver |
| Vistro | Jovito | Bulk Truck Driver |
| Lavarreda | Carlos | Bulk Truck Driver |
| Franco | Fidencio | Bulk Truck Driver |
| Gentry | Darold | Bulk Truck Driver |
| Williams | Jimmy | Bulk Truck Driver |
| Gutierrez | Eddie | Bulk Truck Driver |
| Brown | Brian | Bulk Truck Driver |
| Morey | Kennith | Bulk Truck Driver |
| Jones | Luis | Bulk Truck Driver |
| Melgar | Ganilo | Bulk Truck Driver |
| Rodriguez | David | Vehicle Mechanic |
| Gooding | Michael | Bulk Truck Driver |
| Carter Jr | Johnny | Bulk Truck Driver |
| Guerrero | Alexis | Bulk Truck Driver |
| Fernandez | Iban | Bulk Truck Driver |
| Harrison | Robert | Bulk Truck Driver |
| Barnett | Michael | Bulk Truck Driver |
| Cosetti | Arron | Lead Vehicle Mechanic |
| Pope | Donald | Supt, Distribution |
| Cole | Dexter | Bulk Truck Driver |
| Grant III | John | Bulk Truck Driver |
| Figueroa | Luis | Bulk Truck Driver |
| Sanchez | Luis | Bulk Truck Driver |
| Suarez | David | Bulk Truck Driver |
| Mann | George | Bulk Truck Driver |
| Roberts | Anthony | Bulk Truck Driver |
| Garcia | Juan | Bulk Truck Driver |
| Alaoudi | Abdul | Bulk Truck Driver |
| Rana | Cecil | Bulk Truck Driver |
| Bitondo | Andre | Bulk Truck Driver |
| Lamarr | Jordan | Bulk Truck Driver |
| Buscemi | Stephen | Bulk Truck Driver |
| Oliver | Darnell | Bulk Truck Driver |
| Catania | Michael | Assoc Dir, Operations |
| Stevenson | Peter | Plant Engineer |

**UNITED STATES**
**SECURITIES AND EXCHANGE COMMISSION**
**WASHINGTON, D.C. 20549**

# FORM 8-K

**CURRENT REPORT**
**PURSUANT TO SECTION 13 OR 15(d) OF THE**
**SECURITIES EXCHANGE ACT OF 1934**

**DATE OF REPORT (Date of earliest event reported): July 24, 2023**

# Linde plc

**(Exact name of registrant as specified in its charter)**

| Ireland | 001-38730 | 98-1448883 |
|---|---|---|
| (State or other jurisdiction of incorporation) | (Commission File Number) | (I.R.S. Employer Identification No.) |

| | |
|---|---|
| 10 Riverview Dr.<br>Danbury, Connecticut<br>United States 06810 | Forge<br>43 Church Street West<br>Woking, Surrey GU21 6HT<br>United Kingdom |

**(Address of principal executive offices) (Zip Code)**

**+44 1483 242200**
**(Registrant's telephone numbers, including area code)**

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions:

- ☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

| Title of each class | Trading symbol(s) | Name of each exchange on which registered |
|---|---|---|
| Ordinary shares (€0.001 nominal value per share) | LIN | New York Stock Exchange |

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

**Item 3.03 Material Modification to Rights of Security Holders.**

The rights of shareholders of Linde plc are governed by its Memorandum and Articles of Association (the "Constitution") and the Irish Companies Act 2014. The Constitution was amended at the Annual General Meeting of Shareholders of Linde plc that was held on July 24, 2023 (the "AGM") to reduce certain supermajority shareholder vote requirements (see "Proposal 4" in Item 5.07 below). A copy of the Constitution as amended and restated is filed as Exhibit 3.1 to this Current Report on Form 8-K and is incorporated by reference into this Item 3.03. A description of the amendments to the Constitution is set forth in Linde plc's Definitive Proxy Statement filed with the SEC on May 1, 2023, under the section titled "Proposal 4: Amendments to Linde's Memorandum and Articles of Association to Reduce Certain Supermajority Shareholder Voting Requirements" and is incorporated by reference into this Item 3.03.

**ITEM 5.07 Submission of Matters to a Vote of Security Holders**

The Linde plc AGM was held on July 24, 2023, at which shareholders voted upon the items set forth below. The total number of shares that were present or represented by proxy at the Annual Meeting was 411,082,505 which was 83.95% of the shares outstanding and entitled to vote and which constituted a quorum. The final voting results of the items submitted to a vote of the shareholders are set forth below.

**Proposal 1**

The ten nominees for election as a director were elected to serve until the 2024 annual general meeting of shareholders and until his or her successor is elected and qualified. The vote results were as follows:

| Director Nominees | Shares For | Shares Against | Shares Abstained | Broker Non-Votes | % of Votes Cast For |
|---|---|---|---|---|---|
| Stephen F. Angel | 379,268,002 | 12,302,153 | 793,853 | 18,718,497 | 96.86% |
| Sanjiv Lamba | 386,564,810 | 4,948,190 | 851,008 | 18,718,497 | 98.74% |
| Prof DDr. Ann-Kristin Achleitner | 370,461,615 | 21,092,452 | 809,941 | 18,718,497 | 94.61% |
| Dr. Thomas Enders | 385,655,871 | 6,020,848 | 687,289 | 18,718,497 | 98.46% |
| Hugh Grant | 379,888,078 | 11,781,450 | 694,480 | 18,718,497 | 96.99% |
| Joe Kaeser | 300,400,717 | 84,238,259 | 7,725,032 | 18,718,497 | 78.10% |
| Victoria E. Ossadnik | 373,173,756 | 18,512,444 | 677,808 | 18,718,497 | 95.27% |
| Prof. Dr. Martin H. Richenhagen | 371,753,286 | 19,883,901 | 726,821 | 18,718,497 | 94.92% |
| Alberto Weisser | 385,777,566 | 5,882,787 | 703,655 | 18,718,497 | 98.50% |
| Robert L. Wood | 384,279,497 | 7,366,642 | 717,869 | 18,718,497 | 98.12% |

**Proposal 2a**

Shareholders ratified, on an advisory and non-binding basis, the appointment of PricewaterhouseCoopers ("PWC") as the independent auditor by the votes set forth below.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 390,337,540 | 20,505,674 | 239,291 | N/A |
| (94.95% of votes cast) | (4.98% of votes cast) | | |

**Proposal 2b**

Shareholders approved the authorization of the Board, acting through the Audit Committee, to determine PWC's remuneration by the votes set forth below.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 403,800,710 | 6,888,594 | 393,201 | N/A |
| (98.23% of votes cast) | (1.68% of votes cast) | | |

**Proposal 3**

Shareholders approved, on an advisory and non-binding basis, the compensation of Linde plc's Named Executive Officers as disclosed in the 2023 proxy statement by the votes set forth below.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 374,237,043 | 17,505,109 | 621,856 | 18,718,497 |
| (95.38% of votes cast) | (4.46% of votes cast) | | |

**Proposal 4**

Shareholders approved the proposal to amend Linde's Irish Memorandum and Articles of Association to reduce certain supermajority shareholder vote requirements.

| Shares Voted For | Shares Voted Against | Shares Abstained | Broker Non-Votes |
|---|---|---|---|
| 390,900,058 | 1,123,465 | 340,485 | 18,718,497 |
| (99.63% of votes cast) | (0.29% of votes cast) | | |

**ITEM 9.01. Financial Statements and Exhibits.**

(d) Exhibits. The following exhibit is furnished herewith pursuant to Item 3.03 hereof:

| Exhibit No. | Description |
|---|---|
| 3.1 | Amended and Restated Memorandum and Articles of Association of Linde plc dated July 24, 2023 |
| 104 | Cover Page Interactive Data File (embedded within the Inline XBRL document) |

**SIGNATURES**

Pursuant to the requirements of the Securities Exchange Act of 1934, the Registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

**LINDE PLC**

By: /s/ Guillermo Bichara
Name: Guillermo Bichara
Title: Chief Legal Officer

Date: July 28, 2023

**EXHIBIT 3.1**

**Companies Act 2014**

**PUBLIC LIMITED COMPANY**

**CONSTITUTION**

**OF**

**LINDE PUBLIC LIMITED COMPANY**

**MEMORANDUM OF ASSOCIATION**

1. The name of the Company is LINDE PUBLIC LIMITED COMPANY.

2. The Company is a public limited company, registered under Part 17 of the Companies Act 2014.

3. The objects for which the Company is established are:

   3.1 To carry on the business of a holding company and to co-ordinate the administration, finances and activities of any subsidiary companies or associated companies, to do all lawful acts and things whatever that are necessary or convenient in carrying on the business of such a holding company and in particular to carry on in all its branches the business of a management services company, to act as managers and to direct or coordinate the management of other companies or of the business, property and estates of any company or person and to undertake and carry out all such services in connection therewith as may be deemed expedient by the Company's board of directors and to exercise its powers as a shareholder of other companies.

   3.2 To carry on the businesses of manufacturer, distributor, wholesaler, retailer, service provider, investor, designer, trader and any other business (except the issuing of policies of insurance) which may seem to the Company's board of directors capable of being conveniently carried on in connection with these objects or calculated directly or indirectly to enhance the value of or render more profitable any of the Company's property.

   3.3 To carry on all or any of the businesses as aforesaid either as a separate business or as the principal business of the Company.

   3.4 To invest and deal with the property of the Company in such manner as may from time to time be determined by the Company's board of directors and to dispose of or vary such investments and dealings.

   3.5 To borrow or raise money or capital in any manner and on such terms and subject to such conditions and for such purposes as the Company's board of directors shall think fit or expedient, whether alone or jointly and/or severally with any other person or company, including, without prejudice to the generality of the foregoing, whether by the issue of debentures or debenture stock (perpetual or otherwise) or otherwise, and to secure, with or without consideration, the payment or repayment of any money borrowed, raised or owing or any debt, obligation or liability of the Company or of any other person or company whatsoever in such manner and on such terms and conditions as the Company's board of directors shall think fit or expedient and, in particular by mortgage, charge, lien, pledge or debenture or any other security of whatsoever nature or howsoever described, perpetual or otherwise, charged upon all or any of the Company's property, both present and future, and to purchase, redeem or pay off any such securities or borrowings and also to accept capital contributions from any person or company in any manner and on such terms and conditions and for such purposes as the Company's board of directors shall think fit or expedient.

3.6 To lend and advance money or other property or give credit or financial accommodation to any company or person in any manner either with or without security and whether with or without the payment of interest and upon such terms and conditions as the Company's board of directors shall think fit or expedient.

3.7 To guarantee, indemnify, grant indemnities in respect of, enter into any suretyship or joint obligation, or otherwise support or secure, whether by personal covenant, indemnity or undertaking or by mortgaging, charging, pledging or granting a lien or other security over all or any part of the Company's property (both present and future) or by any one or more of such methods or any other method and whether in support of such guarantee or indemnity or suretyship or joint obligation or otherwise, on such terms and conditions as the Company's board of directors shall think fit, the payment of any debts or the performance or discharge of any contract, obligation or liability of any person or company (including, without prejudice to the generality of the foregoing, the payment of any capital, principal, dividends or interest on any stocks, shares, debentures, debenture stock, notes, bonds or other securities of any person, authority or company) including, without prejudice to the generality of the foregoing, any company which is for the time being the Company's holding company or another subsidiary (as defined by the Act) of the Company's holding company or a subsidiary of the Company or otherwise associated with the Company (including any arrangements of the Company or any of its subsidiaries described in paragraph 3.19), in each case notwithstanding the fact that the Company may not receive any consideration, advantage or benefit, direct or indirect, from entering into any such guarantee or indemnity or suretyship or joint obligation or other arrangement or transaction contemplated herein.

3.8 To grant, convey, assign, transfer, exchange or otherwise alienate or dispose of any property of the Company of whatever nature or tenure for such price, consideration, sum or other return whether equal to or less than the market value thereof or for shares, debentures or securities and whether by way of gift or otherwise as the Company's board of directors shall deem fit or expedient and where the property consists of real property to grant any fee farm grant or lease or to enter into any agreement for letting or hire of any such property for a rent or return equal to or less than the market or rack rent therefor or at no rent and subject to or free from covenants and restrictions as the Company's board of directors shall deem appropriate.

3.9 To purchase, take on, lease, exchange, rent, hire or otherwise acquire any property and to acquire and undertake the whole or any part of the business and property of any company or person.

3.10 To develop and turn to account any land acquired by the Company or in which it is interested and in particular by laying out and preparing the same for building purposes, constructing, altering, pulling down, decorating, maintaining, fitting out and improving buildings and conveniences and by planting, paving, draining, farming, cultivating, letting and by entering into building leases or building agreements and by advancing money to and entering into contracts and arrangements of all kinds with builders, contractors, architects, surveyors, purchasers, vendors, tenants and any other person.

3.11 To construct, improve, maintain, develop, work, manage, carry out or control any property which may seem calculated directly or indirectly to advance the Company's interest and to contribute to, subsidise or otherwise assist or take part in the construction, improvement, maintenance, working, management, carrying out or control thereof.

3.12 To draw, make, accept, endorse, discount, execute and issue promissory notes, bills of exchange, bills of lading, warrants, debentures and other negotiable or transferable instruments.

3.13 To engage in currency exchange, interest rate and commodity transactions including, but not limited to, dealings in foreign currency, spot and forward rate exchange contracts, futures, options, forward rate agreements, swaps, caps, floors, collars and any other foreign exchange, interest rate or commodity hedging arrangements and such other instruments as are similar to, or derived from, any of the foregoing whether for the purpose of making a profit or avoiding a loss or managing a currency, interest rate or commodity exposure or any other exposure or for any other purpose.

3.14 As a pursuit in itself or otherwise and whether for the purpose of making a profit or avoiding a loss or managing a currency, interest rate or commodity exposure or any other exposure or for any other purpose whatsoever, to engage in any currency exchange transactions, interest rate transactions and commodity transactions, derivative and or treasury transactions and any other financial or other transactions, including (without prejudice to the generality of the foregoing) securitisation, treasury and/or structured finance transactions, of whatever nature in any manner and on any terms and for any purposes whatsoever, including, without prejudice to the generality of the foregoing, any transaction entered into in connection with or for the purpose of, or capable of being for the purposes of, avoiding, reducing, minimising, hedging against or otherwise managing the risk of any loss, cost, expense, or liability arising, or which may arise, directly or indirectly, from a change or changes in any interest rate or currency exchange rate or in the price or value of any property, asset, commodity, index or liability or from any other risk or factor affecting the Company's business, including but not limited to dealings whether involving purchases, sales or otherwise in foreign currency, spot and/or forward rate exchange contracts, futures, options, forward rate agreements, swaps, caps, floors, collars and/or any such other currency or interest rate or commodity or other hedging, treasury or structured finance arrangements and such other instruments as are similar to, or derived from any of the foregoing.

3.15 To apply for, establish, create, purchase or otherwise acquire, sell or otherwise dispose of and hold any patents, trade marks, copyrights, brevets d'invention, registered designs, licences, concessions and the like conferring any exclusive or non-exclusive or limited rights to use or any secret or other information and any invention and to use, exercise, develop or grant licences in respect of or otherwise turn to account or exploit the property, rights or information so held.

3.16 To enter into any arrangements with any governments or authorities, national, local or otherwise and to obtain from any such government or authority any rights, privileges and concessions and to carry out, exercise and comply with any such arrangements, rights, privileges and concessions.

3.17 To establish, form, register, incorporate or promote any company or companies or person, whether inside or outside of Ireland.

3.18 To procure that the Company be registered or recognised whether as a branch or otherwise in any country or place.

3.19 To enter into partnership or into any arrangement for sharing profits, union of interests, co-operation, joint venture, reciprocal concession or otherwise with any person or company carrying on or engaged in or about to carry on or engage in any business or transaction and to engage in any transaction in connection with the foregoing.

3.20 To acquire or amalgamate with any other company or person.

3.21 To acquire and undertake the whole or any part of the business, good-will and assets of any person, firm or company carrying on or proposing to carry on any of the businesses which this Company is authorised to carry on, and as part of the consideration for such acquisition to undertake all or any of the liabilities of such person, firm or company, or to acquire an interest in, amalgamate with, or enter into any arrangement for sharing profits, or for co-operation, or for mutual assistance with any such person, firm or company and to give or accept by way of consideration for any of the acts or things aforesaid or property acquired, any shares, debentures, debenture stock or securities that may be agreed upon, and to hold and retain or sell, mortgage or deal with any shares, debentures, debenture stock or securities so received.

3.22 To promote freedom of contract, and to resist, insure against, counteract and discourage interference therewith, to join any lawful federation, union or association, or do any other lawful act or thing with a view to preventing or resisting directly or indirectly any interruption of or interference with the Company's or any other trade or business or providing or safeguarding against the same, or resisting or opposing any strike, movement or organisation which may be thought detrimental to the interests of the Company or its employees and to subscribe to any association or fund for any such purposes.

3.23 To make gifts to any person or company including, without prejudice to the generality of the foregoing, capital contributions and to grant bonuses to the directors or any other persons or companies who are or have been in the employment of the Company including substitute directors and any other officer or employee.

3.24 To establish and support or aid in the establishment and support of associations, institutions, funds, trusts and conveniences calculated to benefit directors, ex-directors, employees or ex-employees of the Company or any subsidiary of the Company or the dependants or connections of such persons, and to grant pensions and allowances upon such terms and in such manner as the Company's board of directors think fit, and to make payments towards insurance and to subscribe or guarantee money for charitable or benevolent objects or for any exhibition or for any public, general or useful object, or any other object whatsoever which the Company's board of directors may think advisable.

3.25 To establish and contribute to any scheme for the purchase of shares or subscription for shares in the Company, its holding company or any of its or their respective subsidiaries, to be held for the benefit of the employees or former employees of the Company or any subsidiary of the Company including any person who is or was a director holding a salaried employment or office in the Company or any subsidiary of the Company and to lend or otherwise provide money to the trustees of such schemes or the employees or former employees of the Company or any subsidiary of the Company to enable them to purchase shares of the Company, its holding company or any of its or their respective subsidiaries and to formulate and carry into effect any scheme for sharing the profits of the Company, its holding company or any of its or their respective subsidiaries with its employees and/or the employees of any of its subsidiaries.

3.26 To remunerate any person or company for services rendered or to be rendered in placing or assisting to place or guaranteeing the placing of any of the shares of the Company's capital or any debentures, debenture stock or other securities of the Company or in or about the formation or promotion of the Company or the conduct of its business.

3.27 To obtain any Act of the Oireachtas or provisional order for enabling the Company to carry any of its objects into effect or for effecting any modification of the Company's constitution or for any other purpose which may seem expedient and to oppose any proceedings or applications which may seem calculated directly or indirectly to prejudice the Company's interests.

3.28 To adopt such means of making known the products of the Company as may seem expedient and in particular by advertising in the press, by circulars, by purchase and exhibition of works of art or interest, by publication of books and periodicals and by granting prizes, rewards and donations.

3.29 To undertake and execute the office of trustee and nominee for the purpose of holding and dealing with any property of any kind for or on behalf of any person or company; to act as trustee, nominee, agent, executor, administrator, registrar, secretary, committee or attorney generally for any purpose and either solely or with others for any person or company; to vest any property in any person or company with or without any declared trust in favour of the Company.

3.30 To pay all costs, charges, fees and expenses incurred or sustained in or about the promotion, establishment, formation and registration of the Company.

3.31 To do all or any of the above things in any part of the world, and as principals, agents, contractors, trustees or otherwise and by or through trustees, agents or otherwise and either alone or in conjunction with any person or company.

3.32 To distribute the property of the Company in specie among the members or, if there is only one, to the sole member of the Company.

3.33 To do all such other things as the Company's board of directors may think incidental or conducive to the attainment of the above objects or any of them.

NOTE: it is hereby declared that in this memorandum of association:

a) the word "company", except where used in reference to this Company, shall be deemed to include a body corporate, whether a company (wherever formed, registered or incorporated), a corporation aggregate, a corporation sole and a national or local government or other legal entity; and

b) the word "person", shall be deemed to include any individual, firm, body corporate, association or partnership, government or state or agency of a state, local authority or government body or any joint venture association or partnership (whether or not having a separate legal personality) and that person's personal representatives, successors or permitted assigns; and

c) the word "property", shall be deemed to include, where the context permits, real property, personal property including choses or things in action and all other intangible property and money and all estates, rights, titles and interests therein and includes the Company's uncalled capital and future calls and all and every other undertaking and asset; and

d) a word or expression used in this memorandum of association which is not otherwise defined and which is also used in the Companies Act 2014, as amended, shall have the same meaning here, as it has in the Companies Act 2014, as amended; and

e) any phrase introduced by the terms "including", "include" and "in particular" or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms, whether or not followed by the phrases "but not limited to", "without prejudice to the generality of the foregoing" or any similar expression; and

f) words denoting the singular number only shall include the plural number and vice versa and references to one gender includes all genders; and

g) it is intended that the objects specified in each paragraph in this clause shall, except where otherwise expressed in such paragraph, be separate and distinct objects of the Company and shall not be in any way limited or restricted by reference to or inference from the terms of any other paragraph or the order in which the paragraphs of this clause occur or the name of the Company.

4. The liability of the members is limited.

5. The authorised share capital of the Company is €1,825,000 divided into 1,750,000,000 ordinary shares of €0.001 each, 25,000 A ordinary shares of €1.00 each, 25,000 deferred shares of €1.00 each and 25,000,000 preferred shares of €0.001 each.

6. The shares forming the capital, may be increased or reduced and be divided into such classes and issued with any special rights, privileges and conditions or with such qualifications as regards preference, dividend, capital, voting or other special incidents, and be held upon such terms as may be attached thereto or as may from time to time be provided by the original or any substituted or amended articles of association and regulations of the Company for the time being, but so that where shares are issued with any preferential or special rights attached thereto such rights shall not be alterable otherwise than pursuant to the provisions of the Company's articles of association for the time being.

**LINDE PUBLIC LIMITED COMPANY**

**ARTICLES OF ASSOCIATION**

**Interpretation and general**

1. Sections 83, 84 and, for the avoidance of doubt, 117(9) of the Act shall apply to the Company but, subject to that, the provisions set out in these Articles shall constitute the whole of the regulations applicable to the Company and no other "optional provisions" as defined by section 1007(2) of the Act shall apply to the Company.

2. In these Articles:

2.1 "**Act**", means the Companies Act 2014 and every statutory modification and re-enactment thereof for the time being in force;

2.2 "**Adoption Date**", means the effective date of adoption of these Articles;

2.3 "**Approved Nominee**", means a person appointed under contractual arrangements with the Company to hold shares or rights or interests in shares of the Company on a nominee basis;

2.4 "**Article**", means an article of these Articles;

2.5 "**Articles**", means these articles of association as from time to time and for the time being in force;

2.6 "**Auditors**", means the auditors for the time being of the Company;

2.7 "**A Ordinary Shares**", means the A ordinary shares of €1.00 each in the capital of the Company;

2.8 "**Board**", means the board of Directors of the Company;

2.9 "**Chairman**", means the person occupying the position of Chairman of the Board from time to time;

2.10 "**Chief Executive Officer**", shall include any equivalent office;

2.11 "**Clear Days**", means, in relation to a period of notice, that period excluding the day when the notice is given or deemed to be given and excluding the day for which notice is being given or on which an action or event for which notice is being given is to occur or take effect;

2.12 "**Company**", means the company whose name appears in the heading to these Articles;

2.13 "**Company Secretary**", means the person or persons appointed as company secretary or joint company secretary of the Company from time to time and shall include any assistant or deputy secretary;

2.14 "**Deferred Shares**", means the deferred shares of €1.00 each in the capital of the Company;

2.15 "**Directors**", means the directors for the time being of the Company or any of them acting as the Board;

2.16 "**electronic communication**", has the meaning given to that word in the Electronic Commerce Act 2000 and in addition includes in the case of notices or documents issued on behalf of the Company, such documents being made available or displayed on a website of the Company (or a website designated by the Board);

2.17 "**Exchange**", means any securities exchange or other system on which the shares of the Company may be listed or otherwise authorised for trading from time to time in circumstances where the Company has approved such listing or trading;

2.18 "**Exchange Act**", means the Securities Exchange Act of 1934 of the United States, as amended;

2.19 "**Group**", means the Company and its subsidiaries from time to time and for the time being;

2.20 "**member**", means in relation to any share, the member whose name is entered in the Register as the holder of the share or, where the context permits, the members whose names are entered in the Register as the joint holders of shares and shall include a member's personal representatives in consequence of his or her death or bankruptcy;

2.21 "**Memorandum**", means the memorandum of association of the Company;

2.22 "**Office**", means the registered office for the time being of the Company;

2.23 "**Ordinary Shares**", means the ordinary shares of €0.001 each in the capital of the Company;

2.24 "**Preferred Shares**", means the preferred shares of €0.001 each in the capital of the Company;

2.25 "**Redeemable Shares**", means redeemable shares as defined by section 64 of the Act;

2.26 "**Register**", means the register of members of the Company to be kept as required by the Act;

2.27 "**Scheme**", means the scheme of arrangement published by Rounderway Public Limited Company (previously known as "Linde Public Limited Company" and incorporated in Ireland with company number 602527) on 9 December 2022;

2.28 "**SEC**", means the U.S. Securities and Exchange Commission.

NOTE: it is hereby declared that in these Articles:

a) the word "company", except where used in reference to this Company, shall be deemed to include a body corporate, whether a company (wherever formed, registered or incorporated), a corporation aggregate, a corporation sole and a national or local government or other legal entity; and

b) the word "person", shall be deemed to include any individual, firm, body corporate, association or partnership, government or state or agency of a state, local authority or government body or any joint venture association or partnership (whether or not having a separate legal personality) and that person's personal representatives, successors or permitted assigns; and

c) the word "property", shall be deemed to include, where the context permits, real property, personal property including choses or things in action and all other intangible property and money and all estates, rights, titles and interests therein and includes the Company's uncalled capital and future calls and all and every other undertaking and asset; and

d) a word or expression used in the Articles which is not otherwise defined and which is also used in the Act shall have the same meaning here, as it has in the Act; and

e) any phrase introduced by the terms "including", "include" and "in particular" or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms, whether or not followed by the phrases "but not limited to", "without prejudice to the generality of the foregoing" or any similar expression; and

f) words denoting the singular number only shall include the plural number and vice versa and references to one gender includes all genders.

**Authorised share capital**

3. The authorised share capital of the Company is €1,825,000 divided into 1,750,000,000 Ordinary Shares of €0.001 each, 25,000 A Ordinary Shares of €1.00 each, 25,000 Deferred Shares of €1.00 each and 25,000,000 preferred shares of €0.001 each.

**Rights attaching to Ordinary Shares and A Ordinary Shares**

4. The Ordinary Shares and the A Ordinary Shares shall entitle the holders thereof to the following rights:

4.1 subject to the right of the Company to set record dates for the purposes of determining the identity of members entitled to notice of and/or to vote at a general meeting and the authority of the Board and chairperson of the meeting to maintain order and security, the right to attend any general meeting of the Company and to exercise one vote per Ordinary Share and one vote per A Ordinary Share held at any general meeting of the Company;

4.2 the right to participate pro rata in all dividends declared by the Company; and

4.3 the right, in the event of the Company's winding up, to participate pro rata in the total assets of the Company.

5. The rights attaching to the Ordinary Shares may be subject to the terms of issue of any series or class of Preferred Shares allotted by the Directors from time to time in accordance with Article 6.

**Rights attaching to Preferred Shares**

6. The Board is empowered to cause the Preferred Shares to be issued from time to time as shares of one or more series of Preferred Shares, and in the resolution or resolutions providing for the issue of Preferred Shares of each particular series, before issuance, the Board is expressly authorised to fix:

6.1 the distinctive designation of such series and the number of shares which shall constitute such series, which number may be increased (except as otherwise provided by the Board in creating such series) or decreased (but not below the number of shares thereof then in issue) from time to time by resolution of the Board;

6.2 the rate of dividends payable on shares of such series, if any, whether or not and upon what conditions dividends on shares of such series shall be cumulative and, if cumulative, the date or dates from which dividends shall accumulate and the preference or relation which such dividends shall bear to the dividends payable on any other class or classes or on any other series of share capital;

6.3 the terms, if any, on which shares of such series may be redeemed, including without limitation, the redemption price or prices for such series, which may consist of a redemption price or scale of redemption prices applicable only to redemption in connection with a sinking fund (which term as used herein shall include any fund or requirement for the periodic purchase or redemption of shares), and the same or a different redemption price or scale of redemption prices applicable to any other redemption;

6.4 the terms and amount of any sinking fund provided for the purchase or redemption of shares of such series;

6.5 the amount or amounts which shall be paid to the holders of shares of such series in case of liquidation, dissolution or winding up of the Company, whether voluntary or involuntary;

6.6 the terms, if any, upon which the holders of shares of such series may convert shares thereof into shares of any other class or classes or of any one or more series of the same class or of another class or classes;

6.7 the voting rights, full or limited, if any, of the shares of such series; and whether or not and under what conditions the shares of such series (alone or together with the shares of one or more other series having similar provisions) shall be entitled to vote separately as a single class, for the election of one or more additional Directors in case of dividend arrears or other specified events, or upon other matters;

6.8 whether or not the holders of shares of such series, as such, shall have any pre-emptive or preferential rights to subscribe for or purchase shares of any class or series of shares of the Company, now or hereafter authorised, or any securities convertible into, or warrants or other evidences of optional rights to purchase or subscribe for, shares of any class or series of the Company, now or hereafter authorised;

6.9 the limitations and restrictions, if any, to be effective while any shares of such series are outstanding upon the payment of dividends, or the making of other distributions on, and upon the purchase, redemption or other acquisition by the Company of, any other class or classes of shares ranking junior to the shares of such series either as to dividends or upon liquidation, dissolution or winding up;

6.10 the conditions or restrictions, if any, upon the creation of indebtedness of the Company or upon the issuance of any additional shares (including additional shares of such series or of any other class) ranking on a parity with or prior to the shares of such series as to dividends or distribution of assets upon liquidation; and

6.11 such other rights, preferences and limitations as may be permitted to be fixed by the Board of the Company under the laws of Ireland as in effect at the time of the creation of such series.

7. The Board is authorised to change the designations, rights, preferences and limitations of any series of Preferred Shares theretofore established, no shares of which have been issued.

8. The rights conferred upon the member of any pre-existing shares in the share capital of the Company shall be deemed not to be varied by the creation, issue and allotment of Preferred Shares in accordance with these Articles.

9. Unless the Board determines otherwise, any share in the capital of the Company shall be deemed to be a Redeemable Share on, and from the time of, the existence or creation of an agreement, transaction or trade between the Company and any person (who may or may not be a member) pursuant to which the Company acquires or will acquire a share in the capital of the Company, or an interest in shares in the capital of the Company, from the relevant person, save for an acquisition for nil consideration pursuant to section 102(1)(a) of the Act. In these circumstances, the acquisition of such shares by the Company, save where acquired for nil consideration in accordance with the Act, shall constitute the redemption of a Redeemable Share in accordance with Chapter 6 of Part 3 of the Act. No resolution, whether special or otherwise, shall be required to be passed to deem any share in the capital of the Company a Redeemable Share.

# 4W

mindray
NORTH AMERICA

September 21, 2023

Mr. Mark Sedar
Nevada State Board of Pharmacy
985 Demonte Ranch Parkway, Suite 206
Reno, NV 89521

Dear Mr. Sedar:

The purpose of this letter is to request a temporary Wholesaler License for Mindray DS USA Inc. (dba Mindray North America). This request accompanies Mindray's formal application for a standard Nevada State Wholesaler License.

Mindray DS USA Inc. acts as a first party distributor for Mindray manufactured and FDA approved medical devices nationwide. These products are essential to patient health and include anesthesia machines, ultrasound machines, and patient monitoring solutions for healthcare facilities. As Mindray's offering consists primarily of capital equipment, installations and on-site training for healthcare professional are often scheduled in conjunction with delivery of product. Rescheduling these activities can be difficult for a number of reasons, including the availability of Nevada based healthcare professionals, and delays may result in disruption of patient care. Continued supply of these medical devices is essential to avoid delay or disruption in care for Nevada's patient population.

In order to ensure continuity of supply, we respectfully request approval to continue sales of Mindray product into Nevada while our formal application moves through the approval process. Please contact me directly should you have any questions or require any additional information.

Sincerely,

James Clifford
Director, Quality Operations & Regulatory Affairs
j.clifford@mindray.com
(201) 995.8407

APPROVED
10/3/23

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Mindray DS USA, Inc. (dba: Mindray North America)

Physical Address: 800 MacArthur Blvd

City: Mahwah State: NJ Zip: 07430

Mailing Address (if different from physical address): Same as above

City: _____ State: _____ Zip: _____

Telephone: 201.995.8000 (3286) Website: www.mindraynorthamerica.com

Name of Designated Representative (DR): Sonia Vale

Licensing Company Email: s.vale@mindray.com DR Email: s.vale@mindray.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ■ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ■ Hospitals | ■ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ☐ Others: | ■ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date Sep. 21, 2023

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Shenzhen Mindray Biomedical Electronics Co., Ltd. (Mindray DS USA, Inc. is the first party distributor)

Address: Mindray Building, Keji 12th Road South City: Shenzhen - China State: N/A Zip: 518057

**Name:**

**Address:** **City:** **State:** **Zip:**

Name:

Address: City: State: Zip:

**Name:**

**Address:** **City:** **State:** **Zip:**

**Section 4: Publicly Traded Corporation**

State of Incorporation:

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware

Parent Company (if any): Shenzhen Mindray Biomedical Electronics Co., Ltd

Corporation/Organization Name: Mindray DS USA, Inc.

Mailing Address: 800 MacArthur Blvd

City: Mahwah State: NJ Zip: 07430

Telephone: 201.995.8000 Reg. Ext. 8643 Email: s.vale @mindray.com

Contact Person Name: Sonia Vale

**Section 6: Partnership**

Partnership Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partnership | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Mindray DS USA, Inc. (dba: Mindray North America)

Facility Name

Sonia Vale

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9.21.2023

Date

| Board Use Only | Date Received: 9/25/23 | Amount: 1000-CK-6266822 ✓ |
|---|---|---|

FDA



## Establishment Registration & Device Listing

New Search

Back To Search Results

**Establishment:**
MINDRAY DS USA, Inc.
800 MACARTHUR BLVD.
Mahwah, NJ 07430
**Registration Number:** 2221819
**FEI Number*:** 2221819
**Status:** Active
**Initial Distributor/Importer:** Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
**Date Of Registration Status:** 2023

**Owner/Operator:**
Mindray DS USA, Inc.[6]
800 MacArthur Blvd
Mahwah, NJ US 07430
**Owner/Operator Number:** 10025908[7]

**Official Correspondent:**
James Clifford
800 MacArthur Blvd
Mahwah, NJ 07430
**Phone:** 973-6709353

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 09/25/2023

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=10025908&OwnerOperatc

## Diane Arpino

**From:** CDRH Registration and Listing <reglist@CDRH.FDA.GOV>
**Sent:** Tuesday, November 22, 2022 4:33 PM
**To:** Diane Arpino
**Subject:** Registration Number 2221819: Successful 2023 Medical Device Establishment Registration
**Attachments:** Header.jpg; SignatureBlockLogo.png

Dear Diane Arpino:

This e-mail provides confirmation that the annual registration for the following medical device establishment has been successfully completed for 2023:

Registration Number: 2221819
Owner Operator Number: 10025908
MINDRAY DS USA, Inc.
800 MACARTHUR BLVD.
Mahwah, NJ 07430
UNITED STATES

If you do not see a registration number assigned to the establishment and your establishment previously had one, please send an email to reglist@cdrh.fda.gov and include the registration number you believe is assigned to your establishment. We will review and determine if a duplicate registration has been created for your establishment.

Your registration is valid until December 31, 2023. Registration for 2024 will be conducted between October 1 and December 31, 2023.

Please note that registering your device facility and listing your devices does not, in any way, constitute FDA approval of your facility or your devices.

Should you have any questions, please send an e-mail to the CDRH Registration and Listing Helpdesk at reglist@cdrh.fda.gov.

CDRH Registration and Listing Helpdesk
Imports & Registration and Listing Team
Division 2 Establishment Support
Office of Regulatory Programs
Office of Product Evaluation and Quality
Center for Devices and Radiological Health
U.S. Food and Drug Administration

Tel: 301-796-7400, Option 1
Email: reglist@cdrh.fda.gov

mindray
NORTH AMERICA

September 21, 2023

Mr. Mark Sedar
Nevada State Board of Pharmacy
985 Demonte Ranch Parkway, Suite 206
Reno, NV 89521

**Nevada State Board of Pharmacy Wholesaler Application – Mindray DS USA, INC. List of Officers and Directors**

To Whom May Concern,

- Wayne Quinn, President
- John Du, Vice President of Finance
- James Clifford, Director, Quality Operations & Regulatory Affairs

***STATE OF NEW JERSEY***
***DEPARTMENT OF THE TREASURY***
***DIVISION OF REVENUE AND ENTERPRISE SERVICES***
***SHORT FORM STANDING***

***MINDRAY DS USA, INC.***
*0100991707*

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on April 25, 2008.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

*CORPORATION SERVICE COMPANY*
*PRINCETON SOUTH CORPORATE CENTER,*
*SUITE 160, 100 CHARLES EWING BLVD*
*EWING, NJ 08628*

*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of September, 2023*

*Elizabeth Maher Muoio*
*State Treasurer*

*Certificate Number : 6146809616*

*Verify this certificate online at*

*https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp*

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 4/10/2023

**Registration Number:** 5004356 **Registered as:** Wholesale

**Name:** MINDRAY DS USA, INC

**DBA:** MINDRAY NORTH AMERICA

**Address:** 800 MACARTHUR BLVD, MAHWAH, NJ 07430

**Original Issue Date:** 04/16/2012 **Expiration Date:** 01/31/2024

**Current Issue Date:** 11/07/2022

**Disciplines:** No

Client#: 1046191 MINDRDS

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/01/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER<br>USI Southwest Dallas /CL<br>14241 Dallas Pkwy STE 700<br>Dallas, TX 75254<br>214 443-3100 | CONTACT NAME: USI Certificates<br>PHONE (A/C, No, Ext): 214 443-3100 FAX (A/C, No): 214 443-3900<br>E-MAIL ADDRESS: Morresa.Shepherd@usi.com |
| INSURED<br>Mindray DS USA, Inc.<br>800 Macarthur Blvd<br>Mahwah, NJ 07430 | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A : Hartford Fire Insurance Company — 19682<br>INSURER B : Hartford Casualty Insurance Company — 29424<br>INSURER C : Hartford - WC Multiple Issuing Cos — 00914<br>INSURER D :<br>INSURER E :<br>INSURER F : |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE / X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY / PRO-JECT / LOC<br>OTHER: | | | 46UUNIQ3410 | 05/01/2023 | 05/01/2024 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>$ | $1,000,000<br>$1,000,000<br>$10,000<br>$1,000,000<br>$3,000,000<br>$3,000,000<br>$ |
| B | AUTOMOBILE LIABILITY<br>X ANY AUTO<br>OWNED AUTOS ONLY / SCHEDULED AUTOS<br>X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY | | | 46UENIQ4112 | 05/01/2023 | 05/01/2024 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>$ | $1,000,000<br>$<br>$<br>$<br>$ |
| B | X UMBRELLA LIAB / X OCCUR<br>EXCESS LIAB / CLAIMS-MADE<br>DED / X RETENTION $10,000 | | | 46RHUEF1962 | 05/01/2023 | 05/01/2024 | EACH OCCURRENCE<br>AGGREGATE<br>$ | $15,000,000<br>$15,000,000<br>$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N: N / N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | 46WBAD0ZBP | 05/01/2023 | 05/01/2024 | X PER STATUTE / OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $1,000,000<br>$1,000,000<br>$1,000,000 |
| B | Bus Auto<br>State of Mass | | | 46UENIQ4110 | 05/01/2023 | 05/01/2024 | $1,000,000 CSL | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The General Liability and Automobile policies include and automatic Additional Insured endorsement that provides Additional Insured status to the Certificate Holder only when there is a written contract that requires such status.

The General Liability, Automobile and Workers Compensation policies include a Waiver of Subrogation (See Attached Descriptions)

| CERTIFICATE HOLDER | CANCELLATION |
|---|---|
| Hoag Memorial Hospital Presbyterian<br>Attn: Purchasing Department;<br>One Hoag Drive<br>Newport Beach, CA 92663-0000 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br>AUTHORIZED REPRESENTATIVE<br>Barbara L. Davis |

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endorsement in favor of the Certificate Holder as required by written contract.

The General Liability policy contains and endorsement with Primary and Noncontributory wording as required by written contract.

Umbrella Policy is Follow Form as required by written contract.

mindray
NORTH AMERICA

September 22, 2023

Mr. Mark Sedar
Nevada State Board of Pharmacy
985 Demonte Ranch Parkway, Suite 206
Reno, NV 89521

Dear Mr. Sedar:

The purpose of this letter is to inform you that the Letter of Credit (bond) on the amount of $25,000.00 payable to the state of Nevada is in process with our bank. Mindray DS USA Inc. will provide a copy as soon is finalized.

Please contact me directly should you have any questions or require any additional information.

Sincerely,



Sonia Vale
Manager, Regulatory Affairs
Mindray DS USA, Inc.
Telephone: 201.995.8643
Email: s.vale@mindray.com

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Sonia Vale MDEG License # (if applicable) _____

Physical Address 800 MacArthur Blvd

City Mahwah State NJ Zip 07026

Mailing Address (if different from physical address) Same as above

City _____ State _____ Zip _____

Telephone (201) 995 8643 Website www.mindraynorthamerica.com

Licensing Company Email s.vale@mindray.com

### Section 2: Personal Information

First Sonia Middle Sousa Last Vale

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] MacArthur Blvd

City Mahwah State NJ Zip 07026

Telephone (201) 995 8643 Email s.vale@mindray.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| UNIVERSIDADE DO MINHO (Minho University) | | 09.1999 - 06.2004 | |
| **Address** | **City** | **State** | **Zip** |
| Rua da Universidade, Gualtar | Braga - Portugal | N/A | N/A |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor's and master's Science, Sociology U.S Equivalency by WES , NY. Reference #: 578186 | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Escola Secundaria de Amares (Amares High school) | | | |
| **Address** | **City** | **State** | **Zip** |
| Rua da Escola Secundária 73, Besteiros | Amares | N/A | N/A |
| **Diploma/Degree obtained, if any** | | | |
| High school diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09.2011- present | [redacted] Harrison Avenue | Garfield | NJ | 07026 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Mindray DS USA, Inc. (dba: Mindray North America) | | | 04/2023- Present |
| **Business Address** | **City** | **State** | **Zip** |
| 800 MacArthur Blvd | Mahwah | NJ | 07430 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (201) 312 3286 | Manager, Regulatory Affairs | Full time employee | |

Description of Duties

Manage specific Regulatory Affairs functions for purposes of assuring compliance with applicable US and Canadian regulations for marketed device. Core functions include complaints, medical device reports, recalls, import data needs,

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Mindray DS USA, Inc. (dba: Mindray North America) | | | 04/2018-04/2023 |
| **Business Address** | **City** | **State** | **Zip** |
| 800 MacArthur Blvd | Mahwah | NJ | 07430 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (201) 312 3286 | Supervisor, Regulatory Affairs | Full time employee | |

Description of Duties

Manage specific Regulatory Affairs functions for purposes of assuring compliance with applicable US and Canadian regulations for marketed device. Core functions include complaints, medical device reports, recalls, import data needs,

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Mindray DS USA, Inc. (dba: Mindray North America) | | | 11/2016-04/2018 |
| **Business Address** | **City** | **State** | **Zip** |
| 800 MacArthur Blvd | Mahwah | NJ | 07430 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (201) 312 3286 | Sr. Regulatory Specialist | Full time employee | |

Description of Duties

Manage specific Regulatory Affairs functions for purposes of assuring compliance with applicable US and Canadian regulations for marketed device. Core functions include complaints, medical device reports, recalls, import data needs,

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Maquet Gettinge Group | | | 08/2016-11/2016 |
| **Business Address** | **City** | **State** | **Zip** |
| 45 Barbour Pond Rd | Wayne | NJ | 07470 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (888) 627- 8383 | Supervisor, QA Product Complaints | Full time employee | |

Description of Duties

The role included all responsibilities of the previous role in addition manage the complaint handling team to assure proper handling of all complaints and compliance with all applicable government standards.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Maquet Gettinge Group | | | 02/2012-08/2016 |
| **Business Address** | **City** | **State** | **Zip** |
| 45 Barbour Pond Rd | Wayne | NJ | 07470 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (888) 627- 8383 | Complaint Specialist I &II | Full time employee | |

Description of Duties

Provided support and assistance in the evaluation of Product Complaints for Medical Device Report (MDR) and Vigilance (MDV) reports. Designated Reviewer of all Complaints and Adverse Events for the department.

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✓ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Sep. 21, 2023
Date

I, Sonia Sousa Vale, **certify that as the MDEG Administrator for**

Mindray DS USA, Inc. (dba: Mindray North America),

**that I (initial that you have read and meet the following requirements):**

1. SV Have a high school diploma or its equivalent;
2. SV Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SV Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SV Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

SONIA VALE
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Sep. 21, 2023
Date

| Board Use Only | Date Received: 9/25/23 |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Mindray DS USA, Inc. (dba: Mindray North America)

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 800 MacArthur Blvd

City: Mahwah State: NJ Zip: 07430

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: (201) 995 8643 Website: www.mindraynorthamerica.com

Licensing Company Email: s.vale@mindray.com

### Section 2: Personal Information

First: Sonia Middle: Sousa Last: Vale

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] MacArthur Blvd

City: Mahwah State: NJ Zip: 07430

Telephone: (201) 995 8643 Email: s.vale@mindray.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| UNIVERSIDADE DO MINHO (Minho University) | | 09.1999 - 06.2004 | |
| **Address** | **City** | **State** | **Zip** |
| Rua da Universidade, Gualtar | Braga - Portugal | N/A | N/A |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor's and master's Science, Sociology U.S Equivalency by WES , NY. Reference #: 578186 | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Escola Secundaria de Amares (Amares High school) | | | |
| **Address** | **City** | **State** | **Zip** |
| Rua da Escola Secundária 73, Besteiros | Amares | N/A | N/A |
| **Diploma/Degree obtained, if any** | | | |
| High school diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09.2011- present | [redacted] Harrison Avenue | Garfield | NJ | 07026 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Mindray DS USA, Inc. (dba: Mindray North America) | | | 04/2023- Present |
| **Business Address** | **City** | **State** | **Zip** |
| 800 MacArthur Blvd | Mahwah | NJ | 07026 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (201) 312 3286 | Manager, Regulatory Affairs | Full time employee | |
| **Description of Duties** | | | |
| Manage specific Regulatory Affairs functions for purposes of assuring compliance with applicable US and Canadian regulations for marketed device. Core functions include complaints, medical device reports, recalls, import data needs, | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Mindray DS USA, Inc. (dba: Mindray North America) | | | 04/2018-04/2023 |
| **Business Address** | **City** | **State** | **Zip** |
| 800 MacArthur Blvd | Mahwah | NJ | 07026 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (201) 312 3286 | Supervisor, Regulatory Affairs | Full time employee | |
| **Description of Duties** | | | |
| Manage specific Regulatory Affairs functions for purposes of assuring compliance with applicable US and Canadian regulations for marketed device. Core functions include complaints, medical device reports, recalls, import data needs, | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Mindray DS USA, Inc. (dba: Mindray North America) | | | 11/2016-04/2018 |
| **Business Address** | **City** | **State** | **Zip** |
| 800 MacArthur Blvd | Mahwah | NJ | 07026 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (201) 312 3286 | Sr. Regulatory Specialist | Full time employee | |
| **Description of Duties** | | | |
| Manage specific Regulatory Affairs functions for purposes of assuring compliance with applicable US and Canadian regulations for marketed device. Core functions include complaints, medical device reports, recalls, import data needs, | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Maquet Gettinge Group | | | 08/2016-11/2016 |
| **Business Address** | **City** | **State** | **Zip** |
| 45 Barbour Pond Rd | Wayne | NJ | 07470 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (888)627- 8383 | Supervisor, QA Product Complaints | Full time employee | |
| **Description of Duties** | | | |
| The role included all responsibilities of the previous role in addition manage the complaint handling team to assure proper handling of all complaints and compliance with all applicable government standards. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Maquet Gettinge Group | | | 02/2012-08/2016 |
| **Business Address** | **City** | **State** | **Zip** |
| 45 Barbour Pond Rd | Wayne | NJ | 07470 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (888) 627- 8383 | Complaint Specialist I &II | Full time employee | |
| **Description of Duties** | | | |
| Provided support and assistance in the evaluation of Product Complaints for Medical Device Report (MDR) and Vigilance (MDV) reports. Designated Reviewer of all Complaints and Adverse Events for the department. | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Sep. 21, 2023
Date

I, Sonia Sousa Vale, **certify that as the designated representative for**

Mindray DS USA, Inc. (dba: Mindray North America),

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. SV I am at least 21 years of age;
3. SV I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. SV I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. SV I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. SV I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. SV I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

SONIA VALE
Print Name (First, Last)

Sonia Vale
Original Signature (electronic, copies or stamps not accepted)

Sep. 21, 2023
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

SONIA VALE

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Sep. 21, 2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of New Jersey, ss. County of Bergen

I, SONIA VALE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

Sep. 22, 2023

**Date**

Subscribed and Sworn to before me this 22nd day of September, 2023

**Notary Public Signature**

Evelyn Magnet
Notary Public of New Jersey
My Commission Expires Oct. 13, 2024

**(Seal)**

| Last Name | First Name |
|---|---|
| Acosta | Krista |
| Acosta | Richard |
| Adams | Angie |
| Adams | David |
| Adams | William |
| Adcock | Justin |
| Ager | Bryan |
| Agostinho | Maria |
| Agudelo | Gloria |
| Alston | William |
| Amaya | Jonathan |
| Anderson | Robert |
| Andretsos | Angelette |
| Andrzejewski | John |
| Angeles | Ramon |
| Angeles | Tatiana |
| Antonetti | Alexis |
| Aquaviva | Lara |
| Aranguren | Osvaldo |
| Arbus | Barbara |
| Armstrong | Alicia |
| Ashley | Amanda |
| Atwaters | Lakeemba |
| Aungst | Austin |
| Avendano | Maritza |
| Ayala | Stephanie |
| Azar | Issa |
| Azar | Suhad |
| Babicki | Andrew |
| Bai | Wenli |
| Bai | Ziping |
| Baia | Steven |
| Baker | Latisha |
| Ballard | Deborah |
| Bannister | James |
| Barna | Anthony |
| Barnard | Jeffrey |
| Baron | Jessie |
| Barron | Bailey |
| Barth | Melinda |
| Bass | Kelly |
| Basson | Petrus |
| Basye | Jody |
| Bayani | Danilo |

| Last Name | First Name |
|---|---|
| Bedwell | Curtis |
| Bell | Dana |
| Berenberg | Pantelitsa |
| Bergin | Kevin |
| Berry | James |
| Bessette | Clayton |
| Bikofsky | Michael |
| Bisono Guzman | Alberto |
| Bode | Richard |
| Bohannon | Joshua |
| Boivin | Jeffrey |
| Bokku | Obsa |
| Boley | Angelica |
| Bongu | Aishwarya |
| Bonser | Kyle |
| Bouchez | Stephanie |
| Bower | Camille |
| Bowman | Glenn |
| Bradley | Nancy |
| Breeding | Jeff |
| Bresnahan | Thomas |
| Brooks | George |
| Brooks | Lindsey |
| Brown | Raini |
| Brown | Charles |
| Brown | Junior |
| Brown | Edward |
| Brown | Christine |
| Browner | Adrian |
| Bruemmer | Rodney |
| Bruhns | Arne |
| Brunetti | Curt |
| Buckheit | Keith |
| Budhram | Malinie |
| Bunbury | Antone |
| Burla | Jonathan |
| Burlyga | Julia |
| Bushman | Kelly |
| Bussetti | Brian |
| Bybee | Ryan |
| Byrne | Janine |
| Byrnes | Diane |
| Cajas | Alfonso |
| Cajuste | Yvens |

| Last Name | First Name |
|---|---|
| Calabrese | Denise |
| Caldas | Luis |
| Calderon | Jeremiah |
| Call | Wesley |
| Call | Eugenia |
| Calle | Nicolas |
| Camarena | Jesus |
| Camin | Mark |
| Campanella | JulieAnn |
| Capuano-Weachock | Maria |
| Carbone | Robert |
| Cardona | Luz |
| Carpenter | Patrick |
| Carriker | Scot |
| Carril | Robert |
| Carter | Leah |
| Casini | Diane |
| Castillo | Stephen |
| Catanzaro | Anthony |
| Cavallo | Michael |
| Cavanaugh | Stacy |
| Cavazos | Sergio |
| Chamberlain | Tony |
| Chan | David |
| Chan | Peggy |
| Chapman | Paige |
| Chen | Zhenyu |
| Chen | Yuling |
| Chen | Dongqing |
| Chen | Xin |
| Chen | Hua |
| Chernova | Marina |
| Chin | Cheryl |
| Chou | Ching-Hua |
| Christian | John |
| Christianson | Lisa |
| Clifford | James |
| Colantonio | Joseph |
| Cole | David |
| Collazo | Robert |
| Connors | Smitha |
| Conrad | Rachel |
| Conti | Joseph |
| Cookson | Lyle |

| Last Name | First Name |
|---|---|
| Coslet | Christine |
| Cosman | Glenn |
| Cowder | Russell |
| Crabtree | Brandon |
| Cristello | John |
| Crossland | Anthony |
| Cucolo | Nicholas |
| Dai | Jian |
| Daley | Mary Ann |
| Daniel | Kenneth |
| Daniels | Michael |
| Davidson | Scott |
| Davis | Nicole |
| Dawson | Judy |
| DeBoard | Asia |
| DePinto | Madison |
| Deason | Jared |
| Deeb | Feras |
| Defelice | Diana |
| Dejesus | Richard |
| Delmonico | Olivia |
| Delmonico | Andrew |
| Dema | Mirela |
| Dembiec | Scott |
| Deprizio | Richard |
| DiPillo | Kathleen |
| Diaz | Adrian |
| Diaz | Juancarlos |
| Dicicco | Zachary |
| Dicus | Tony |
| Diliberto | Maria |
| Dimond | Grace |
| Dinia | Lorenzo |
| Dittebrandt | Jennifer |
| Dlugo | Philip |
| Dominesey | Elizabeth |
| Dossee | Mark |
| Douglass | Robert |
| Down | Patrick |
| Drew | Lakisia |
| Du | John |
| Duemmer | Denise |
| Duran | Axa |
| Dwyer | William |

| Last Name | First Name |
|---|---|
| Eastburn | Daniel |
| Eckford | Anthony |
| Edwards | Jessica |
| Elhihi | Maher |
| Elliott | Lori |
| Ellis | Bradford |
| Ellison | Sheryl |
| Emma-Perry | Jayne |
| Enebo | Allen |
| Eng | William |
| Erdmann | Shaun |
| Escalante | Sean |
| Espinal | Ana |
| Esteves | David |
| Evanko | Ryan |
| Evans | Eric |
| Farian | Robert |
| Favo | Bradley |
| Fay | Jo-Ann |
| Fidura | Caroline |
| Fine | Christopher |
| Finley | Michael |
| Fischer | Michael |
| Fleming | James |
| Floyd | Jammie |
| Foley | James |
| Foor | Layne |
| Forbis | Lynn |
| Forrester | Michael |
| Frambach | William |
| Friedman | Seth |
| Frymyer | Timothy |
| Gallagher | Susan |
| Galvan-Maldonado | Gregorio |
| Garafano | Mark |
| Garcia | Paul |
| Garcia | Jose |
| Garcia-Uribe | Alejandro |
| Garrity | Daniel |
| Gatto | Paul |
| Gavin | Donna |
| Gee | Albert |
| Geiger | Richard |
| George | Jacob |

| Last Name | First Name |
|---|---|
| Gianinio | Philip |
| Giesick | James |
| Gilroy | Jill |
| Goethe | Jeff |
| Goldenberg | David |
| Gomez | Oscar |
| Gonzalez | Gisela |
| Gorgodian | Cynthia |
| Gossett | Zachary |
| Gotelli | Courtney |
| Gotlib | Robin |
| Gradman | Jacob |
| Gragg | Julie |
| Gramuglia | Roberta |
| Grant | Deanna |
| Greely | Patrick |
| Gregory | Jeffrey |
| Griesinger | Jordan |
| Grogan | Dwight |
| Groppe | Curtis |
| Gross | Deanna |
| Grossmann | Gustav |
| Grune | Dennis |
| Guadian | Jose |
| Guan | Bing |
| Guo | Xiaocong |
| Gurazada | Venkata Sai Phalguna |
| Gushurst | Dennis |
| Gutierrez | Luis |
| Hadden | John |
| Hall | Todd |
| Hall | Shannon |
| Hannon | Sean |
| Hansen | Michelle |
| Harkins | Keith |
| Harp | Brian |
| Harrison | Paul |
| Hatch | Travis |
| Hauck | Ian |
| Hausner | Barry |
| Haywood | Mathew |
| He | Jianwen |
| Hellberg | Joshua |
| Henao | Alba |

| Last Name | First Name |
|---|---|
| Hesher | Brian |
| Hester | Jared |
| Hillis | Jeremy |
| Hilton | Jonathan |
| Hirpara | Vijya |
| Hisserich | Erik |
| Hodgson | Rita |
| Holland | Linda |
| Hollis | Paul |
| Hooper | Nicole |
| Hopkins | Douglas |
| Hoyt | Christine |
| Hu | Xiaowen |
| Huang | Mitchell |
| Huang | Huayi |
| Hudson | Tracy |
| Hurley | Jeffrey |
| Hussaini | Samreen |
| Hutton | Roberta |
| Illge | Paul |
| Irish | Andrew |
| Izelo-Cocone | Angelica |
| Jackson | Thomas |
| Jakymec | Stephen |
| James | Reeba |
| Jaroszak | Richard |
| Jarvis | Eric |
| Jenkins | Fruncheska |
| Ji | Tinglan |
| Johnson | Raymond |
| Johnson | Michael |
| Jolaoso | Joke |
| Jones | Michael |
| Jones | John |
| Jones | Andrew |
| Jose | Felix |
| Joseph | Wilnise |
| Juch | Elaine |
| Kaplan | Paul |
| Karn | David |
| Kasem | Omar |
| Kaspszak | Michelle |
| Katz | Christopher |
| Kaufman | Sondra |

| Last Name | First Name |
|---|---|
| Keaser | Kenneth |
| Keith | Casey |
| Kenny | William |
| Kessler | Kevin |
| Kimbrough | Rob |
| King | Audrey |
| Koeber | Lisa |
| Komarc | Corie |
| Koster | Michelle |
| Kraemer | Jill |
| Krouse | Emily |
| Kuang | Jian |
| Kulesa | Bernard |
| Kurkjian | Taleen |
| Kyger | David |
| L'Esperance | Jennifer |
| LaRose | Kristin |
| Lalwani | Kanchan |
| Lan | Yuntao |
| Landeros | Juan |
| Landeros | Miguel |
| Laurencio | Amauris |
| Lautt | Darren |
| Lawlor | Michael |
| Lazaro | Mauro |
| Leaser | Deneen |
| Lessick | Michael |
| Lewis | Cheryl |
| Lewis | Robert |
| Lewis | Christian |
| Li | Yurong |
| Li | Jiang Nan |
| Litoshik | Andrew |
| Little | Patricia |
| Liu | Lei |
| Liu | Xin |
| Liu | Bin |
| Liu | Dong-Lai |
| Llamas | Jeffrey |
| Llodra | Elizabeth |
| Lo | Norman |
| Lodin | Karen |
| Lora | Catherine |
| Lota | Wilson |

| Last Name | First Name |
|---|---|
| Lott | Thomas |
| Lu | Zhao Ling |
| Lueders | Michael |
| Lynch | Melvin |
| Mackey | Jason |
| Macut | Dawn |
| Magnet | Evelyn |
| Magnusson | James |
| Mahaffey | Jennifer |
| Major | David |
| Makarich | Barbara |
| Manzo | Janice |
| Mao | Zuhua |
| Marcantonio | Frank |
| Marciari | Kathleen |
| Mariano | Raul |
| Marino | Thomas |
| Marquardt | Sally |
| Marslender | Christopher |
| Martin | Kara |
| Martin | Robin |
| Martin | Jenna |
| Martinez | Angel |
| Martinez Farias | Janedwin |
| Marzban | Sara |
| Mason | Christina |
| Mason | Emily |
| Maturi | Mohan |
| Mayer | Tarrah |
| McCarroll | Jason |
| McCaskey | Phyllis |
| McClelland | Tanya |
| McCready | Charles |
| McDole | Kyle |
| McDonald | Todd |
| McKee | Robert |
| McKeithan | Daniel |
| McKenna-Hieb | Eileen |
| McKenzie | Alfred |
| McLaughlin | Glen |
| McNaboe | Francis |
| McNamara | Ryan |
| McNamara | Kacie |
| McNutt | Daryn |

| Last Name | First Name |
|---|---|
| McQueeney | Nicole |
| Meagher | Deborah |
| Meikamp | Jennifer |
| Melvin | Patrick |
| Membreno | Dennis |
| Mende | Sean |
| Menjivar | Manuel |
| Menzel | Frank |
| Merck | Michael |
| Merisier | Rootherford |
| Merritt | Vincent |
| Messarosh | Stephen |
| Meyer | Steven |
| Meza | Grace |
| Micchelli | Gabriel |
| Michaels | Jeffrey |
| Mikelinich | Richard |
| Miller | Karen |
| Miller | Jared |
| Minassian | Narek |
| Minor | Brenda |
| Miqueli | Yolanda |
| Mire | Blaine |
| Mo | Sanghyun |
| Mohr | Darren |
| Moloney | Kerri |
| Monaco | Jacqueline |
| Montefusco | Fanny |
| Monts | Curt |
| Mooney | Bryan |
| Moore | Adam |
| Morales | Edward |
| Morris | Thomas |
| Morris | Patrick |
| Moscoso | Tamra |
| Mounger | Rhys |
| Mueller | Deborah |
| Mullen | Michael |
| Mulligan | Maritza |
| Munson | Susan |
| Myers | Grace |
| Myers Von Hagel | Jordan |
| Nagle | Michael |
| Nalaschi | Dean |

| Last Name | First Name |
|---|---|
| Napolitano | David |
| Natale | Daniel |
| Nations | Lynda |
| Nawaz | Summer |
| Neffke | Erin |
| Nestle | Jacob |
| Neumann | Lawrence |
| Ng | Chi Ming |
| Nguyen | Jamie |
| Nguyen | Thuan |
| Nguyen | Huyen-Uyen |
| Niedermeier | Keith |
| Nizolek | Heidi |
| Nunez | Rolando |
| Nunez-Carbajal | Pablo |
| Oberle | Helen |
| Oh | Sungjae |
| Opperman | Michael |
| Ortiz | Mary Ann |
| Oyola | Jessica |
| Ozimek | Paul |
| Pallatta | Maureen |
| Palmer | Patricia |
| Palumbo | David |
| Panda | Satchi |
| Park | SangJin |
| Pasquariello | Ginette |
| Patel | Hanish |
| Paton | Lane |
| Patterson | Robert |
| Pauley | Sara |
| Paulino | Domingo |
| Penn | Ryan |
| Penziul | Christine |
| Peralta Garcia | Gabriel |
| Perez | Pedro |
| Pesaro | Joanne |
| Peters | Jackson |
| Phillips | John |
| Pickerel | Mark |
| Plasencia | Julissa |
| Plis | John |
| Pollard | Karen |
| Poplars | Christopher |

| Last Name | First Name |
|---|---|
| Porcayo | Daisy |
| Portwood | Bradley |
| Price | Keenan |
| Prigge | Vaun |
| Pritchard | James |
| Prozorowski | Stephen |
| Qi | Lintong |
| Quinn | Wayne |
| Rader | Alan |
| Rajpura | Sumaiya |
| Raney | Bradley |
| Rauth | Rochelle |
| Rawl | Edwin |
| Recker | Landon |
| Reeves | Kevin |
| Rendon | John |
| Rester | Bryan |
| Reyes | Johan |
| Richards | Sarah |
| Richardson | John |
| Riechers | Paul |
| Riso | Michael |
| Roberts | Eric |
| Robinson | Scott |
| Rocco | Frank |
| Rogers | Donald |
| Rogne | Diane |
| Romagnino | Mary |
| Romero | Plinio |
| Romero | Eder |
| Rosen | Melanie |
| Rosenthal | Justin |
| Rouse | Steve |
| Rouse | Andrew |
| Rovcanin | Fadila |
| Royer | Braden |
| Rudder | Jason |
| Ruder | Ross |
| Rudis | Natasha |
| Rush | Jeremy |
| Rusnak | Carolyn |
| Russell | Clayton |
| Russo | Carly |
| Russo | Anne |

| Last Name | First Name |
|---|---|
| Rustad | Sarah |
| Ruttenbur | Monte |
| Sabatino | Sonia |
| Safrit | Michelle |
| Sanchez | Juan |
| Sanders | Brian |
| Sanders | Lindsay |
| Santos | Artemio |
| Saunders | Amy |
| Saunders | Neill |
| Schackelman | Mario |
| Schafer | Kevin |
| Schapiro | Michelle |
| Scheidler | Melissa |
| Schill-Mason | Virginia |
| Schnirring | Richard |
| Schroeder | Thomas |
| Schulz | Halle |
| Scott | Derek |
| Scuello-del Pozo | Aileen |
| Segreto | John |
| Selk | Alyssa |
| Senia | Donald |
| Serrano | Griselda |
| Sewell | Stephen |
| Shahzad | Syed |
| Shatskiy | Alexandr |
| Shen | Ying |
| Shepet | Colin |
| Sheridan | Kristin |
| Shifflet | Nolan |
| Shorter | Charles |
| Siegel | Brian |
| Singh | Harpreet |
| Singh | Harmanpreet |
| Singh | Praim |
| Sisco | Rita |
| Smith | Darren |
| Smith | Todd |
| Smith | Kimberly |
| Snyder | Benjamin |
| Socias | Frank |
| Sontag | Darrell |
| Soter | Ernest |

| Last Name | First Name |
|---|---|
| Spencer | Nicole |
| Spielman | Dallas |
| Spier | Thomas |
| Stacey | Mary |
| Stadler | Joseph |
| Staff | Kristen |
| Stanley | Jeanine |
| Stark | Cody |
| Starnes | Todd |
| Stasion | Kenneth |
| Steensma | Diane |
| Stein | Linda |
| Steinbacher | Guy |
| Stewart | Scott |
| Stoeckel | Robert |
| Stoia | Aubree |
| Stout | Matthew |
| Strack | Stephen |
| Strait | Steven |
| Strozier | Wade |
| Sullivan | Thomas |
| Sumpter | Jeffrey |
| Sunseri | Ryan |
| Swanson | Kyle |
| Taliaferro | Kevin |
| Tam | Tze |
| Tarantelli | Lindsey |
| Taylor | Lior |
| Taylor | Kurtis |
| Templeton | Adrian |
| Thesing | David |
| Thevenin | Jefferson |
| Thomas | Edward |
| Thomasson | Nathan |
| Thompson | Kathleen |
| Tidmore | Samantha |
| Timmermeyer | Bryan |
| Toro | Scarlett |
| Townsend | Emily |
| Tran | My |
| Trani | Marc |
| Trejo | Gertrud |
| Tristan Sanchez | Irvin |
| Tung | Mike |

| Last Name | First Name |
|---|---|
| Turcios | Cristian |
| Turner | Mary |
| Vale | Sonia |
| Vale | Carlos |
| Van Eeuwen | Wayne |
| Van Meter | Amy |
| Vanderhoff | Jennifer |
| Varna | Swathi |
| Vasquez | Steven |
| Vaughan | Michelle |
| Vega | Fernando |
| Velez | Carlos |
| Vergara | Conrado |
| Villamil | Mary |
| Viswanathan | Murugan |
| Vriesema | Laura |
| Vriesema | Curtis |
| Wade | Zachary |
| Wagner | James |
| Waldstein | Christina |
| Walendy | Neil |
| Walker | Donna |
| Walker | Noelle |
| Wallace | Matthew |
| Wampler | Kevin |
| Wan | Sheng |
| Wang | Jingye |
| Wang | Jianfang |
| Wang | Ying |
| Wang | Xiaofan |
| Wang | Ling |
| Wang | Angang |
| Wanjek | Michael |
| Warner | Cole |
| Warren | Joshua |
| Wasson | Abigail |
| Weber | Wenyuan |
| Webster | Charles |
| Wehunt | Megan |
| Wei | Tie |
| Weiss | Steven |
| Welsh | Raymond |
| West | Matthew |
| White | David |

| Last Name | First Name |
|---|---|
| White | Georgina |
| White | Renee |
| William | John |
| Williams | Gissia |
| Williams | Scott M |
| Williams | Jason |
| Wilson | Paul |
| Winston | Jennifer |
| Wolf | Jason |
| Wood | Bob |
| Wright | Angelique |
| Wroblewski | Dominick |
| Xiong | Yeng |
| Yan | Jie |
| Yang | Yaotsung |
| Yang | Jinru |
| Yao | Linxin |
| Yuan | Yi |
| Yuan | Ye |
| Zaborny | Jakub |
| Zakowski | Kaylie |
| Zamora | Hernan |
| Zelenak | Victor |
| Zhang | Kaidan |
| Zheng | Min |
| Zheng | Yinghong |
| Zhou | Lei |
| Zimmerman | Karl |
| Zimmerman | John |
| Zubrod | Aubrey |
| Zych | Samantha |

mindray
NORTH AMERICA

The foregoing Certificate of Incorporation was acknowledged before me this Thursday May 22, 2014 by Lisa K. Schroeder as Secretary for Mindray DS USA, Inc.

Evelyn Magnet
Notary's Official Signature

10/13/14
Commission Expiration

EVELYN MAGNET
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES OCT. 13, 2014

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:05 PM 03/25/2008
FILED 02:59 PM 03/25/2008
SRV 080353332 - 4523850 FILE

# CERTIFICATE OF INCORPORATION
# OF
# MINDRAY DS USA, INC.

## ARTICLE 1

The name of this Corporation is
Mindray DS USA, Inc.

## ARTICLE 2

A. The address of the Corporation's registered office in the State of Delaware is c/o The Corporation Trust Company, 1209 Orange Street, in the City of Wilmington, County of New Castle. The name of the corporation's registered agent at such address is The Corporation Trust Company.

B. The name and mailing address of the incorporator of the Corporation is: Tim Fitzpatrick, Mindray Medical International Limited, Mindray Building, Keji 12th Road South, High-tech Industrial Park, Nanshan Shenzhen 518057, P.R. China.

## ARTICLE 3

The nature of the business or purposes to be conducted or promoted is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of Delaware ("GCL").

## ARTICLE 4

This Corporation is authorized to issue one class of stock to be designated "Common Stock," with a par value of $.01 per share. The total number of shares which the Corporation is authorized to issue is 1,000 shares.

## ARTICLE 5

Except as otherwise provided in this Certificate of Incorporation, in furtherance and not in limitation of the powers conferred by statute, the board of directors is expressly authorized to make, repeal, alter, amend and rescind any or all of the Bylaws of the Corporation.

## ARTICLE 6

The number of directors of the Corporation shall be fixed from time to time by a bylaw or amendment thereof duly adopted by the board of directors or by the stockholders.

## ARTICLE 7

Elections of directors need not be by written ballot unless the Bylaws of the Corporation shall so provide.

## ARTICLE 8

Meeting of stockholders may be held within or without the State of Delaware, as the Bylaws may provide. The books of the Corporation may be kept (subject to any provision contained in the statutes) outside the State of Delaware at such place or places as may be designated from time to time by the board of directors or in the Bylaws of the Corporation.

ARTICLE 9

A director of the Corporation shall not be personally liable to the Corporation or its stockholders for monetary damages for any breach of fiduciary duty as a director, except that this Article 9 shall not eliminate or limit a director's liability (i) for any breach of the director's duty of loyalty to the Corporation or its stockholders, (ii) for acts or omissions not in good faith or which involve intentional misconduct or a knowing violation of law, (iii) pursuant to Section 174 of the GCL, or (iv) for any transaction from which such director derived an improper personal benefit. If the GCL is amended after the effective date of this Certificate of Incorporation to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the Corporation shall be eliminated or limited to the fullest extent permitted by the GCL, as so amended from time to time.

Any repeal or modification of this Article 9 shall not increase the personal liability of any director of this Corporation for any act or occurrence taking place prior to such repeal or modification, or otherwise adversely affect any right or protection of a director of the Corporation existing at the time of such repeal or modification.

The provisions of this Article 9 shall not be deemed to limit or preclude indemnification of a director by the Corporation for any liability of a director which has not been eliminated by the provisions of this Article 9.

ARTICLE 10

The Corporation shall indemnify to the full extent authorized or permitted by law (as now or hereafter in effect) any person made, or threatened to be made a party or witness to any action, suit or proceeding (whether civil or criminal or otherwise) by reason of the fact that he, his testator or intestate, is or was a director or an officer of the Corporation or by reason of the fact that such person, at the request of the Corporation, is or was serving any other corporation, partnership, joint venture, trust, employee benefit plan or other enterprise, in any capacity. Nothing contained herein shall affect any rights to indemnification to which employees other than directors and officers may be entitled by law. No amendment to or repeal of this Article 10 shall apply to or have any effect on any right to indemnification provided hereunder with respect to any acts or omissions occurring prior to such amendment or repeal.

ARTICLE 11

The Corporation reserves the right to amend; alter, change or repeal any provision contained in this Certificate of Incorporation, in the manner now or hereafter prescribed by statute, and all rights conferred upon stockholders herein are granted subject to this reservation.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Incorporation on this 24th day of March, 2008.

Tim Fitzpatrick
Incorporator

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:50 PM 04/22/2008
FILED 12:27 PM 04/22/2008
SRV 080457146 - 4523850 FILE

# CERTIFICATE OF CHANGE OF LOCATION OF REGISTERED OFFICE

# AND OF REGISTERED AGENT

# OF

# MINDRAY DS USA, INC.

It is hereby certified that:

1. The name of the corporation (hereinafter called the "corporation") is:

MINDRAY DS USA, INC.

2. The registered office of the corporation within the State of Delaware is hereby changed to 2711 Centerville Road, Suite 400, City of Wilmington 19808, County of New Castle.

3. The registered agent of the corporation within the State of Delaware is hereby changed to Corporation Service Company, the business office of which is identical with the registered office of the corporation as hereby changed.

4. The corporation has authorized the changes hereinbefore set forth by resolution of its Board of Directors.

Signed on April 22, 2008

/s/ Frank L. Gutworth
Name: Frank L. Gutworth
Title: Vice President

# Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF INCORPORATION OF "MINDRAY DS USA, INC.", FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2008, AT 2:59 O'CLOCK P.M.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE NEW CASTLE COUNTY RECORDER OF DEEDS.

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

4523850 8100

080353332

AUTHENTICATION: 6474946

DATE: 03-25-08

You may verify this certificate online at corp.delaware.gov/authver.shtml

# 4X

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Nordent Manufacturing Inc.

Physical Address: 610 Bonnie Lane

City: Elk Grove Village State: IL Zip: 60007

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Website: _____

Name of Designated Representative (DR): Anant Shah

Licensing Company Email: ashah@nordent.com DR Email: ashah@nordent.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ■ Repacker |
| ☐ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

5-01-2023

Original Signature (electronic, copies or stamps not accepted) Date

**Section 3: List the top four suppliers your Company has been successful with in regards to pharmaceutical products shipped, sold, dispensed or distributed within the U.S.A.**

Name: Henry Schein
Address: 135 Duryea Rd City: Melville State: NY Zip: 11747

Name: PattersonDental
Address: 1031 Mondate Heights Rd. City: St. Paul State: MN Zip: 55120

Name: Benco Dental
Address: 295 Center Point Blvd City: Pittston State: PA Zip: 18640

Name: Atlanta Dental
Address: 1650 Sattelite Blvd City: Duluth State: GA Zip: 30097

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: ILLNOIS
Parent Company (if any): Project ELK Holdings, LLC 100% Owned by Henry Shein, Inc.
Corporation/Organization Name: Nordent Manufacturing Inc.
Mailing Address: 610 Bonnie Lane
City: Elk Grove Village State: IL Zip: 60007
Telephone: 847-437-4786 Email: ashah@nordent.com
Contact Person Name: Anant Shah

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Nordent Manufacturing Inc.

Facility Name

Anant Shah

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

5-01-2023

Date

| Board Use Only | Date Received: 9/18/23 | Amount: 1000-CK-78143 ✓ |
|---|---|---|

10/23/23 1000 - CK 78619 ✓

FDA

FDA Home[3] Medical Devices[4] Databases[5]

## Establishment Registration & Device Listing

New Search

Back To Search Results

**Establishment:**
NORDENT MFG., INC.
610 BONNIE LANE
ELK GROVE VILLAGE, IL 60007
**Registration Number:** 1419489
**FEI Number*:** 1419489
**Status:** Active
**Date Of Registration Status:** 2023

**Owner/Operator:**
NORDENT MFG., INC.[6]
610 BONNIE LANE
Elk Grove Village, IL US 60007
**Owner/Operator Number:** 1419489[7]

**Official Correspondent:**
Anant Shah
610 BONNIE LANE
Elk Grove Village, IL 60007
**Phone:** 630-4783400

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1419489&OwnerOperator
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Page Last Updated: 05/01/2023

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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

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U.S. Department of **Health & Human Services**

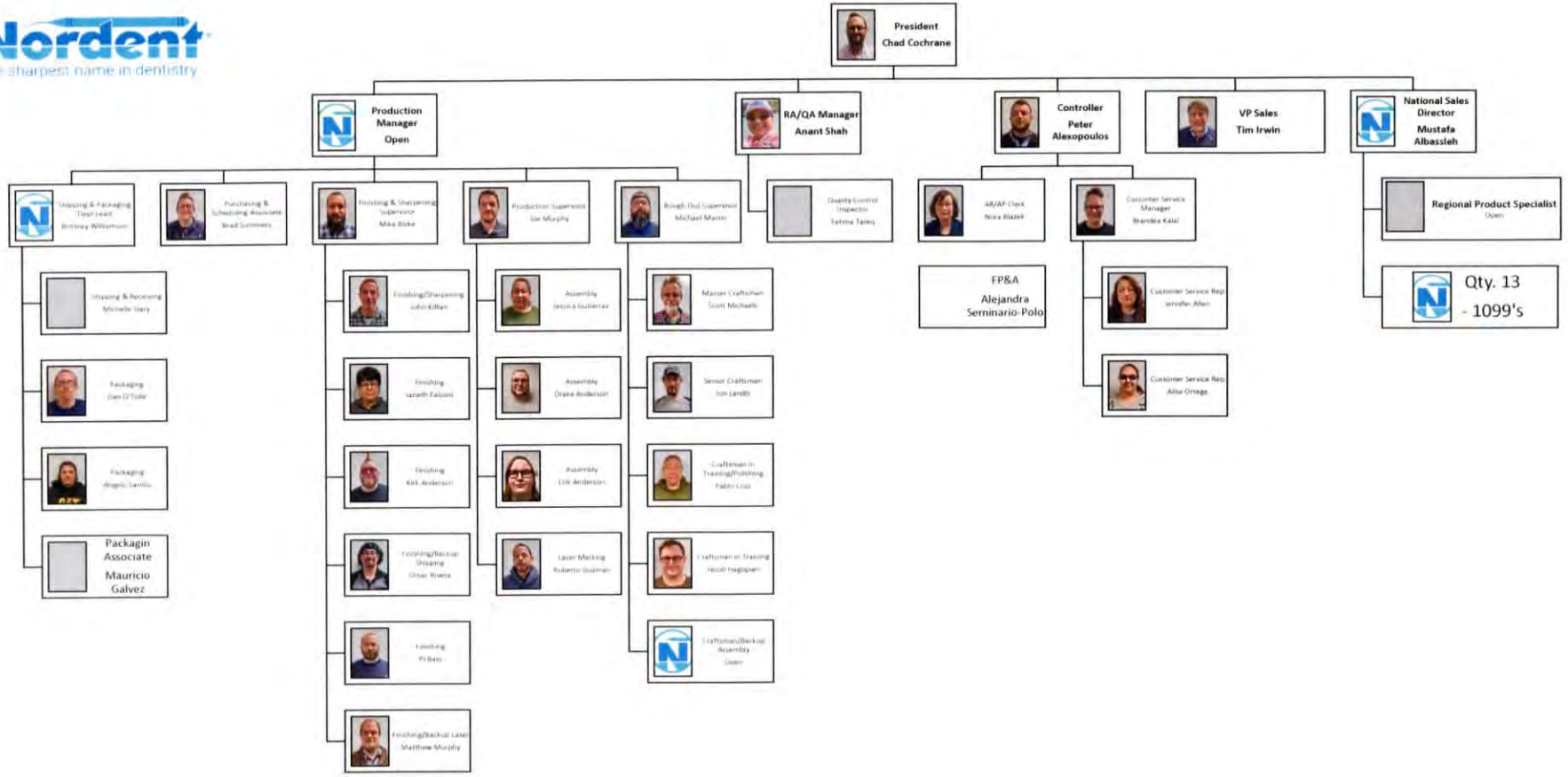
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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=1419489&OwnerOperator

**Nordent Manufacturing Inc.**
**610 Bonnie Lane,**
**Elk Grove Village, IL 60007**

| | Nordent MFG Inc. - Corporate Structure | Corporate Officer's Names | Corporater Officer's Title | "Project Elk Holdings, LLC" Ownership | Corporate officer's Phone Numbers | Corporate Officer's E-mails | Corporate Officer's Address |
|---|---|---|---|---|---|---|---|
| 1 | Project Elk Holdings, LLC (Nordent Manufacturing Inc.) | Chard Cochrane | President | 100% owned by Henry Schein, Inc. | 847-437-4780 | ccochrane@nordent.com | 610, Bonnie Lane, Elk Grove Village, IL 60007 |
| 2 | Project Elk Holdings, LLC (Nordent Manufacturing Inc.) | Walter Siegel | Director | 100% owned by Henry Schein, Inc. | 631-843-5500 | Directors@nordent.com | 610, Bonnie Lane, Elk Grove Village, IL 60008 |
| 3 | Project Elk Holdings, LLC (Nordent Manufacturing Inc.) | Michael S. Ettinger | Director | 100% owned by Henry Schein, Inc. | 631-843-5500 | Directors@nordent.com | 610, Bonnie Lane, Elk Grove Village, IL 60009 |
| 4 | Project Elk Holdings, LLC (Nordent Manufacturing Inc.) | Ronald N. Ssouth | Director | 100% owned by Henry Schein, Inc. | 631-843-5500 | Directors@nordent.com | 610, Bonnie Lane, Elk Grove Village, IL 60010 |
| 5 | Project Elk Holdings, LLC (Nordent Manufacturing Inc.) | David Brous | Director | 100% owned by Henry Schein, Inc. | 631-843-5500 | Directors@nordent.com | 610, Bonnie Lane, Elk Grove Village, IL 60011 |
| 6 | Project Elk Holdings, LLC (Nordent Manufacturing Inc.) | Vicki Trinagel | Director | 100% owned by Henry Schein, Inc. | 631-843-5500 | Directors@nordent.com | 610, Bonnie Lane, Elk Grove Village, IL 60012 |


Nordent
The sharpest name in dentistry
President
Chad Cochrane
Production Manager
Open
RA/QA Manager
Anant Shah
Controller
Peter Alexopoulos
VP Sales
Tim Irwin
National Sales Director
Mustafa Albassleh
Shipping & Packaging Team Leader
Brittney Williamson
Purchasing & Scheduling Assistant
Brad Summers
Finishing & Sharpening Supervisor
Mike Bilke
Production Supervisor
Joe Murphy
Rough Out Supervisor
Michael Mann
Quality Control Inspector
Fatima Tanes
AR/AP Clerk
Nora Blazek
Customer Service Manager
Brandea Kalal
Regional Product Specialist
Open
Shipping & Receiving
Michelle Gary
Packaging
Dan O'Toole
Packaging
Angelo Santos
Packagin Associate
Mauricio Galvez
Finishing/Sharpening
John Killian
Finishing
Janeth Falconi
Finishing
Kirk Anderson
Finishing/Backup Shipping
Omar Rivera
Finishing
PJ Bass
Finishing/Backup Laser
Matthew Murphy
Assembly
Jessica Gutierrez
Assembly
Drake Anderson
Assembly
Erik Anderson
Laser Marking
Roberto Guzman
Master Craftsman
Scott Michaels
Senior Craftsman
Ian Landis
Craftsman in Training/Polishing
Fabian Cruz
Craftsman in Training
Jacob Hagopian
Craftsman/Backup Assembly
Open
FP&A
Alejandra Seminario-Polo
Customer Service Rep
Jennifer Allen
Customer Service Rep
Ailsa Ornega
Qty. 13
- 1099's

*File Number* 4946-637-4

# STATE OF ILLINOIS

## OFFICE OF THE SECRETARY OF STATE

## *To all to whom these Presents Shall Come, Greeting:*

*I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

NORDENT MANUFACTURING, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 11, 1969, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

***In Testimony Whereof,*** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 28TH *day of* SEPTEMBER *A.D.* 2023 .

Authentication #: 2327101373 verifiable until 09/28/2024.
Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE

**Verify that all of your Illinois Business Authorization information is correct.**

If not, contact us immediately.

If all of the information is correct, cut along the dotted line (fits a standard 5" x 7" frame). Your authorization must be visibly displayed at the address listed. ***Do not discard the attached Illinois Business Authorization unless the information displayed is incorrect or until it expires.*** Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

OFFICIAL DOCUMENT

State of Illinois - Department of Revenue

**Illinois Business Authorization**

OFFICIAL DOCUMENT

**NORDENT MANUFACTURING INC**

**610 BONNIE LN**
**ELK GROVE VILLAGE IL 60007-1912**

**Expiration Date:**
**11/1/2025**

## Certificate of Registration

Sales Tax as a reseller only

(4013-0509)

This person or business is authorized under the Retailers Occupation Tax Act as a reseller in Illinois and is authorized to purchase items tax-free provided the items are purchased for resale and all sales are made by the reseller in a nontaxable manner.

ILLINOIS REVENUE

*Director*

OFFICIAL DOCUMENT

**Issued Date:** **11/02/2022**

# Taxpayer Notification
## Business Authorization

STATE OF Illinois
DEPARTMENT OF REVENUE
tax.illinois.gov

#BWNKMGV
#CNXX XX34 3923 X8X5#
NORDENT MANUFACTURING INC
610 BONNIE LN
ELK GROVE VILLAGE IL 60007-1912

November 2, 2022

**Letter ID:** CNXXXX343923X8X5

**Account ID:** 4013-0509

## We have enclosed your Certificate of Registration.

We have enclosed your Illinois Business Authorization. Please verify that all of the information on the attached Business Authorization is correct.

If all of the information is correct, your authorization must be visibly displayed at the address listed.

***Do not discard the attached Illinois Business Authorization unless the information displayed is incorrect or until it expires.*** Your Illinois Business Authorization is an important tax document that indicates that you are registered or licensed with the Illinois Department of Revenue to legally do business in Illinois.

If you wish to be registered for any other taxes or fees, you must complete a new application. For questions, visit our website at **tax.illinois.gov** or call us weekdays between 8:00 a.m. and 4:30 p.m. at the telephone number below.

**CENTRAL REGISTRATION DIVISION**
**ILLINOIS DEPARTMENT OF REVENUE**
**PO BOX 19030**
**SPRINGFIELD IL 62794-9030**

**217 785-3707**

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/27/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| **PRODUCER**<br>Assurance, a Marsh & McLennan Agency LLC company<br>20 North Martingale Road<br>Suite 100<br>Schaumburg IL 60173 | **CONTACT NAME:** Kaitlin Kallal<br>**PHONE (A/C, No, Ext):** (847) 463-7301 **FAX (A/C, No):** (847) 440-9126<br>**E-MAIL ADDRESS:** Kaitlin.Kallal@MarshMMA.com |
| **INSURED**<br>SureStaff, LLC<br>SureStaff Services, LLC<br>150 Pierce Rd., Suite 260<br>Itasca IL 60143 | **INSURER(S) AFFORDING COVERAGE** — **NAIC #**<br>**INSURER A :** Philadelphia Indemnity Insuran — 18058<br>**INSURER B :** XL Specialty Insurance Company — 37885<br>**INSURER C :** Fortegra Specialty Insurance C — 16823<br>**INSURER D :**<br>**INSURER E :**<br>**INSURER F :** |

**COVERAGES** **CERTIFICATE NUMBER:** 1642820079 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X **COMMERCIAL GENERAL LIABILITY**<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC<br>OTHER: | | | PHPK2521985 | 3/1/2023 | 3/1/2024 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>$ | $ 1,000,000<br>$ 100,000<br>$ 10,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 2,000,000<br>$ |
| A | **AUTOMOBILE LIABILITY**<br>ANY AUTO<br>X OWNED AUTOS ONLY<br>X HIRED AUTOS ONLY<br>SCHEDULED AUTOS<br>X NON-OWNED AUTOS ONLY | | | PHPK2521985 | 3/1/2023 | 3/1/2024 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>$ | $ 1,000,000<br>$<br>$<br>$<br>$ |
| A | X **UMBRELLA LIAB** X OCCUR<br>**EXCESS LIAB** CLAIMS-MADE<br>DED X RETENTION $ 10,000 | | | PHUB852582 | 3/1/2023 | 3/1/2024 | EACH OCCURRENCE<br>AGGREGATE<br>Prod/Comp Ops | $ 5,000,000<br>$ 5,000,000<br>$ 5,000,000 |
| B<br>B | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY**<br>ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: Y N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | RWR943549606<br>RWD300108007 | 3/1/2023<br>3/1/2023 | 3/1/2024<br>3/1/2024 | X PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |
| A<br>C<br>A | Crime - 3rd Party<br>Cyber Liability<br>Professional Liability | | | PHPK2521985<br>C4MJT010672CYBER2023<br>PHPK2521985 | 3/1/2023<br>3/1/2023<br>3/1/2023 | 3/1/2024<br>3/1/2024<br>3/1/2024 | Limit:<br>Aggregate<br>Aggregate | $3,000,000<br>$3,000,000<br>$2,000,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Employment Practices Liability - Philadelphia Indemnity Ins. Co. - PHPK2521985 - 03/1/2023 - 3/1/2024 - Aggregate: $5,000,000

Excess Commercial Umbrella - Burlington Insurance - 427BE0534401- 3/1/2023 - 3/1/2024 - Aggregate: $5,000,000

General Liability, Automobile Liability, and Workers Compensation policies are scheduled on Umbrella policy.

Workers Compensation and Employers' Liability: Any Proprietor/Partner/Executive Officer/Member, as listed on the policy, is excluded.

Proof of Insurance.

**CERTIFICATE HOLDER**

Nordent Manufacturing
610 Bonnie Lane
Elk Grove Village 60007

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Gina Poljak

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The ACORD name and logo are registered marks of ACORD

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015218551

Application/License No. _____

PROJECT ELK LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 610 Bonnie Lane Elk Grove Village, IL 60007 (Address of Applicant/Principal), as PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY (Surety Company), a corporation organized under the laws of the state of MA (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 175 Berkeley Street Boston, MA 02116 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on February 23, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 23rd day of February, 20 23.

APPLICANT/PRINCIPAL
PROJECT ELK LLC

Authorized Representative

SURETY COMPANY
LIBERTY MUTUAL INSURANCE COMPANY

Surety Company's Representative

Sandra Diaz, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Halina Kazmierczak

Witness Grace Laterza

JESSICA JOHNSON
Official Seal
Notary Public - State of Illinois
My Commission Expires Sep 29, 2025

Countersigned by:

Nevada Resident Agent Aklima Noorhassan
Non-
Nevada Non-Resident Agent License No.3163993

Posted February 20, 2020

**This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.**

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8205735-015009**

# POWER OF ATTORNEY

**KNOWN ALL PERSONS BY THESE PRESENTS:** That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Aklima Noorhassan; Anne Potter; Cynthia Farrell; Debra A. Deming; Frances Rodriguez; Francesca Kazmierczak; Jennifer L. Jakaitis; Kemal Brkanovic; Nancy Schnee; Pablo Garcia Horcajo; Peter Healy; Sandra Diaz; Susan A. Welsh; Valorie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

**IN WITNESS WHEREOF,** this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: _____
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

**IN WITNESS WHEREOF,** I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.

Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: _____
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

**ARTICLE IV – OFFICERS:** Section 12. Power of Attorney.
Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

**ARTICLE XIII – Execution of Contracts:** Section 5. Surety Bonds and Undertakings.
Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

**Certificate of Designation** – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

**Authorization** – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

**IN TESTIMONY WHEREOF,** I have hereunto set my hand and affixed the seals of said Companies this 23rd day of February, 2023.

By: _____
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

Liberty Mutual. SURETY

# LIBERTY MUTUAL INSURANCE COMPANY

## FINANCIAL STATEMENT — DECEMBER 31, 2021

### Assets

| | |
|---|---|
| Cash and Bank Deposits | $2,234,770,744 |
| *Bonds — U.S Government | 4,250,615,811 |
| *Other Bonds | 16,983,165,862 |
| *Stocks | 20,075,458,019 |
| Real Estate | 182,250,567 |
| Agents' Balances or Uncollected Premiums | 7,607,687,836 |
| Accrued Interest and Rents | 120,173,987 |
| Other Admitted Assets | 14,076,622,575 |
| **Total Admitted Assets** | **$65,530,745,401** |

### Liabilities

| | | |
|---|---|---|
| Unearned Premiums | | $9,106,965,847 |
| Reserve for Claims and Claims Expense | | 25,279,158,493 |
| Funds Held Under Reinsurance Treaties | | 315,537,902 |
| Reserve for Dividends to Policyholders | | 1,726,291 |
| Additional Statutory Reserve | | 139,634,000 |
| Reserve for Commissions, Taxes and Other Liabilities | | 8,638,106,801 |
| **Total** | | **$43,481,129,334** |
| Special Surplus Funds | $178,192,363 | |
| Capital Stock | 10,000,075 | |
| Paid in Surplus | 11,804,736,755 | |
| Unassigned Surplus | 10,056,686,874 | |
| **Surplus to Policyholders** | | **22,049,616,067** |
| **Total Liabilities and Surplus** | | **$65,530,745,401** |

LIBERTY MUTUAL INSURANCE COMPANY INCORPORATED 1912 MASSACHUSETTS

* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2021, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 8th day of March, 2022.

T A Mikolajewski

Assistant Secretary

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

Name of MDEG: Nordent Manufacturing Inc. MDEG License # (if applicable): N/A

Physical Address: 610 Bonnie Lane

City: Elk Grove Village State: IL Zip: 60007

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 847-437-4780 Website: www.nordent.com

Licensing Company Email: ashah@nordent.com

First: Anant Middle: O Last: Shah

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Bonnie Lane

City: Elk Grove Village State: IL Zip: 60007

Telephone: [redacted] Email: ashah@nordent.com

Are you a citizen of the United States? ☒ Yes ☐ No

| | | |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |

| | | |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | x |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Vibhag High School | | 1971-1977 | |
| **Address** | **City** | **State** | **Zip** |
| Dabhoi, Gujarat India | Dabhoi | Gujarat | 391000 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| The M. S. University of Baroda, | | 1977-1981 | |
| **Address** | **City** | **State** | **Zip** |
| Pratapnagar | Vadodara | Gujarat | 390002 |
| **Diploma/Degree obtained, if any** | | | |
| Degree - BSME | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/2010-06/2013 | Dexter Magnetic Technologies, [redacted] Innovation Dr, Suite A | Elk Grove Village | IL | 60007 |
| 6/2013-7/2016 | TE Connectivity, [redacted] Charlotte Hwy | Fairview | NC | 28730 |
| 7-2016 3/2017 | Amphenol Aerospace, [redacted] Delaware Ave | Sidney | NY | 13838 |
| 03-2019 - 6-2021 | Paragon Medical, [redacted] Madsen Dr, | Bloomingdale | IL | 60108 |
| 10-2022 - Current | Nordent Manufacturing, Inc, [redacted] Bonnie Lane | Elk Grove Village | IL | 60007 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Paragon Medical - MW Industries | | 2020-2022 | |
| **Business Address** | **City** | **State** | **Zip** |
| 250 Medson Dr | Bloomingdale | IL | 60108 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 800-323-1772 | Quality Manager | 5000 hrs | |

**Description of Duties**

Manage FDA standards and Manage Quality of Medical Device MFG and shipping operations.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Nordent Manufacturing | | 2022-2023 | |
| **Business Address** | **City** | **State** | **Zip** |
| 610 Bonnie Lane | Elk Grove Village | IL | 60108 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 847-437-4780 | Quality and Regulatory Affairs Manager | 2500 | |

**Description of Duties**

Manage ISO 13485:2016, FDA, MDR and Quality System to Manufacture Dental, Hand and Surgical Instruments.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Aerrow Gear Company | | 2017-2019 | |
| **Business Address** | **City** | **State** | **Zip** |
| 2301curtiss St. | Downers Grove | IL | 60515 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 630-969-7640 | Quality Director | 5000 | |

**Description of Duties**

Quality Management under NADCAP, ISO and Aerospace Standards.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Dexter Megnatics | | 2010-2013 | |
| **Business Address** | **City** | **State** | **Zip** |
| 801 Innovation Dr | Elk Grove Village | IL | 60007 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 800-317-2537 | Corporate Quality Manager | 8000 | |

**Description of Duties**

Quality Management of Aerospace and Medical Device Industries

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |

**Description of Duties**

**Continue on next page if additional space is needed.**

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Additional Questions for Applicant | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | X |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | X |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

5/12/2023
Date

I, ANANT SHAH., **certify that as the MDEG Administrator for**

Nordent Manufacturing Inc.,

**that I (initial that you have read and meet the following requirements):**

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

ANANT SHAH.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5/12/2023

Date

| Board Use Only | Date Received: _____ |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Nordent Manufacturing Inc.

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 610 Bonnie Lane

City: Elk Grove Village State: IL Zip: 60103

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: Website:

Licensing Company Email:

### Section 2: Personal Information

First: Anant Middle: O Last: Shah

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: 610 Bonnie Lane

City: Elk Grove Village State: IL Zip: 60007

Telephone: [redacted] Email: ashah@nordent.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | x |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.123) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | x |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | | | |
|---|---|---|---|
| School Name: Vibhag High School | | From - To (MM/YY – MM/YY): 1971-19777 | |
| Address: Dabhoi, Gujarat, India | City: Dabhoi | State: Gujrat | Zip: 391000 |
| Diploma/Degree obtained, if any: Diploma | | | |
| School Name: MS University | | From - To (MM/YY – MM/YY): 1977-1981 | |
| Address: Pratapnagar | City: Vadodara | State: Gujarat | Zip: India |
| Diploma/Degree obtained, if any: BSME | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/2010-06/2013 | Dexter Magnetic Technologies, [redacted] Innovation Dr, Suite A | Elk Grove Village | IL | 60007 |
| 6/2013-7/2016 | TE Connectivity, [redacted] Charlotte Hwy | Fairview | NC | 28730 |
| 7/2016-3-2017 | Amphonol Aerospace , [redacted] Delaware Ave | Sydney | NY | 13838 |
| 03/2019-06-2021 | Paragon Medical. [redacted] Madson Dr. | Bloomingdale | IL | 60108 |
| 10/2022-Current | Nordent Manufacturing, Inc. | Elk Grove Village | IL | 60007 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Paragon Medical - MW Industries | | | 2020-2022 |
| **Business Address** | **City** | **State** | **Zip** |
| 250 Medson Ave | Bloomingdale | IL | 60108 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 800-323-1772 | Quality Manager | 5000 | |

**Description of Duties**

Manage FDA, Standards and Manage Quality of Medical device MFG and Shipping operations.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Nordent Manufacturing Inc. | | | 2022-2023 - Still Employed |
| **Business Address** | **City** | **State** | **Zip** |
| 610 Bonnie Lane | Elk Grove Village | IL | 60007 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 847-437-4780 | Quality and Regulatory Affairs MAnager | 2500 | |

**Description of Duties**

Manage ISO13485:2016, FDA, MDR and Quality systemto Manufacture Dental, Hand and Surgical Instruments

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Aerrow Gear Company | | | 2017-2019 |
| **Business Address** | **City** | **State** | **Zip** |
| 2301 Curtiss St. | Downers Grove | IL | 60515 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 630-989-7640 | Quality Director | 5000 | |

**Description of Duties**

Qual;ity Management under NADCAP, ISO and Aerospace Standards

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Dexter Magnetic Technologies | | | |
| **Business Address** | **City** | **State** | **Zip** |
| 801 Innovation Dr | Elk Grove Village | IL | 60007 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 800-317-2537 | Corporate Quality Manager | 8000 | |

**Description of Duties**

Quality Management of ISO13485:2005 and AS9100 Medical device and Aerospace devices.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |

**Description of Duties**

**Continue on next page if additional space is needed.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

5/13/2023
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

ANANT SHAH.

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5-13-2023

Date

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**Please have this section completed in the presence of a Notary Public.**

State of Illinois, ss. County of Cook

I, ANANT SHAH., being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

5-13-2023

**Date**

Subscribed and Sworn to before me this 13th day of May 2023.

**Notary Public Signature**

JOSHUA ALANIZ
Official Seal
Notary Public - State of Illinois
My Commission Expires Mar 11, 2025

**(Seal)**

I, Anant Shah, **certify that as the designated representative for** Nordent Manufacturing Inc., **that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Anant Shah

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5-13-2023

Date

Nordent Manufacturing Inc, 610 Bonnie Lane, Elk Grove Village, IL 60007 - List of Employees.

| Company Code | Employee Name | Position ID | Badge | Department | Pay Class | Pay Cycle | Employee Transfer to Payroll | Status | Position | Position |
|---|---|---|---|---|---|---|---|---|---|---|
| R4D4G | ALBASSLEH, MUSTAFA | | | | | | | | Field Sales Manager | National Sales Director |
| R4D4G | ALEXOPOULOS, PANAGIOTIS C | 3315 | 3315 | 2 | FTCLK | BIWKLY | No | Active | Accounting FP&A | Controller |
| R4D4G | ALLEN, JENNIFER | 1011 | 1011 | 2 | FTCLK | BIWKLY | Yes | Active | Customer Support | Customer Support |
| R4D4G | ANDERSON, ANDREW | 1 | 1 | 1 | FTCLK | BIWKLY | Yes | Active | Production | Production |
| R4D4G | ANDERSON, DRAKE | 6728 | 6728 | 1 | FTCLK | BIWKLY | Yes | Active | Assembly & Packing | Assembly & Packing |
| R4D4G | ANDERSON, ERIK R | 3695 | 3695 | 1 | FTCLK | BIWKLY | Yes | Active | Assembly & Packing | Assembly & Packing |
| R4D4G | BASS, ALAN R | 3310 | 99 | 1 | FTCLK | BIWKLY | Yes | Active | Production | Production |
| R4D4G | BISKE, MIKE | 27 | 3299 | 1 | FTCLK | BIWKLY | No | Active | Production Supervisor | Production Supervisor |
| R4D4G | BLAZEK, NORA ANN | 3251 | 3251 | 2 | FTCLK | BIWKLY | Yes | Active | Accounting FP&A | Accounting FP&A |
| R4D4G | BOLDEN, SELENA M | 2013 | 2013 | 2 | FTCLK | BIWKLY | Yes | Active | Shipping | Shipping |
| R4D4G | CARRILLO, MARCO A | 3574 | 3574 | 2 | FTCLK | BIWKLY | Yes | Active | Production Manager | Production Manager |
| R4D4G | COCHRANE, CHAD J | 3151 | 3151 | 2 | FTCLK | BIWKLY | No | Active | HC G&A Other | President |
| R4D4G | CRUZ, PABLO | 6245 | 6245 | 1 | FTCLK | BIWKLY | Yes | Active | Production | Production |
| R4D4G | FALCONI, JANETH L | 13 | 19 | 1 | FTCLK | BIWKLY | Yes | Active | Production | Production |
| R4D4G | GUTIERREZ, JESSICA | 3633 | 3633 | 1 | FTCLK | BIWKLY | Yes | Active | Production | Production |
| R4D4G | GUZMAN, ROBERTO | 557 | 557 | 1 | FTCLK | BIWKLY | Yes | Active | Assembly & Packing | Assembly & Packing |
| R4D4G | HAGOPIAN, JACOB M | 4168 | 4168 | 1 | FTCLK | BIWKLY | Yes | Active | Production | Production |
| R4D4G | IRWIM, TIM | | | | | BIWKLY | Yes | Active | Sales Management | Sales Management |
| R4D4G | KALAL, BRANDEA N | 24 | 42 | 2 | FTCLK | BIWKLY | No | Active | Customer Support | Customer Support Manager |
| R4D4G | KILIAN, JOHN M | 17 | 30 | 1 | FTVIEW | BIWKLY | Yes | Active | Production | Production |
| R4D4G | LANDIN, JON F | 28 | 25 | 1 | FTCLK | BIWKLY | Yes | Active | Production | Production |
| R4D4G | MARTIN, MICHAEL J | 14 | 21 | 1 | FTCLK | BIWKLY | No | Active | Production Supervisor | Production Supervisor |
| R4D4G | MICHAELS, SCOTT | 4 | 4 | 1 | FTCLK | BIWKLY | Yes | Active | Production | Production |
| R4D4G | MURPHY, JOSEPH | 16 | 26 | 1 | FTVIEW | BIWKLY | No | Active | Production Supervisor | Production Supervisor |
| R4D4G | MURPHY, MATTHEW W | 37 | 37 | 1 | FTCLK | BIWKLY | Yes | Active | Production | Production |
| R4D4G | ORTEGA, ALAISA M | 1103 | 1103 | 2 | FTCLK | BIWKLY | Yes | Active | Customer Support | Customer Support |
| R4D4G | O'TOOLE, DANIEL J | 417 | 417 | 1 | FTCLK | BIWKLY | Yes | Active | Assembly & Packing | Assembly & Packing |
| R4D4G | RIVERA, OMAR P | 3131 | 3131 | 1 | FTCLK | BIWKLY | Yes | Active | Production | Production |
| R4D4G | SANTOS, ANGELO A | 1545 | 1545 | 1 | FTCLK | BIWKLY | Yes | Active | Assembly & Packing | Assembly & Packing |
| R4D4G | SHAH, ANANTKUMAR | 3528 | 3528 | 2 | FTCLK | BIWKLY | Yes | Active | Quality Assurance | Quality Assurance |
| R4D4G | SMID, MATTHEW P | 7510 | 7510 | 1 | FTCLK | BIWKLY | Yes | Active | Shipping | Shipping |
| R4D4G | SUMMERS, BRADLEY | 34 | 34 | 2 | FTCLK | BIWKLY | Yes | Active | Other Manufacturing | Purchasing |
| R4D4G | VONG, SARA | 7127 | 7127 | 2 | FTCLK | BIWKLY | Yes | Active | Field Sales | Field Sales |
| R4D4G | WILLIAMSON, BRITTNEY L | 30 | 59 | 2 | FTCLK | BIWKLY | Yes | Active | Quality Assurance | Shipping |

Barbara D. Richardson, Commissioner of Insurance

# Non-Resident Producer

Casualty, Property

## AKLIMA NOORHASSAN

165 BROADWAY
NEW YORK, NY 10006-1404

**is authorized to transact business as described above**

License No: 3163993 Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

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**Nevada Division of Insurance**

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN BELOW:

**Non-Resident Producer**
Casualty, Property

Issue Date: 06-10-2016 Expiration Date: 07-01-2022

Generated by Sircon 191412208

Update Registration Successful

Facility: NORDENT MFG., INC. , ELK GROVE VILLAGE , Illinois, UNITED STATES

Registration/FEI Number: 1419489/1419489

The Owner/Operator Number for this Registration is: 1419489.

Facility Information

Registration Number:
1419489
Initial Importer:
N
Facility Name:
NORDENT MFG., INC.
Legal Name:
Address:
610 BONNIE LANE,
ELK GROVE VILLAGE, Illinois, 60007, UNITED STATES
DUNS Number:
Foreign Trade Zone:
N
Facility URL:
Other Business Trade Name(s):

Establishment located on a campus:

Owner/Operator Information

Owner/Operator Number:
1419489
Contact Name:
Anant - Shah
Company:
NORDENT MFG., INC.
Address:
610 BONNIE LANE, --
Elk Grove Village, ILLINOIS, 60007, UNITED STATES
Telephone:
630 - 4783400
Fax:
847 - 4374786
E-mail:
ashah@nordent.com
DUNS Number:
53187985

Official Correspondent Information

**Contact Name:**
**Anant - Shah**
**Company:**
**NORDENT MFG., INC.**
**Address:**
**610 BONNIE LANE, --**
**Elk Grove Village, ILLINOIS, 60007, UNITED STATES**
**Telephone:**
**630 - 4783400**
**Fax:**
**847 - 4374786**
**E-mail:**
**ashah@nordent.com**
**DUNS Number:**
**53187985**

Device Listings

| | Listing Number | Premarket Submission Number | Premarket Submission Type | Product Code(s) | Device Name(s) | Activities |
|---|---|---|---|---|---|---|
| 1 | D371772 | N/A | 510(k) exempt | JEX | PLIER, ORTHODONTIC | Repackager/Relabeler |
| 2 | D328989 | N/A | 510(k) exempt | EFL | FORCEPS, DRESSING, DENTAL | Repackager/Relabeler |
| 3 | D328983 | N/A | 510(k) exempt | EMG | FORCEPS, TOOTH EXTRACTOR, SURGICAL | Repackager/Relabeler |
| 4 | D328988 | N/A | 510(k) exempt | EFK | FORCEPS, ARTICULATION PAPER | Repackager/Relabeler |
| 5 | D328985 | N/A | 510(k) exempt | EMH | FORCEPS, RONGEUR, SURGICAL | Repackager/Relabeler |
| 6 | D328994 | N/A | 510(k) exempt | FHQ | HOLDER, NEEDLE, GASTROENTEROLOGIC | Repackager/Relabeler |
| 7 | D329009 | N/A | 510(k) exempt | HTD | FORCEPS | Repackager/Relabeler |
| 8 | D328992 | N/A | 510(k) exempt | EIR | SCISSORS, COLLAR AND CROWN | Repackager/Relabeler |
| 9 | D328997 | N/A | 510(k) exempt | GDZ | HANDLE, SCALPEL | Repackager/Relabeler |
| 10 | D328996 | N/A | 510(k) exempt | EAX | MIRROR, MOUTH | Repackager/Relabeler |
| 11 | A131401 | N/A | 510(k) exempt | EKB | EXPLORER, OPERATIVE | Contract Manufacturer |
| | | N/A | | | | Manufacturer |
| 12 | A131402 | N/A | 510(k) exempt | EKC | EXCAVATOR, DENTAL, OPERATIVE | Manufacturer |
| | | N/A | | | | Contract Manufacturer |
| 13 | D329001 | N/A | 510(k) exempt | EBR | UNIT, SUCTION OPERATORY | Repackager/Relabeler |
| 14 | A131405 | N/A | 510(k) exempt | EJB | HANDLE, INSTRUMENT, DENTAL | Manufacturer |
| | | N/A | | | | Contract Manufacturer |
| 15 | D328991 | N/A | 510(k) exempt | EGN | SCISSORS, SURGICAL TISSUE, DENTAL | Repackager/Relabeler |
| 16 | D328990 | N/A | 510(k) exempt | EMD | HEMOSTAT, SURGICAL | Repackager/Relabeler |
| 17 | A131406 | N/A | 510(k) exempt | EKH | CARVER, DENTAL AMALGAM, OPERATIVE | Contract Manufacturer |
| | | N/A | | | | Manufacturer |
| 18 | A131403 | N/A | 510(k) exempt | EKD | INSTRUMENT, CUTTING, OPERATIVE | Contract Manufacturer |
| | | N/A | | | | Manufacturer |
| 19 | A131404 | N/A | 510(k) exempt | EIY | INSTRUMENT, FILLING, PLASTIC, DENTAL | Contract Manufacturer |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | N/A | | | | Manufacturer |
| 20 | D329018 | N/A | 510(k) exempt | EKK | SPREADER, PULP CANAL FILLING MATERIAL, ENDODONTIC | Contract Manufacturer |
| | | N/A | | | | Manufacturer |
| 21 | D329019 | N/A | 510(k) exempt | EKR | PLUGGER, ROOT CANAL, ENDODONTIC | Contract Manufacturer |
| | | N/A | | | | Manufacturer |
| 22 | A131407 | N/A | 510(k) exempt | EKG | CONDENSER, AMALGAM AND FOIL, OPERATIVE | Manufacturer |
| | | N/A | | | | Contract Manufacturer |
| 23 | A131408 | N/A | 510(k) exempt | EKJ | BURNISHER, OPERATIVE | Contract Manufacturer |
| | | N/A | | | | Manufacturer |
| 24 | D329015 | N/A | 510(k) exempt | EIK | CARVER, WAX, DENTAL | Repackager/Relabeler |
| | | N/A | | | | Manufacturer |
| 25 | A131412 | N/A | 510(k) exempt | EMO | KNIFE, PERIODONTIC | Manufacturer |
| | | N/A | | | | Contract Manufacturer |
| 26 | D329011 | N/A | 510(k) exempt | EKI | CARRIER, AMALGAM, OPERATIVE | Repackager/Relabeler |
| 27 | A131413 | N/A | 510(k) exempt | EMR | FILE, PERIODONTIC | Manufacturer |
| | | N/A | | | | Contract Manufacturer |
| 28 | D329012 | N/A | 510(k) exempt | GAF | SPATULA, SURGICAL, GENERAL & PLASTIC SURGERY | Repackager/Relabeler |
| 29 | A131410 | N/A | 510(k) exempt | ELA | INSTRUMENT, HAND, CALCULUS REMOVAL | Manufacturer |
| | | N/A | | | | Contract Manufacturer |
| 30 | A131411 | N/A | 510(k) exempt | EMS | CURETTE, PERIODONTIC | Contract Manufacturer |
| | | N/A | | | | Manufacturer |
| 31 | D329013 | N/A | 510(k) exempt | EIS | REMOVER, CROWN | Repackager/Relabeler |
| | | N/A | | | | Manufacturer |
| 32 | A131416 | N/A | 510(k) exempt | EMJ | ELEVATOR, SURGICAL, DENTAL | Manufacturer |
| | | N/A | | | | Contract Manufacturer |
| 33 | A131417 | N/A | 510(k) exempt | EIG | RETRACTOR, ALL TYPES | Contract Manufacturer |
| | | N/A | | | | Manufacturer |
| 34 | A131414 | N/A | 510(k) exempt | EIX | PROBE, PERIODONTIC | Contract Manufacturer |
| | | N/A | | | | Manufacturer |
| 35 | A131415 | N/A | 510(k) exempt | EMQ | HOE, PERIODONTIC | Contract Manufacturer |
| | | N/A | | | | Manufacturer |
| 36 | D329029 | N/A | 510(k) exempt | FSM | TRAY, SURGICAL, INSTRUMENT | Repackager/Relabeler |
| 37 | A131418 | N/A | 510(k) exempt | EMK | CURETTE, SURGICAL, DENTAL | Contract Manufacturer |
| | | N/A | | | | Manufacturer |
| 38 | A131419 | N/A | 510(k) exempt | EMI | FILE, BONE, SURGICAL | Contract Manufacturer |
| | | N/A | | | | Manufacturer |
| 39 | D32902S | N/A | 510(k) exempt | ECS | PUSHER, BAND, ORTHODONTIC | Manufacturer |
| | | N/A | | | | Contract Manufacturer |
| 40 | D329028 | N/A | 510(k) exempt | MDM | INSTRUMENT, MANUAL, SURGICAL, GENERAL USE | Contract Manufacturer |
| | | N/A | | | | Manufacturer |
| 41 | D329021 | N/A | 510(k) exempt | DZN | INSTRUMENTS, DENTAL HAND | Contract Manufacturer |
| | | N/A | | | | Manufacturer |
| 42 | D329023 | N/A | 510(k) exempt | ECP | INSTRUMENT, LIGATURE TUCKING, ORTHODONTIC | Manufacturer |
| | | N/A | | | | Contract Manufacturer |
| 43 | D329024 | N/A | 510(k) exempt | ECR | SETTER, BAND, ORTHODONTIC | Contract Manufacturer |
| | | N/A | | | | Manufacturer |

| | | | | | | |
|---|---|---|---|---|---|---|
| 44 | D329020 | N/A | 510(k) exempt | EKT | CURETTE, ENDODONTIC | Contract Manufacturer |
| | | N/A | | | | Manufacturer |
| 45 | A131420 | N/A | 510(k) exempt | EML | CHISEL, BONE, SURGICAL | Contract Manufacturer |
| | | N/A | | | | Manufacturer |

Date of Initial Registration: 1978 04 24 00:00:00.0

# 4Y

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Salter Labs

Physical Address: 30 Spur Drive

City: El Paso State: TX Zip: 79906

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 1-800-433-2797 Website: www.myairlife.com

Name of Designated Representative (DR): _____

Licensing Company Email: info@myairlife.com DR Email: _____

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ■ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ■ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ■ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Ruby White
Original Signature (electronic, copies or stamps not accepted)

09/07/2023
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Motan Inc
Address: 320 Acorn St City: Plainwell State: MI Zip: 49080

Name: Pathway LLC
Address: 8779 COTTONWOOD AVESUITE 105 City: SANTEE State: CA Zip: 92071

Name: Proto Labs, Inc.
Address: 5540 Pioneer Creek Drive City: Maple Plain State: MN Zip: 55359

Name: Steris
Address: 5960 HEISLEY ROAD City: MENTOR State: OH Zip: 44095

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Michigan
Parent Company (if any): SunMed Group Holdings (dba Airlife)
Corporation/Organization Name:
Mailing Address: 2710 Northridge Dr. NW Suite A
City: Grand Rapids State: MI Zip: 49544
Telephone: 800.433.2797 Email: info@myairlife.com
Contact Person Name: Rob Yamashita

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✔ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✔ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Salter Labs

Facility Name

Ruben White

Print Name of Authorized Person Submitting Application

Ruben White

Original signature of Authorized Person (copies or stamps not accepted)

09/07/2023

Date

| Board Use Only | Date Received: 9/12/23 | Amount: 1000-CC |
|---|---|---|

FDA

FDA Home[3] Medical Devices[4] Databases[5]

## Establishment Registration & Device Listing

New Search

Back To Search Results

**Establishment:**
Salter Labs
30 Spur Drive
El Paso, TX 79906
**Registration Number:** 3004748541
**FEI Number*:** 3004748541
**Status:** Active
**Initial Distributor/Importer:** Yes
*Note Firm May Have Additional Establishment Types. Please Review Listings For Further Information.
**Date Of Registration Status:** 2023

**Owner/Operator:**
SunMed[6]
2710 Northridge Drive NW, Suite A
Grand Rapids, MI US 49544
**Owner/Operator Number:** 9038422[7]

**Official Correspondent:**
Rob Yamashita
2710 Northridge Drive NW, Suite A
Grand Rapids, MI 49544
**Phone:** 01-616-2598373

Verified 9/19/23

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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7. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9038422&OwnerOperator

Page Last Updated: 09/18/2023

Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
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FDA

U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
Contact FDA

USA.gov

For Government For Press

Combination Products Advisory Committees Science & Research Regulatory Information Safety Emergency Preparedness International Programs News & Events Training and Continuing Education Inspections/Compliance State & Local Officials Consumers Industry Health Professionals FDA Archive Vulnerability Disclosure Policy

U.S. Department of Health & Human Services

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5. https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases
6. /scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=®Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9038422&OwnerOperator

AirLife™

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

September 19, 2023

To Whom It May Concern,

Corresponding to the Wholesaler Applications for Salter Labs, here is the required list of all Officers and Directors:

**Salter Labs, LLC**

**Directors:**

- Member-managed by SunMed Group Holdings, LLC

**Officers:**

- Hendrik Struik – Chief Executive Officer
- Jon Singer – Chief Financial Officer
- Caitlin Anderson – Chief Administrative Officer, General Counsel & Secretary

Best Regards,

**Valerie Decker**

International Regulatory Specialist
**AirLife | SunMed | Salter Labs | Westmed | Ventlab | Ethox**

Toll Free 800.433.2797
T 616.259.8400
F 616.647.3430
www.myAirLife.com
2710 Northridge Dr NW, Ste. A
Grand Rapids, MI 49544

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

Jane Nelson
Secretary of State

# Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Conversion for SALTER LABS TEXAS, LLC (file number 803404443), a Domestic Limited Liability Company (LLC), was filed in this office on August 26, 2019.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on September 19, 2023.

Jane Nelson
Secretary of State

- Please contact this office immediately if any information on this license is incorrect.
- This license must be displayed at the address licensed.
- The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.
- A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.
- Please submit written notice if you close or sell your business.
- If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

SALTER LABS
2710 NORTHRIDGE DR. SUITE A
GRAND RAPIDS MI 49544

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES**
**REGULATORY LICENSING UNIT**

**SALTER LABS**
30 SPUR DR STE E
EL PASO, TX 79906

***Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:***

**DEVICE DISTRIBUTOR**

License # 1000615
Expires: March 14, 2025

**NON-TRANSFERABLE**

Commissioner

513014

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 810015950

Application/License No. _____

Salter Labs, doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
30 Spur Dr, El Paso, Texas 79906-5318, United States, as
(Address of Applicant/Principal)
PRINCIPAL, and Atlantic Specialty Insurance Company, a
(Surety Company)
corporation organized under the laws of the state of New York
(State of Incorporation)
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One State Street Plaza, 31st Floor, New York, NY 10004 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 20, 2023.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 20th day of September, 2023.

APPLICANT/PRINCIPAL

Salter Labs

Authorized Representative

SURETY COMPANY

Atlantic Specialty Insurance Company

Surety Company's Representative

Stephen A. Vann, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness Ryan Norman

Witness Emma Bryant

Countersigned by:

N/A
Nevada Resident Agent

intact INSURANCE

# Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Stephen A. Vann, Sarah C. Belcastro, Jodi L. Jennings, Mario Medina, Oana R Dimulescu, Bradley Mapes**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an Authorized Officer) may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this first day of January, 2023.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

By _____
Sarah A. Kolar, Vice President and General Counsel

STATE OF MINNESOTA
HENNEPIN COUNTY

On this first day of January, 2023, before me personally came Sarah A. Kolar, Vice President and General Counsel of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and she acknowledged the execution of the same, and being by me duly sworn, that she is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.

ALISON DWAN NASH-TROUT
NOTARY PUBLIC - MINNESOTA
My Commission Expires
January 31, 2025

_____
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated twentieth day of September, 2023.

ATLANTIC SPECIALTY INSURANCE COMPANY CORPORATE SEAL 1986 NEW YORK

_____
Kara L.B. Barrow, Secretary

This Power of Attorney expires
January 31, 2025

Please direct bond verifications to surety@intactinsurance.com

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

1060

DATE (MM/DD/YYYY) 12/31/2023 | 9/27/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|---|---|---|
| PRODUCER | Lockton Companies<br>3280 Peachtree Road NE, Suite #1000<br>Atlanta GA 30305<br>(404) 460-3600 | CONTACT NAME: | |
| | | PHONE (A/C, No, Ext): | FAX (A/C, No): |
| | | E-MAIL ADDRESS: | |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | | INSURER A : Great Northern Insurance Company | 20303 |
| INSURED 1493635 | SunMed Group Holdings LLC<br>DBA Airlife<br>2710 Northridge Dr NW,<br>Grand Rapids MI 49544 | INSURER B : Federal Insurance Company | 20281 |
| | | INSURER C : Chubb Indemnity Insurance Company | 12777 |
| | | INSURER D : | |
| | | INSURER E : | |
| | | INSURER F : | |

**COVERAGES** **CERTIFICATE NUMBER:** 18018919 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| B | X COMMERCIAL GENERAL LIABILITY | N | N | 36057113 | 12/31/2022 | 12/31/2023 | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 1,000,000 |
| | X STOP GAP | | | | | | MED EXP (Any one person) | $ 10,000 |
| | X $1,000,000 | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ XXXXXXX |
| | OTHER: | | | | | | | $ |
| A | AUTOMOBILE LIABILITY | N | N | 73618786 | 12/31/2022 | 12/31/2023 | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | $ XXXXXXX |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ XXXXXXX |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ XXXXXXX |
| | | | | | | | | $ XXXXXXX |
| B | X UMBRELLA LIAB X OCCUR | N | N | 78181821 | 12/31/2022 | 12/31/2023 | EACH OCCURRENCE | $ 10,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ 10,000,000 |
| | DED X RETENTION $ $0 | | | | | | | $ XXXXXXX |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | N | 71776686 | 12/31/2022 | 12/31/2023 | X PER STATUTE OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N | N/A | | | | | E.L. EACH ACCIDENT | $ 1,000,000 |
| | (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 1,000,000 |
| B | Products/E&O-Claims Made | N | N | 99497228 | 12/31/2022 | 12/31/2023 | Occurrence Limit: $10,000,000<br>Deductible: 100,000<br>Aggregate: $10,000,000 | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

**CERTIFICATE HOLDER**

18018919
*For Informational Purposes Only*

**CANCELLATION** See Attachments

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

**Named Insureds**

1. FH Sunrise Purchaser, Inc.
2. SunMed Group Holdings, LLC
3. SunMed Holdings, LLC
4. Omega Medical Products, LLC
5. Blue Jay Holding, LLC
6. SunMed, LLC
7. Bay Medical Products, LLC
8. Mainline Medical Products, LLC
9. Ventlab, LLC
10. VL International Limited
11. SunMed AP, LTD
12. Salter Labs, LLC
13. Salter Labs Texas, LLC
14. Ethox Medical, LLC
15. Salter Labs de Mexico S.A. de C.V.
16. Salter Labs UK Limited
17. Parker Medical, LLC
18. Westmed Holding Company
19. Westmed, Inc.
20. VBT, LLC
21. Westmed de Mexico S.A. de C.V
22. Cookgas, LLC

**VALUED CERTIFICATE HOLDER**

**To whom it may concern:**

In our continuing effort to provide timely certificate delivery, Lockton Companies is transitioning to paperless delivery of Certificates of Insurance.

To ensure electronic delivery for future renewals of this certificate, we need your email address. Please contact us via the methods below, referencing Certificate Number that is listed in the Certificate Holder box just above the Certificate Holder Name or in middle section just below the Insured box towards the top **"CERTIFICATE NUMBER: ".**

- Email: **SE-EDelivery@lockton.com**
- **Include the Certificate ID number**
- **Subject line: TSU E-Delivery**

If you no longer need this certificate, please contact us at the email address above, reference the Certificate Holder ID number and use this subject line: "Certificate Removal"

The above inbox is for automating electronic delivery of certificates only. Please do NOT send future certificate requests to this inbox.

Thank you for your cooperation and willingness in reducing our environmental footprint.

**Lockton Companies**

Lockton Companies
3280 Peachtree Road NE, Ste. 250
Atlanta, GA 30305

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Salter Labs MDEG License # (if applicable) _____

Physical Address 30 Spur Drive

City El Paso State TX Zip 79906

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 1-800-433-2797 Website www.myairlife.com

Licensing Company Email info@myairlife.com

### Section 2: Personal Information

First Ruben White Middle Rojas Last White

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Art Wall

City El Paso State TX Zip 79906

Telephone [redacted] Email _____

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | ✔ | |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Eastwood High School | | (08/83-06/86) | |
| **Address** | **City** | **State** | **Zip** |
| 2430 McRae | El Paso | TX | 79936 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| (06/2000-09/2023) | [redacted]Art Wall | El Paso | TX | 79906 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Salter Labs | | | (08/2009-09/2023) | |
| **Business Address** | | **City** | **State** | **Zip** |
| 30 Spur | | El Paso | TX | 79906 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 1-800-433-2797 | Manager | | 6720 | |
| **Description of Duties** | | | | |
| Building Maintance, Safety Officer, Project Manager, I.T. coordinator, Trainer Forklifts, Product training, QA liasion | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✔ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Ruben White
Original Signature (electronic, copies or stamps not accepted)

09/07/2023
Date

I, Ruben White, **certify that as the MDEG Administrator for**

Salter Labs,

**that I (initial that you have read and meet the following requirements):**

1. RW Have a high school diploma or its equivalent;
2. RW Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RW Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RW Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Ruben White
Print Name (First, Last)

Ruben White
Original Signature (electronic, copies or stamps not accepted)

09/07/2023
Date

| Board Use Only | Date Received: 9/21/23 |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Salter Labs

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 30 Spur Drive

City: El Paso State: TX Zip: 79906

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 1-800-433-2797 Website: www.myairlife.com

Licensing Company Email: info@myairlife.com

### Section 2: Personal Information

First: Ruben Middle: Rojas Last: White

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]Art Wall

City: El Paso State: TX Zip: 79906

Telephone: [redacted] Email:

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | ✔ | |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Eastwood High School | | (08/83-06/89) | |
| Address | City | State | Zip |
| 2430 McRae | El Paso | TX | 79936 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| (06/2000-09/2023) | [redacted] Art Wall | El Paso | TX | 79936 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| SalterLabs | | | (08/2009-09/2023) | |
| **Business Address** | | **City** | **State** | **Zip** |
| 30 Spur Drive | | El Paso | TX | 79906 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 1-800-433-2797 | Manager | | 6720 | |
| **Description of Duties** | | | | |
| Building Maintance, Safety Officer, Project Manager, I.T. coordinator, Trainer Forklifts, Product training, QA liasion | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

Ryan White

Original Signature (electronic, copies or stamps not accepted)

09/07/2023

Date

I, Ruben White, **certify that as the designated representative for**

Salter Labs,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. RW I am at least 21 years of age;
3. RW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. RW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. RW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. RW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. RW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Ruben White

Print Name (First, Last)

Ruben White

Original Signature (electronic, copies or stamps not accepted)

09/07/2023

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Ruben White

Print Name (First, Last)

Ruben White

Original Signature (electronic, copies or stamps not accepted)

09/07/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

**Date**

Subscribed and Sworn to before me this 11 day of 2023.

Lucila D. Guerra 9/11/23

**Notary Public Signature**

JM 9-11-23

LUCILA D. GUERRA
My Notary ID # 133848997
Expires July 18, 2026

**(Seal)**

AirLife

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

September 19, 2023

To Whom It May Concern,

Corresponding to the Wholesaler Applications for Salter Labs, here is the required list of all persons employed at 30 Spur Drive, El Paso, TX 79906:

| | | |
|---|---|---|
| Adame | Frances | CUSCRSPE - Customer Care Specialist |
| Aguayo | Maximiliano | WRHASSOC - Warehouse Associate |
| Aldaz | Lourdes | SRINTCUS - Sr. International Customer Care Specialist |
| Aldaz Chavez | Jesus | WRHASSOC - Warehouse Associate |
| Aleman | Shelley | INTCSCSP - International Customer Care Specialist |
| Almeida | Francisco | INVCLD - Inventory Control Lead |
| Alvidrez | Elder | WRHASSOC - Warehouse Associate |
| Armendariz | Ricardo | WRHASSOC - Warehouse Associate |
| Ayala | Loretta | CUSCRSPE - Customer Care Specialist |
| Barboza | Ricardo | WRHASSOC - Warehouse Associate |
| Barrera | Victor | LDWHASSC - Lead Warehouse Associate |
| Bernard | Luis | WRHASSOC - Warehouse Associate |
| Brownlow | Shannon | DIROFCS - Director of Customer Service |
| Carrillo | Oscar | WRHASSOC - Warehouse Associate |
| Chavez | Patricia | SHIPCRD - Shipping Coordinator |
| Cisneros | Rachel | CUSCRSPE - Customer Care Specialist |
| Davila | Griselda | WRHASSOC - Warehouse Associate |
| De La Cruz | Javier | WRHASSOC - Warehouse Associate |
| Delgado | Ana | CUSCRSPE - Customer Care Specialist |
| Felix | Octavio | WRHASSOC - Warehouse Associate |
| Galarza | Mauro | WRHASSOC - Warehouse Associate |
| Garcia | Andres | LDWHASSC - Lead Warehouse Associate |

Toll Free 800.433.2797
T 616.259.8400
F 616.647.3430
www.myAirLife.com
2710 Northridge Dr NW, Ste. A
Grand Rapids, MI 49544

AirLife

| | | |
|---|---|---|
| Gibbs | April | SRCUCA - Sr. Customer Care Specialist |
| Goldstein | Maria | CUSCRSPE - Customer Care Specialist |
| Gonzalez | Jose | WRHASSOC - Warehouse Associate |
| Guerra | Amanda | INTCSCSP - International Customer Care Specialist |
| Gutierrez | Jessica | CUSCRSPE - Customer Care Specialist |
| Gutierrez | Elizabeth | CUSCRSPE - Customer Care Specialist |
| Gutierrez | Perla | WRHASSOC - Warehouse Associate |
| Hildebrant | Jasmin | CUSCRMGR - Customer Care Manager |
| Jackson | Henry | WRHASSOC - Warehouse Associate |
| Jones | Kameisha Leron | CUSCRSPE - Customer Care Specialist |
| Juarez | Maria | INTCSCSP - International Customer Care Specialist |
| Lazcano | Hugo | WRHASSOC - Warehouse Associate |
| Lobera | Brenda Agni | WRHASSOC - Warehouse Associate |
| Lopez Ortiz | Claudia | WRHMGR - Warehouse Manager |
| Luna | Andres | WRHASSOC - Warehouse Associate |
| Martinez | Irvin | WRHASSOC - Warehouse Associate |
| Martinez | Jaime Alejandro | QALCNTIN - Quality Control Inspector |
| McClellan | Stephen | WRHASSOC - Warehouse Associate |
| Medina | Carlos | WRHASSOC - Warehouse Associate |
| Meneses | Jorge | WRHASSOC - Warehouse Associate |
| Montanez | Fernando | WRHASSOC - Warehouse Associate |
| Neuenschwander | Dante | WRHASSOC - Warehouse Associate |
| Ontiveros | Claudia | INTCSCSP - International Customer Care Specialist |
| Ordonez | Marcos Andrew | WRHASSOC - Warehouse Associate |
| Oree | Monica | PRICSPEC - Pricing Specialist |
| Pena | Diana | QALCNTIN - Quality Control Inspector |
| ROGEL QUINONEZ | JESUS | WRHASSOC - Warehouse Associate |
| Reid | Mathew | CUSCRSPE - Customer Care Specialist |
| Rivers | Janice | CUSCRSPE - Customer Care Specialist |
| Rodriguez | Tanya | INTCUMNG - International Customer Care Manager |
| Rodriguez | Nancy | WHSPEC - Warehouse Specialist |
| Rodriguez | Toni Louise | INTCSCSP - International Customer Care Specialist |
| Sanchez | Maria Del Rocio | WHSLTL - Warehouse LTL Lead |
| Sanchez | Noemi L | WHSFELD - Warehouse FedEx Lead |

Toll Free 800.433.2797
T 616.259.8400
F 616.647.3430

www.myAirLife.com
2710 Northridge Dr NW, Ste. A
Grand Rapids, MI 49544

AirLife

| | | |
|---|---|---|
| Sanchez | Miriam | WRHASSOC - Warehouse Associate |
| Santillano | Richard | WRHASSOC - Warehouse Associate |
| Saucillo | Diana | CUSCRSPE - Customer Care Specialist |
| Seigel | Felipe | WRHASSOC - Warehouse Associate |
| Sierra | Carolina | HRGENR - HR Generalist |
| Solis | Jorge | RECCLRK - Receiving Clerk |
| Soto | Jesus | LDRCINSP - Lead Receiving Inspection |
| Sprayberry | Isaac Luis | WRHASSOC - Warehouse Associate |
| Ulloa | Juan Jesus | WRHASSOC - Warehouse Associate |
| White | Ruben | PRODMGR - Project Manager |
| Zacarias | Marisela | INTCSCSP - International Customer Care Specialist |

Best Regards,



**Valerie Decker**

International Regulatory Specialist

**AirLife | SunMed | Salter Labs | Westmed | Ventlab | Ethox**

# 4Z

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | ☑ Nevada ☐ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☑ New Wholesaler | * If making a change, provide current license number: | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9) |
| ☐ Ownership Change* | | ☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9) |
| ☐ Name Change* | | ☑ Partnership (complete sections 1, 2, 3, 6, 8, 9) |
| ☐ Location Change* (in-state only) | WH _____ | ☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: STRAND HEALTH GROUP

Physical Address: 2300 WEST SAHARA AVENUE SUITE 800

City: LAS VEGAS State: NV Zip: 89102

Mailing Address (if different from physical address): N/A

City: _____ State: _____ Zip: _____

Telephone: 775-379-3578 Website: STRANDHEALTHGROUP.COM

Name of Designated Representative (DR): KYLE CRANFILL

Licensing Company Email: KYLE@STRANDHEALTHGROUP.com DR Email: KYLE@STRANDHEALTHGROUP.COM

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☑ Pharmacies | ☐ Dangerous Drugs | ☐ Manufacturer |
| ☑ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☑ Wholesalers | ☑ Others: OTC's TO START, EVENTUALLY Rx. | ☑ Warehouse - OTC's |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☑ Others: CHIRO's (OTC ONLY) | | ☑ Others: Rx - WILL USE 3PL |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | ✓ | |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

SECRETARY OF STATE

STATE OF NEVADA

# NEVADA STATE BUSINESS LICENSE

**Strand Health Group LLC**

**Nevada Business Identification # NV20232695206**
**Expiration Date: 02/28/2024**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/09/2023.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202302093381683
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF REGISTRATION
# FOREIGN LIMITED-LIABILITY COMPANY

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Strand Health Group LLC** did on 02/09/2023 file in this office its registration to do business in this state and is now on file and of record in the office of the Nevada Secretary of State, and further, that said entity is at the date of this certificate duly qualified to exercise therein all the powers recited in its Articles and to transact business in the State of Nevada in accordance with the laws of said State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 02/09/2023.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202302093381681
You may verify this certificate online at http://www.nvsos.gov

STRAND HEALTH GROUP

**MEMORANDUM**

**Date: August 3rd, 2023**

**To: Nevada Board of Pharmacy**

**From: Nicholas Nading & Kyle Cranfill**

**Subject: Wholesaler Application – Description of Business Operations**

We are writing to you to inform you of the business operations that will be occurring for Strand Health Group located at 2300 West Sahara Ave., Suite 800, Las Vegas, NV 89102.

Kyle and I have been State of Nevada Designated Representatives for multiple organizations with the State of Nevada previously (Terrain Pharmaceuticals and MD Logistics). We understand that sometimes throughout the application process questions may arise, so we felt it important to help provide understanding into the operations of Strand Health Group prior to the application review and scheduled board meeting review in hope to lend overall understanding and clarity.

Strand Health Group is registered with the FDA. We currently utilize CMO's to manufacture our OTC products. We then market and sell these products to medical professionals. Prior to establishing agreements to utilize CMO's to manufacture Rx products, we wanted to ensure we acquired the proper licensing from the State of Nevada as we will be performing our business operations from the Nevada location. We will not be manufacturing, storing, or distributing products out of the offices located at 2300 West Sahara Ave., Suite 800, Las Vegas, NV 89201. We will be utilizing a properly licensed 3PL partner to store and distribute all Rx products.

If you should have any questions, please don't hesitate to reach out to us directly.

Best Regards,

8/3/23

Managing Partners
nick@strandhealthgroup.com
kyle@strandhealthgroup.com
www.strandhealthgroup.com

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 1. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 8/30/01 | 9/7/01 | IN | BLOOMINGTON | MONROE |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| 53C05-0109-CM-03706 | | MONROE CIRCUIT COURT 5 | | |
| **Reason/Charge** | | | | |
| DUI - MISDEMEANOR | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| STATE OF IN VS NICHOLAS T. NAD | | | N/A | |
| **Name of Business/Industry/Entity** | | | | |
| N/A | | | | |

**Provide explanation below:**

DUI WHILE I WAS IN COLLEGE. PLEAD GUILTY/ NO CONTEST. I RECEIVED 1 YR. PROBATION, 48 hrs. OF RESTITUTION, AND 90 DAY DRIVERS LICENSE SUSPENED.

I COMPLETED PROBATION WITH NO ISSUES, COMPLETED RESTITUTION, AND GOT MY LICENSE REINSTATED.

(ATTACHMENT INCLUDED)

Original Signature (electronic, copies or stamps not accepted)

8/2/23
Date

mycase.IN.gov

Case Search

Eviction case? Apply for rent assistance and learn about settling your case

# Case Summary

« Back New Search Refine Search

## ST V NICHOLAS T NADING

| | |
|---|---|
| Case Number | 53C05-0109-CM-03706 |
| Court | Monroe Circuit Court 5 |
| Type | CM - Criminal Misdemeanor |
| Filed | 09/04/2001 |
| Status | 09/04/2001 , Decided |

Is this your case?

## Parties to the Case

Defendant Nading, Nicholas T

State Plaintiff State of Indiana

## Chronological Case Summary

09/04/2001 **Converted Event**
State appears by Michael Scarton, defendant appears in person and pro se. Defendant pleads GUILTY to Operating with .15%BAC, a class A Misdemeanor, remaining counts dismissed by oral motion of the State. Court issues Order of Change of Plea, Sentencing, Probation and Commitment (RJO) and sentences defendant to 180 days in the Monroe County Jail, gives him credit for 1 day served and good time and suspends 172 days for 1 year, placing defendant on probation, all supervised, on the standard conditions of probation. Defendant to complete either 6 days or road crew or 48 hours of public restitution in lieu of any further incarceration. Court suspends defendant's driver's license for 90 days from this date. Defendant to pay restitution if determined by the probation department. Defendant to pay costs of $329.50, SADS fee of $150.00 and probation user fees, all of which are ordered taken from the cash bond posted herein. GP/mos/CR73-01-C03 RJO: Y Notice: A

09/04/2001 **Converted Event**
Approved information filed. Defendant executes promise to appear, promising to appear for initial hearing on September 4, 2001 at 2:30 p.m. Defendant notified personally. bls RJO: Notice: N

09/04/2001 INITIAL HEARING
Scheduled 09/04/2001 2:30 PM, Judicial Officer: Diekhoff, Mary Ellen

09/06/2001 **Converted Event**
Clerk issues Certification of Indiana Abstract of Court Record to BMV. bls RJO: N Notice: N

09/07/2001 **Converted Event**
Cash bond released. The Clerk now issues check number 018233 in the amount of $479.50 made payable to the clerk for costs and issues check number 018234 in the amount of $20.50 made payable to the probation department. bls RJO: N Notice: A

09/27/2001 **Converted Event**
Comes now Nicholas Nading and pays $479.50 for costs as per receipt 390147 bls RJO: N Notice: N

## Financial Information

All financial balances reflected are current representations of transactions processed by the Clerk's Office. Please note that any balance due does not reflect interest that may accrue until the next payment. For questions or concerns regarding balances shown, please contact the Clerk's Office.

Nading, Nicholas T
Defendant

Balance Due as of 08/02/2023
0.00

Charge Summary

| Description | Amount | Credit | Payment |
|---|---|---|---|
| Court Costs and Filing Fees | 479.50 | 0.00 | 479.50 |

Transaction Summary

| Date | Description | Amount |
|---|---|---|
| 09/04/2001 | Transaction Assessment | 479.50 |
| 09/07/2001 | Counter Payment | (479.50) |

- NICHOLAS NADING

8/2/23

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: MD LOGISTICS
Address: 12125 MOYA BLVD. City: RENO State: NV Zip: 89506
Name: WESTWOOD LABORATORIES
Address: 710 AYON AVE. City: AZUSA State: CA Zip: 91702
Name: INDEPENDENT PHARMACY DISTRIBUTOR
Address: 703 SOUTH SALISBURY ST. City: LEXINGTON State: NC Zip: 27292
Name: HENRY SCHEIN
Address: 135 DURYEA RD. City: MELVILLE State: NY Zip: 11747

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 6: Partnership**

Partnership Name: STRAND HEALTH GROUP LLC
Mailing Address: 2300 WEST SAHARA AVENUE SUITE 800
City: LAS VEGAS State: NV Zip: 89102
Telephone: 775-379-3578 Email: KYLE@STRANDHEALTHGROUP.com
Contact Person Name: KYLE CRANFILL

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | ✓ |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓N/A | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ N/A | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ N/A | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ N/A | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ N/A | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

STRAND HEALTH GROUP

Facility Name

NICHOLAS NADING

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

8/2/23

Date

| Board Use Only | Date Received: 8/1/23 | Amount: 1000 -CK - 1027 |
|---|---|---|

STRAND HEALTH GROUP

**Nevada State Board of Pharmacy – Wholesaler Application**

**Section 9 Partnership : List of all partners and their percent ownership.**

**Partner #1 Name :** Nicholas Nading

**Partner #1 Percent Ownership :** 50%

**Partner #2 Name :** Kyle Cranfill

**Partner #2 Percent Ownership :** 50%

**Strand Health Group**
2300 West Sahara Avenue, Suite 800
Las Vegas, NV 89102
cs@strandhealthgroup.com
www.strandhealthgroup.com

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Strand Health Group LLC**, as a FOREIGN LIMITED-LIABILITY COMPANY duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 02/09/2023, and is in good standing in this state.

I further certify that the above FOREIGN LIMITED-LIABILITY COMPANY has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/25/2023.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202307253828290
You may verify this certificate online at http://www.nvsos.gov

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 4186963

Application/License No. _____

STRAND HEALTH GROUP LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2300 WEST SAHARA AVENUE, SUITE 800, LAS VEGAS, NV, 89102 (Address of Applicant/Principal), as PRINCIPAL, and Great American Insurance Company (Surety Company), a corporation organized under the laws of the state of Ohio (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 301 E 4th Street CINCINNATI OH 45202 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on Jul 19, 2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 20th day of July, 20 23.

APPLICANT/PRINCIPAL
STRAND HEALTH GROUP LLC
COMPANY

Authorized Representative
NICHOLAS NADING

SIGNED and SEALED in the presence of:

Witness MERIKA BOLAND

Witness KENNETH HUGHES

SURETY
Great American Insurance Company

Surety Company's Representative

John D. Weisbrot, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Melissa L McDade
Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

# GREAT AMERICAN INSURANCE COMPANY®

**Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740**

The number of persons authorized by
this power of attorney is not more than THREE

No. 0 21243

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS:** That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

| Name | Address | Limit of Power |
|---|---|---|
| JOHN D. WEISBROT | ALL OF | ALL |
| MELISSA L. MCDADE | PIPERSVILLE, PENNSYLVANIA | $10,000,000 |
| STEVEN M. VARGA | | |

This Power of Attorney revokes all previous powers issued in behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 19TH day of OCTOBER 2020

Attest

GREAT AMERICAN INSURANCE COMPANY

*Assistant Secretary*

*Divisional Senior Vice President*

MARK VICARIO (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 19TH day of OCTOBER 2020 before me personally appeared MARK VICARIO, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office and the By-Laws of said Company, and that he signed his name thereto by like authority.

SUSAN A KOHORST
Notary Public
State of Ohio
My Comm. Expires
May 18, 2025

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

*RESOLVED: That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisonal Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe the respective duties and the respective limits of their authority; and to revoke any such appointment at any time.*

*RESOLVED FURTHER: That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.*

## CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 20th day of July 2023

*Assistant Secretary*

S1029AH (03/20)

To verify the bond please visit https://www.suretybond.org/validate/?code=eFde1A1d3kXgcAQ1pkX1INVw&transaction=XFkG0VQV16cwheQwRcVVdJCQ

GREAT AMERICAN INSURANCE GROUP

Great American Insurance Group Tower
301 E Fourth St.
Cincinnati, OH 45202

# GREAT AMERICAN INSURANCE COMPANY

## STATEMENT OF ASSETS, LIABILITIES AND CAPITAL & SURPLUS
## AS OF DECEMBER 31, 2022

| ADMITTED ASSETS | | LIABILITIES, CAPITAL AND SURPLUS | | |
|---|---|---|---|---|
| Bonds | $ 5,473,101,482 | Unpaid losses and loss expenses | | $ 5,366,173,107 |
| Stocks | 1,291,825,478 | Reserve for underwriting expenses | | 384,981,321 |
| Mortgage loans on real estate | 747,159,419 | Reserve for unearned premiums | | 1,852,967,836 |
| Real estate (net of encumbrances) | 2,157,159 | Ceded reinsurance premiums payable | | 196,030,365 |
| Cash and short-term investments | 281,642,115 | Funds held under reinsurance treaties | | 785,518,543 |
| Other invested assets | 2,065,262,644 | Provision for reinsurance | | 49,361,400 |
| Receivable for securities | 909,672 | Retroactive reinsurance ceded | | (68,812,054) |
| Investment income due and accrued | 47,500,889 | Other liabilities | | 184,945,627 |
| Agents' and premium balances | 798,036,114 | Total liabilities | | 8,771,366,145 |
| Reinsurance recoverable on loss payments | 160,244,314 | | | |
| Federal income taxes | 18,043,725 | | | |
| Net deferred tax asset | 61,034,209 | | | |
| Receivable from affiliates | 12,299,832 | | | |
| Receivable from Federal Crop Insurance Corporation | 644,298,925 | | | |
| Company owned life insurance | 202,710,992 | | | |
| Funds held as collateral | 57,086,887 | Capital stock | $ 15,440,500 | |
| Funded deductibles | 25,781,907 | Paid in surplus | 895,823,901 | |
| Other admitted assets | 42,364,009 | Special surplus funds | 58,365,100 | |
| | | Unassigned funds | 2,196,373,926 | |
| | | Policyholders' surplus | | 3,160,003,527 |
| Total | $ 11,931,369,672 | Total | | $ 11,931,369,672 |

Securities have been valued on the basis prescribed by the National Association of Insurance Commissioners

STATE OF OHIO

COUNTY OF HAMILTON

Robert J Schwartz, Vice President and Controller, and Stephen Berahs, Assistant Vice President and Assistant Secretary, being duly sworn, each for himself deposes and says that they are the above described officers of the Great American Insurance Company of Cincinnati, Ohio; that said Company is a corporation duly organized, existing and engaged in business as a Surety by virtue of the laws of the State of Ohio and has duly complied with all the requirements of the laws of said state applicable to said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under Public Law 97-258 enacted September 13, 1982 (96 Stat 1047 as amended: 31 U.S.C. 9304-9308); that to the best of their knowledge and belief the above statement is a full, true and correct Statement of the Assets, Liabilities and Capital & Surplus of the said Company as of December 31, 2022.

Subscribed and sworn to before me

this 28th day of February, 2023

Controller

Assistant Secretary

Public Notary

NOTARY PUBLIC STATE OF OHIO

**HOLLY M. CLAYTON**
Notary Public, State of Ohio
My Commission Expires April 28, 2025

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Strand Health Group

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 2300 West Sahara Avenue, Suite 800

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (775) 379-3578 Website: www.strandhealthgroup.com

Licensing Company Email: cs@strandhealthgroup.com

### Section 2: Personal Information

First: Kyle Middle: David Last: Cranfill

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Pennsylvania Drive

City: Reno State: NV Zip: 89503

Telephone: [redacted] Email: kyle@strandhealthgroup.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Indiana University - Purdue University of Indianapolis | | 08/06 - 05/07 | |
| **Address** | **City** | **State** | **Zip** |
| 420 University Boulevard | Indianapolis | IN | 46202 |
| Diploma/Degree obtained, if any | | | |
| N/A | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Butler University | | 08/05 - 05/06 | |
| **Address** | **City** | **State** | **Zip** |
| 4600 Sunset Avenue | Indianapolis | IN | 46208 |
| Diploma/Degree obtained, if any | | | |
| N/A | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Plainfield High School | | 08/01 - 05/05 | |
| **Address** | **City** | **State** | **Zip** |
| 709 Stafford Road | Plainfield | IN | 46168 |
| Diploma/Degree obtained, if any | | | |
| Honors Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/23 - Present | [redacted] Pennsylvania Drive | Reno | NV | 89503 |
| 04/22 - 06/23 | [redacted] North Sierra Street, 701 | Reno | NV | 89501 |
| 02/21 - 03/22 | [redacted] East Taylor Street, D | Reno | NV | 89502 |
| 07/19 - 01/21 | [redacted] Island Avenue, 804 | Reno | NV | 89501 |
| 11/18 - 06/19 | [redacted] La Rue Avenue | Reno | NV | 89509 |
| 07/16 - 10/18 | [redacted] Sky Mountain Drive | Reno | NV | 89523 |
| 07/13 - 06/15 | [redacted] Sparks Boulevard | Sparks | NV | 89434 |
| 07/11 - 06/13 | [redacted] Harbour Cove Drive | Sparks | NV | 89434 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Terrain Pharmaceuticals | | | 07/15 - 04/23 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 50 West Liberty Street, 108 | | Reno | NV | 89501 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (775) 432-2327 | Director | | 16,160 | |
| **Description of Duties** | | | | |
| Manufacturing, Procurement, Distribution, Vendor Management, Pharmacy Shipments, Clinic Shipments, Customer Service, etc. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| MD Logistics | | | 08/11 - 06/15 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 12125 Moya Boulevard | | Reno | NV | 89506 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (775) 677-1455 | Operations Manager | | 8,000 | |
| **Description of Duties** | | | | |
| Warehouse, Picking, Packing, Shipping, Freight Forwarding, etc. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**



Original Signature (electronic, copies or stamps not accepted)

8/2/2023

Date

I, Kyle David Cranfill, **certify that as the designated representative for**

Strand Health Group,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. KDC I am at least 21 years of age;
3. KDC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KDC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KDC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KDC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KDC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

KYLE CRANFILL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/2/2023

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

KYLE CRANFILL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/2/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Washoe

I, Kyle David Cranfill, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

8/2/2023

**Date**

Subscribed and Sworn to before me this 2nd day of August, 2023, by xx Kyle David Cranfill. xx

Kimberly K. Foster

**Notary Public Signature**

KIMBERLY K. FOSTER
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-5945-02 - Expires July 13, 2027

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Strand Health Group

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 2300 West Sahara Avenue, Suite 800

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (775) 379-3578 Website: www.strandhealthgroup.com

Licensing Company Email: cs@strandhealthgroup.com

### Section 2: Personal Information

First: Kyle Middle: David Last: Cranfill

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Pennsylvania Drive

City: Reno State: NV Zip: 89503

Telephone: [redacted] Email: kyle@strandhealthgroup.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Indiana University - Purdue University of Indianapolis | | 08/06 - 05/07 | |
| **Address** | **City** | **State** | **Zip** |
| 420 University Boulevard | Indianapolis | IN | 46202 |
| Diploma/Degree obtained, if any | | | |
| N/A | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Butler University | | 08/05 - 05/06 | |
| **Address** | **City** | **State** | **Zip** |
| 4600 Sunset Avenue | Indianapolis | IN | 46208 |
| Diploma/Degree obtained, if any | | | |
| N/A | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Plainfield High School | | 08/01 - 05/05 | |
| **Address** | **City** | **State** | **Zip** |
| 709 Stafford Road | Plainfield | IN | 46168 |
| Diploma/Degree obtained, if any | | | |
| Honors Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/23 - Present | [redacted] Pennsylvania Drive | Reno | NV | 89503 |
| 04/22 - 06/23 | [redacted] North Sierra Street, 701 | Reno | NV | 89501 |
| 02/21 - 03/22 | [redacted] East Taylor Street, D | Reno | NV | 89502 |
| 07/19 - 01/21 | [redacted]sland Avenue, 804 | Reno | NV | 89501 |
| 11/18 - 06/19 | [redacted] La Rue Avenue | Reno | NV | 89509 |
| 07/16 - 10/18 | [redacted] Sky Mountain Drive | Reno | NV | 89523 |
| 07/13 - 06/15 | [redacted]Sparks Boulevard | Sparks | NV | 89434 |
| 07/11 - 06/13 | [redacted] Harbour Cove Drive | Sparks | NV | 89434 |
| | | | | |
| | | | | |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Terrain Pharmaceuticals | | | 07/15 - 04/23 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 50 West Liberty Street, 108 | | Reno | NV | 89501 |
| **Phone** | **Title** | | | |
| (775) 432-2327 | Director | | | |
| **Description of Duties** | | | | |
| Manufacturing, Procurement, Distribution, Vendor Management, Pharmacy Shipments, Clinic Shipments, Customer Service, etc. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| MD Logistics | | | 08/11 - 06/15 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 12125 Moya Boulevard | | Reno | NV | 89506 |
| **Phone** | **Title** | | | |
| (775) 677-1455 | Operations Manager | | | |
| **Description of Duties** | | | | |
| Warehouse, Picking, Packing, Shipping, Freight Forwarding, etc. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

8/2/2023
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

KYLE CRANFILL

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/2/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Washoe

I, Kyle David Cranfill, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

8/2/2023

**Date**

Subscribed and Sworn to before me this 2nd day of August, 2023, by ** Kyle David Cranfill **

Kimberly K. Foster

**Notary Public Signature**

KIMBERLY K. FOSTER
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-5945-02 - Expires July 13, 2027

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application - NICHOLAS NADING

Rev (05/18/2023)

### Section 1: Pharmacy/MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site STRAND HEALTH GROUP

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address 2300 WEST SAHARA AVENUE SUITE 800

City LAS VEGAS State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 775-379-3578 Website STRANDHEALTHGROUP.COM

Licensing Company Email KYLE@STRANDHEALTHGROUP.COM

### Section 2: Personal Information

First NICHOLAS Middle TRENT Last NADING

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] EMERALD ST.

City REDONDO BEACH State CA Zip 90277

Telephone [redacted] Email NICK@STRANDHEALTHGROUP.COM

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | From - To (MM/YY – MM/YY) |
|---|---|
| INDIANA STATE UNIVERSITY | 08/01 - 08/04 |
| **Address** | **City** / **State** / **Zip** |
| 200 N. 7TH ST. | TERRE HAUTE / IN / 47809 |
| **Diploma/Degree obtained, if any** | |
| BACHELORS DEGREE - SPORTS MANAGEMENT | |

| School Name | From - To (MM/YY – MM/YY) |
|---|---|
| CHOWAN UNIVERSITY | 08/99 - 05/01 |
| **Address** | **City** / **State** / **Zip** |
| 1 UNIVERSITY DR. | MURFREESBORO / NC / 27855 |
| **Diploma/Degree obtained, if any** | |
| N/A | |

| School Name | From - To (MM/YY – MM/YY) |
|---|---|
| COLUMBUS EAST HIGH SCHOOL | 08/97 - 06/99 |
| **Address** | **City** / **State** / **Zip** |
| 230 S. MARR. RD. | COLUMBUS / IN / 47201 |
| **Diploma/Degree obtained, if any** | |
| HIGH SCHOOL DIPLOMA | |

| School Name | From - To (MM/YY – MM/YY) |
|---|---|
| HOWELL HIGH SCHOOL | 08/95 - 06/97 |
| **Address** | **City** / **State** / **Zip** |
| 1200 W. GRAND RIVER AVE. | HOWELL / MI / 48843 |
| **Diploma/Degree obtained, if any** | |
| | |

| School Name | From - To (MM/YY – MM/YY) |
|---|---|
| | |
| **Address** | **City** / **State** / **Zip** |
| | |
| **Diploma/Degree obtained, if any** | |
| | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 08/22 - Current | [redacted] EMERALD ST. | REDONDO BEACH | CA | 90277 |
| 03/20 - 08/22 | [redacted] AVENUE F | REDONDO BEACH | CA | 90277 |
| 09/17 - 03/20 | [redacted] ISLAND DR. | RENO | NV | 89501 |
| 06/15 - 09/17 | [redacted] W LAKE RIDGE SHORES | RENO | NV | 89519 |
| 07/12 - 06/15 | [redacted] ORION DR. | SPARKS | NV | 89436 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Specify, beginning with the most current employment, list your positions and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

| | | | |
|---|---|---|---|
| Business Name: STRAND HEALTH GROUP | | | From - To (MM/YY – MM/YY): 03/23 - CURRENT |
| Business Address: 2300 W. SAHARA AVE. SUITE 800 | City: LAS VEGAS | State: NV | Zip: 89102 |
| Phone: 775-856-9904 | Title: MANAGING PARTNER | | |
| Description of Duties: ORGANIZATIONAL SETUP, OPERATIONS, MARKETING | | | |

| | | | |
|---|---|---|---|
| Business Name: T&T PHARMA HOLDINGS | | | From - To (MM/YY – MM/YY): 1/20 - CURRENT |
| Business Address: 300 E. 2ND ST. SUITE 1510 | City: RENO | State: NV | Zip: 89501 |
| Phone: 775-856-9904 | Title: FOUNDER / CEO | | |
| Description of Duties: OVERSEE ALL DAILY OPERATIONS (PRODUCT SALES & CONSULTING) | | | |

| | | | |
|---|---|---|---|
| Business Name: TERRAIN PHARMACEUTICALS | | | From - To (MM/YY – MM/YY): 04/15 – 04/23 |
| Business Address: 50 W. LIBERTY ST. SUITE 108 | City: RENO | State: NV | Zip: 89501 |
| Phone: 775-856-9904 | Title: COO, EXECUTIVE VP, VP OF OPERATIONS | | |
| Description of Duties: OVERSEE ENTIRE ORGANIZATION & REPORT TO BOARD MEMBERS. | | | |

| | | | |
|---|---|---|---|
| Business Name: MD LOGISTICS | | | From - To (MM/YY – MM/YY): 05/06 - 03/15 |
| Business Address: 12125 MOYA BLVD. | City: RENO | State: NV | Zip: 89506 |
| Phone: | Title: ASSOCIATE DIRECTOR, MANAGER, SUPERVISOR | | |
| Description of Duties: RELOCATED TO RENO NV, TO OPEN NEW FACILITY & HAVE A WEST COAST PRESENCE FOR THE COMPANY. | | | |

| | | | |
|---|---|---|---|
| Business Name: | | | From - To (MM/YY – MM/YY): |
| Business Address: | City: | State: | Zip: |
| Phone: | Title: | | |
| Description of Duties: | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 7 – Arrests, Detentions, Litigations, Arbitrations | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | ✓ | |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 1. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 8/30/01 | 9/7/01 | IN | BLOOMINGTON | MONROE |
| **Case#** | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | | |
| 53C05-0109-CM-03706 | MONROE CIRCUIT COURT 5 | | | |
| **Reason/Charge** | | | | |
| DUI - MISDEMEANOR | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| STATE OF IN vs NICHOLAS T. NADING | | | | |
| **Name of Business/Industry/Entity** | | | | |
| N/A | | | | |

**Provide explanation below:**

DUI while I was in college. Plead Guilty/No contest. I received 1 yr probation, 48 hrs of restitution, and 90 day drivers license suspened.

I completed probation with no issues, completed restitution, and got my license reinstated.

(attachment included)

Original Signature (electronic, copies or stamps not accepted)

8/23/23
Date

mycase.IN.gov

Case Search

Eviction case? Apply for rent assistance and learn about settling your case

# Case Summary

« Back New Search Refine Search

## ST V NICHOLAS T NADING

| | |
|---|---|
| Case Number | 53C05-0109-CM-03706 |
| Court | Monroe Circuit Court 5 |
| Type | CM - Criminal Misdemeanor |
| Filed | 09/04/2001 |
| Status | 09/04/2001 Decided |

Is this your case?

## Parties to the Case

Defendant Nading, Nicholas T

Plaintiff State of Indiana

## Chronological Case Summary

09/04/2001 **Converted Event**
State appears by Michael Scanlon, defendant appears in person and pro se. Defendant pleads GUILTY to Operating w/ch ,.15%BAC, a class A Misdemeanor, remaining counts dismissed by oral motion of the State. Court issues Order of Change of Plea, Sentencing, Probation and Commitment (RJO) and sentences defendant to 180 days in the Monroe County Jail, gives him credit for 1 day served and good time and suspends 172 days for 1 year, placing defendant on probation, all supervised, on the standard conditions of probation. Defendant to complete either 6 days or road crew or 48 hours of public restitution in lieu of any further incarceration. Court suspends defendant's driver's license for 90 days from this date. Defendant to pay restitution if determined by the probation department. Defendant to pay costs of $329.50, SADS fee of %150.00 and probation user fees, all of which are ordered taken from the cash bond posted herein. GP/mbs/CR73-01-C03 RJO: Y Notice: A

09/04/2001 **Converted Event**
Approved information filed. Defendant executes promise to appear, promising to appear for initial hearing on September 4, 2001 at 2:30 p.m. Defendant notified personally. bis RJO: Notice: N

09/04/2001 **INITIAL HEARING**
Session: 09/04/2001 2:30 PM, Judicial Officer: Diekhoff, Mary Ellen

09/04/2001 **Converted Event**
Clerk issues Certification of Indiana Abstract of Court Record to BMV. bis RJO: N Notice: N

09/07/2001 **Converted Event**
Cash bond released. The Clerk now issues check number 018334 in the amount of $479.50 made payable to the clerk for costs and issues check number 018244 in the amount of $20.50 made payable to the probation department. bis RJO: N Notice: A

09/07/2001 **Converted Event**
Comes now Nicholas Nading and pays $479.50 for costs as per receipt 390147 bis RJO: N Notice: N

## Financial Information

All financial balances reflected are current representations of transactions processed by the Clerk's Office. Please note that any balance due does not reflect unposted items such as interest, pending payments, or payments in transit. For questions/concerns regarding balances shown, please contact the Clerk's Office.

Nading, Nicholas T
Defendant

Balance Due as of 08/02/2023
0.00

Charge Summary

| Description | Amount | Credit | Payment |
|---|---|---|---|
| Court Costs and Filing Fees | 479.50 | 0.00 | 479.50 |

Transaction Summary

| Date | Description | Amount |
|---|---|---|
| 09/04/2001 | Transaction Assessment | 479.50 |
| 09/07/2001 | Counter Payment | (479.50) |

NICHOLAS NADING

8/2/23

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

NICHOLAS NADING

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/2/23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Washoe

I, NICHOLAS NADING, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

8/2/23

**Date**

Subscribed and Sworn to before me this 2nd day of August, 2023, by xx Nicholas Trent Nading. xx

**Notary Public Signature**

KIMBERLY K. FOSTER
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 23-5945-02 - Expires July 13, 2027

(Seal)

STRAND HEALTH GROUP

**Nevada State Board of Pharmacy – Wholesaler Application**

**Full List of Employees Pursuant to NRS 639.500 (2).**

**Employee #1 Name :** Nicholas Nading

**Employee #2 Name :** Kyle Cranfill

**Strand Health Group**
2300 West Sahara Avenue, Suite 800
Las Vegas, NV 89102
cs@strandhealthgroup.com
www.strandhealthgroup.com

# 4AA

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

## Non-Refundable $1,000 Fee

Rev (08/17/2022)

| Where is the facility located? | | ☐ Nevada ■ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH N/A | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Vygon USA

Physical Address: 2750 Morris Road Suite A200 Road

City: Lansdale State: PA Zip: 19446

Mailing Address (if different from physical address): N/A

City: N/A State: N/A Zip: N/A

Telephone: 800-473-5414 Website: www.vygonusa.com

Name of Designated Representative (DR): Sharyn Flores

Licensing Company Email: Vygonusa@vygon.com DR Email: sflores@vygon.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ▣ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ■ Hospitals | ■ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ▣ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # N/A. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

N/A
for
7/6/2023

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

7/6/2023
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____

Address: _____ City: N/A State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Vygon USA

Parent Company (if any): Vygon Corp.

Corporation/Organization Name: Vygon USA

Mailing Address: 2750 Morris Road Suite A200

City: Lansdale State: PA Zip: 19446

Telephone: 800-473-5414 Email: sflores@vygon.com

Contact Person Name: Sharyn Flores

**Section 6: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: N/A

Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | ✓ | |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| N/A • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| N/A • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| N/A • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| N/A • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Vygon USA

Facility Name

Freda Lacroix

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

7/6/2023

Date

| Board Use Only | Date Received: 9/19/23 | Amount: 1000-CC |
|---|---|---|

# Establishment Registration & Device Listing



New Search | Back To Search Results

**Establishment:**
VYGON USA
**Business Trade Name:**
Advanced Medical Inc.

2750 Morris Rd Suite A200
Lansdale, PA 19446
**Registration Number:** 2245270
**FEI Number*:** 2245270
**Status:** Active
**Initial Distributor/Importer:** Yes
*Note Firm May Have Additional Establishment Types.
Please Review Listings For Further Information.
**Date Of Registration Status:** 2023

**Owner/Operator:**
VYGON USA
2750 Morris Road
Suite A200
Lansdale, PA US 19446
**Owner/Operator Number:** 2245270

**Official Correspondent:**
Chris Steinke
2750 Morris Road
Suite A200
Lansdale, PA 19446
**Phone:** 603-7435988

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Page Last Updated: 09/18/2023
Note: If you need help accessing information in different file formats, see Instructions for Downloading Viewers and Players.
Language Assistance Available: Español | 繁體中文 | Tiếng Việt | 한국어 | Tagalog | Русский | العربية | Kreyòl Ayisyen | Français | Polski | Português | Italiano | Deutsch | 日本語 | فارسی | English

Nevada State Board of Pharmacy

This is in response to **Question 9:**

**List of all officers and Directors:**

| Name | Title | Address |
|---|---|---|
| Peter Ciriello | Chief Executive Officer | [redacted]Brutus Terrace Lake Mary, FL 32746 |
| Alan Davis | Chief Financial Officer | [redacted]Pumpkin Road Natick, MA 01760 |
| James Natale | Vice President of Sales and Marketing | [redacted]Green Ridge Road Furlong, PA 18925 |
| Sharyn Flores | Director of Supply Chain | [redacted]Greenridge Road Warrington, PA 18976 |

# State of New Hampshire

# Department of State

CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that VYGON CORPORATION is a Pennsylvania Profit Corporation registered to transact business in New Hampshire on April 23, 1998. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **290688**

Certificate Number: **0006208885**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 18th day of April A.D. 2023.

David M. Scanlan

Secretary of State

# Certificate of Licensure

**Certificate No.** 8000001925
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

**Category:**

Wholesaler/Distributor

**Drug & Device Registration**
2525 North 7th Street
SUITE 210D
HARRISBURG, PA 17110
(717) 787-4779

VYGON USA
ADVANCED MEDICAL INC.
2750 MORRIS ROAD
LANSDALE, PA 19446

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: January 17, 2008
Expiration Date: The Last Day of February, 2024

Susan Coble
Acting Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

**NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.**

# Certificate of Registration

**Certificate No. 1000003546**
(A certificate starting with a number 4, 5 or 6 does not permit the posession or sale of controlled substances or prescription drugs.)

**Category:**

Manufacturer (Prescription)

**Drug & Device Registration**
555 WALNUT ST-FORUM PLACE
SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

VYGON MFG
87 VENTURE DRIVE
DOVER, NH 03820

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

**Issuance Date: September 12, 2013**
**Expiration Date: The Last Day of January, 2024**

Susan Coble
Acting Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Denise A. Johnson, MD, FACOG, FACHE
Acting Secretary of Health

**NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.**

intertek
Total Quality. Assured.

# CERTIFICATE

**This is to certify that the management system of:**

## Vygon Corporation D.B.A.

## Vygon USA

Main Site: 2750 Morris Rd., Lansdale PA 19446 United States (FIN F004543)

Additional Site: 87 Venture Drive, Dover, NH 03820 United States (FIN F004544)

**has been registered by Intertek, an MDSAP recognized auditing organization, as conforming to the requirements of:**

## ISO 13485:2016

**Canada**: Medical Devices Regulations – Part 1- SOR 98/282

**United States**: 21 CFR 820, 21 CFR 803, 21 CFR 806, 21 CFR 807 (Subparts A to D)

### The management system is applicable to:

*The design, manufacture, repackaging, and distribution of medical devices ond accessories for vascular access, locol anesthesia, digestive and respiratory access, procedure kits. Medical device contract manufacturing services.*

*Main site: Management, warehouse, final inspection*

*Additional Site: Design, manufacture, Purchasing, incoming and final inspection, warehouse*

**Certificate Number:**
0100331-04

**Initial Certification Date:**
2020-03-31

**Date of Certification Decision:**
2023-03-03

**Certification Effective Date:**
2023-03-30

**Certification Expiry Date:**
2026-03-30

ISO 13485:2016 CERTIFICATION TM

MDSAP MEDICAL DEVICE SINGLE AUDIT PROGRAM

intertek

**Calin Moldovean**
President, Business Assurance

Intertek Testing Services NA, Inc.
900 Chelmsford Street
Lowell, MA, USA 01851

In the issuance of this certificate, Intertek assumes no liability to any party other than to the Client, and then only in accordance with the agreed upon Certification Agreement. This certificate's validity is subject to the organization maintaining their system in accordance with Intertek's requirements for systems certification. Validity may be confirmed via email at certificate.validation@intertek.com or by scanning the code to the right with a smartphone. The certificate remains the property of Intertek, to whom it must be returned upon request. Validity of this certificate may be verified at http://www.intertek.com/business-assurance/certificate-validation/

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/27/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER<br>Fred C. Church Insurance<br>41 Wellman Street<br>Lowell MA 01851 | CONTACT NAME: Heidi Shea<br>PHONE (A/C, No, Ext): 800-225-1865 FAX (A/C, No): 978-454-1865<br>E-MAIL ADDRESS: hshea@fredcchurch.com |
| INSURED VYGOCOR-01<br>Vygon Corporation<br>2750 Morris Rd<br>Lansdale PA 19446 | INSURER(S) AFFORDING COVERAGE / NAIC #<br>INSURER A : Hartford Fire Insurance Company 19682<br>INSURER B : Hartford Casualty Insurance Company 29424<br>INSURER C : MEMIC Indemnity Company 11030<br>INSURER D : Trumbull Insurance Company 27120<br>INSURER E :<br>INSURER F : |

**COVERAGES** **CERTIFICATE NUMBER:** 1732406775 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] POLICY [ ] PRO-JECT [ ] LOC<br>[ ] OTHER: | | | 08UUNBA7547 | 12/31/2022 | 12/31/2023 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>$ | $ 1,000,000<br>$ 300,000<br>$ 10,000<br>$ 1,000,000<br>$ 2,000,000<br>$<br>$ |
| D | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY | | | 08UENBC0426 | 12/31/2022 | 12/31/2023 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>$ | $ 1,000,000<br>$<br>$<br>$<br>$ |
| B | X UMBRELLA LIAB [X] OCCUR<br>EXCESS LIAB [ ] CLAIMS-MADE<br>[ ] DED [X] RETENTION $ 10,000 | | | 08RHUBA7461 | 12/31/2022 | 12/31/2023 | EACH OCCURRENCE<br>AGGREGATE<br>$ | $ 10,000,000<br>$ 10,000,000<br>$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N]<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | 3102807604 | 12/31/2022 | 12/31/2023 | X PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |
| A | Products Liability<br>Claims Made Retro Date<br>4/1/19 & 12/31/07 | | | 08UGAAM3HEY | 12/31/2022 | 12/31/2023 | Each Occurrance<br>Aggregate<br>Deductible | 5,000,000<br>5,000,000<br>25,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

If required by written contract, Advanced Medical Systems is included as additional insured on the General Liability.

General Liability: HG00010916 provides Additional Insured as required by written contract, primary and noncontributory, and waiver of subrogation

**CERTIFICATE HOLDER**

Advanced Medical Systems
103A Park Drive
Montgomeryville PA 18936-9613

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 08BSBIX9329

Application/License No. _____

Vygon Corporation (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2750 Morris Rd, Lansdale, PA 19446 (Address of Applicant/Principal), as PRINCIPAL, and Hartford Fire Insurance Company (Surety Company), a corporation organized under the laws of the state of Connecticut (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 200 Colonial Center Pkwy, Lake Mary, FL 32746 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on September 7, 2022 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

08BSBIX9329

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 7th day of September, 2022.

APPLICANT/PRINCIPAL

Vygon Corporation

Authorized Representative

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

Hartford Fire Insurance Company

Surety Company's Representative

Michelle Kerrison, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

# POWER OF ATTORNEY

**Direct Inquiries/Claims to:**
**THE HARTFORD**
**BOND, T-11**
**One Hartford Plaza**
**Hartford, Connecticut 06155**
**Bond.Claims@thehartford.com**
*call:* **888-266-3488** *or fax:* **860-757-5835**

**KNOW ALL PERSONS BY THESE PRESENTS THAT:**

**Agency Name:** FRED C CHURCH INC
**Agency Code:** 08-080392

- [X] **Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- [ ] **Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- [ ] **Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- [ ] **Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint
Michelle Kerrison
of Lake Mary, Florida,
its true and lawful Attorney-in-Fact, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge the following bond, undertaking, contract or written instrument:
Bond No. 08BSBIX9329
Naming Vygon Corporation as Principal,
and Nevada State Board of Pharmacy as Obligee,
in the amount of See Bond Form(s) on behalf of Company in its business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**In Witness Whereof**, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.

Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle L. LaPierre

Joelle L. LaPierre, Assistant Vice President

**STATE OF FLORIDA**
**COUNTY OF SEMINOLE** } ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly swom, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.

NOTARY PUBLIC STATE OF FLORIDA

Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of September 7, 2022.

Signed and sealed in Lake Mary, Florida.

Keith D. Dozois

Keith D. Dozois, Assistant Vice President

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

### Section 1: Pharmacy/MDEG/Wholesaler Information

Name of MDEG Vygon MDEG License # (if applicable) _____

Physical Address 2758 Morris Rd Ste A200

City Lansdale State PA Zip 19446

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 800-473-5414 x225 Website www.vygonusa.com

Licensing Company Email _____

### Section 2: Personal Information

First Sharyn Middle _____ Last Flores

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN _____ Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Morris Rd Ste A200

City Lansdale State PA Zip 19446

Telephone 800-473-5414 x225 Email sflores@vygon.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | City | State | Zip | From - To (MM/YY – MM/YY) |
|---|---|---|---|---|---|
| Archbishop Wood | | | | | 9/1990 - 6/1994 |
| Address: 655 York Rd. | | City: Warminster | State: PA | Zip: 18974 | |
| Diploma/Degree obtained, if any: H.S. Diploma | | | | | |
| School Name | | | | | From - To (MM/YY – MM/YY) |
| Address | | City | State | Zip | |
| Diploma/Degree obtained, if any | | | | | |
| School Name | | | | | From - To (MM/YY – MM/YY) |
| Address | | City | State | Zip | |
| Diploma/Degree obtained, if any | | | | | |
| School Name | | | | | From - To (MM/YY – MM/YY) |
| Address | | City | State | Zip | |
| Diploma/Degree obtained, if any | | | | | |
| School Name | | | | | From - To (MM/YY – MM/YY) |
| Address | | City | State | Zip | |
| Diploma/Degree obtained, if any | | | | | |

N/A

Joe

7/6/2023

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 8/2012 - Current | [redacted] Tohickon Lane | Warrington | PA | 18976 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

N/A

Joe

7/6/2023

**Section 7: An MDEG Administrator must provide proof that he or she has (at) 500 hours of verifiable work experience relating to the products provided by the medical practice, hospital or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (Attach extra if needed)**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Vygon | | | |
| **Business Address** | **City** | **State** | **Zip** |
| 2750 Morris Rd | Lansdale | PA | 19446 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 800-473-5414 x225 | Director of Supply Chain | 56,160 | |
| **Description of Duties** | | | |
| Manage customer service, supply chain, warehouse departments. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| N/A | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

N/A

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8 Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✓ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # N/A. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| **Reason/Charge** | | N/A | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| **Name of Business/Industry/Entity** | | | | |

**Provide explanation below:**

Original Signature (electronic, copies not accepted)

7/6/23
Date

I, Sharyn Flores, **certify that as the MDEG Administrator for** Vygon,

**that I (initial that you have read and meet the following requirements):**

1. SF Have a high school diploma or its equivalent;
2. SF Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. SF Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. SF Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Sharyn Flores
Print Name (First, Last)

Sharyn Flores
Original Signature (electronic, copies or stamps not accepted)

7/6/23
Date

| Board Use Only | Date Received: 9/19/23 |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Vygon US

Pharmacy/Wholesaler License # (if applicable)

Physical Address 2750 Morris Rd Suite A200

City Lansdale State PA Zip 19446

Mailing Address (if different from physical address)

City State Zip

Telephone 8004735414 Website www.vygonusa.com

Licensing Company Email www.vygonusa.com

**Section 2: Personal Information**

First Sharyn Middle Myra Last Flores

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☒ F ☐ X

Mailing Address [redacted] Tohickon Ln

City Warrington State PA Zip 18976

Telephone [redacted] Email

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Archbishop Wood | | | 9/1990 - 6/1994 | |
| Address | | City | State | Zip |
| 655 York Rd | | Warminster | PA | 18974 |
| Diploma/Degree obtained, if any | | | | |
| Diploma | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Address | | City | State | Zip |
| Diploma/Degree obtained, if any | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Address | | City | State | Zip |
| Diploma/Degree obtained, if any | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Address | | City | State | Zip |
| Diploma/Degree obtained, if any | | | | |
| School Name | | | From - To (MM/YY – MM/YY | |
| Address | | City | State | Zip |
| Diploma/Degree obtained, if any | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 8/2012 - current | [redacted] Tohickon Ln | Warrington | PA | 18976 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| | | | |
|---|---|---|---|
| Business Name: Vygon US | | | From - To (MM/YY – MM/YY): 12/1997 – current |
| Business Address: 2750 Morris Rd Suite A2W | City: Lansdale | State: PA | Zip: 19446 |
| Phone: 800-473-5414 | Title: Director of Supply Chain | | Number of Employed Hours: 54,000 |
| Description of Duties: Manage Supply Chain, Warehouse, Customer Service Depts. | | | |
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |
| Business Name: N/A | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City: Yol | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |
| Business Name | | | From - To (MM/YY – MM/YY): 8/22 2023 |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | N/A | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy N/A | |
| Name of Business/Industry/Entity | | | | 8/22/2023 |

**Provide explanation below:**

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Sharyn Flores, **certify that as the designated representative for** Vygon US,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Sharyn Flores
Print Name (First, Last)

Sharyn Flores
Original Signature (electronic, copies or stamps not accepted)

8/22/23
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Sharyn Flores
Print Name (First, Last)

Sharyn Flore — 8/22/23
Original Signature (electronic, copies or stamps not accepted) — Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Pennsylvania, ss. County of Chester

I, Sharyn Flores, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Sharyn Flore — 8/22/23
**Original Signature** — **Date**

Subscribed and Sworn to before me this 22nd day of August, 2023

Ani Angel Navasartian
**Notary Public Signature**

Commonwealth of Pennsylvania - Notary Seal
ANI ANGEL NAVASARTIAN - Notary Public
Bucks County
My Commission Expires September 27, 2026
Commission Number 1427369

(Seal)

| List | | |
|---|---|---|
| **LST-0009** | Organizational Chart | VYGON Value Life |
| **Revision 18** | Effective Date: *Reference eQMS* | Confidential |

## PURPOSE

The purpose of this list is to document the organizational chart for Vygon USA.

## SCOPE

The list applies to permanent Vygon USA employees; temporary employees and production associates are not added to this list.

## PROCESS LEADER

Human Resources

### REVISION HISTORY

| Revision | Date | Description |
|---|---|---|
| 00 | Feb 2019 | Initial Release. |
| 01 | May 2019 | Updated to reflect current organization. |
| 02 | Aug 2019 | Updated due to change in senior leadership. |
| 03 | Nov 2019 | Updated to reflect current organization. Added new VP of Sales and Mkt. |
| 04 | Jan 2020 | Change in senior leadership (CEO). |
| 05 | Feb 2020 | Updated to reflect current organization |
| 06 | April 2020 | Updated to reflect current organization |
| 07 | July 2020 | Updated to reflect current organization |
| 08 | Oct 2020 | Updated to reflect current organization |
| 09 | Dec 2020 | Updated to reflect current organization |
| 10 | Feb 2021 | Updated to reflect current organization |
| 11 | March 2021 | Updated to reflect current organization |
| 12 | June 2021 | Updated to reflect current organization |
| 13 | Sept 2021 | Updated to reflect current organization |
| 14 | Nov 2021 | Updated to reflect current organization |
| 15 | Feb 2022 | Updated to reflect current organization |
| 16 | Jul 2022 | Updated to reflect current organization |
| 17 | Nov 2022 | Updated to reflect current organization |
| 18 | Jun 2023 | Updated to reflect current organization |

### INTERNAL REFERENCES

- SOP-0009 – Human Resources

### LIST

The diagrams below show the organizational chart for Vygon USA.



*Vygon Confidential*
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# Vygon US Organizational Chart






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# Color Key

Employees in France

[redacted]

[redacted]

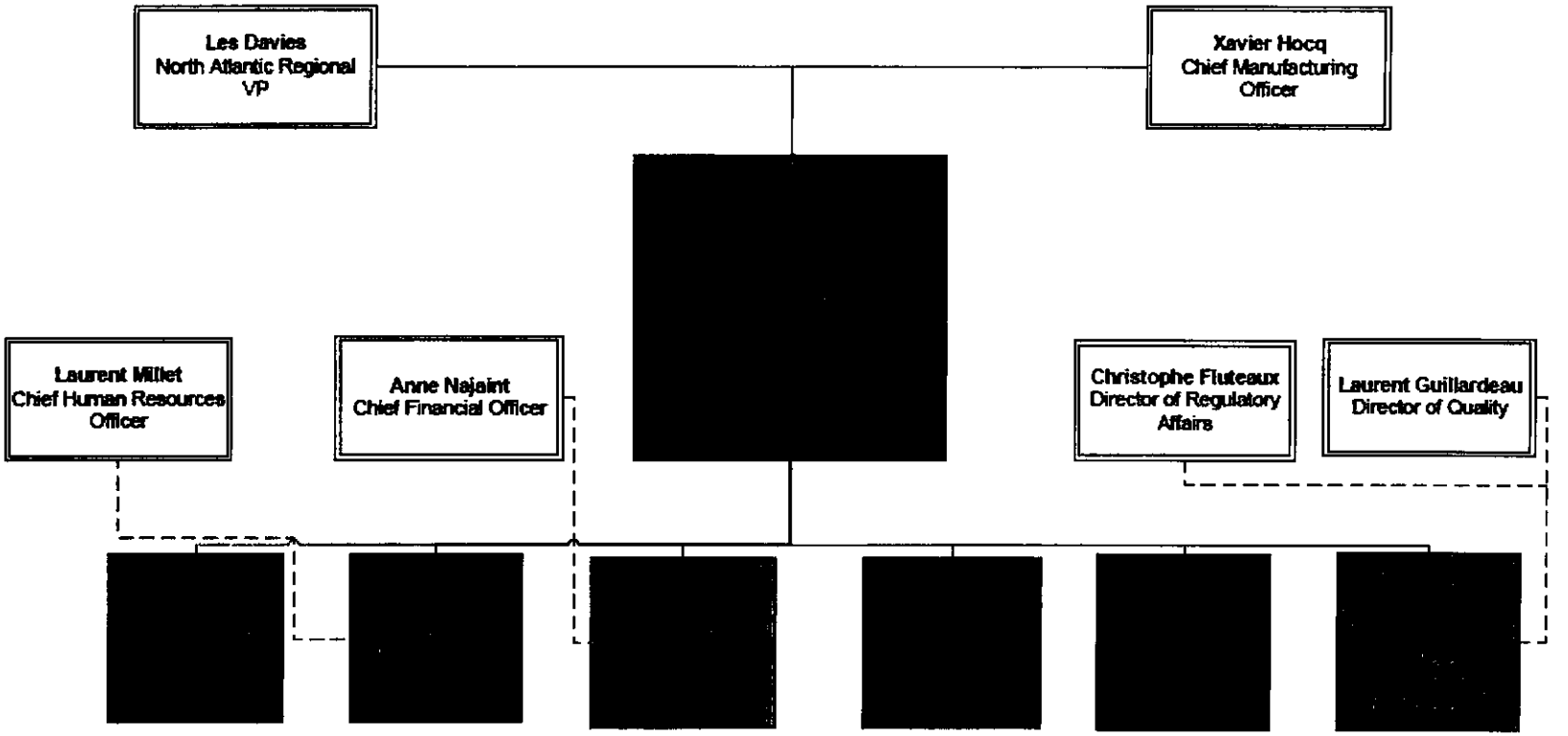
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# Vygon US



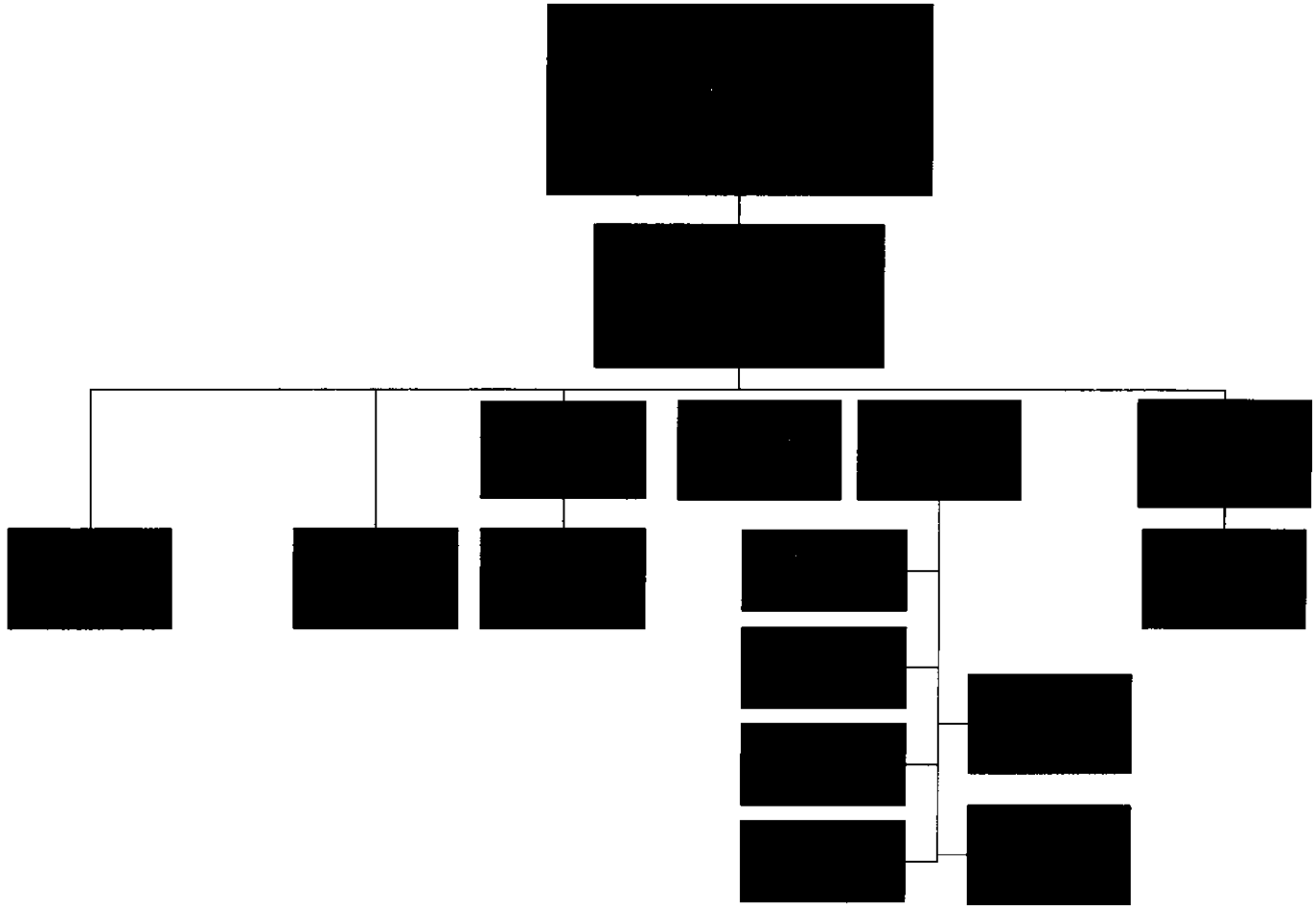

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# Sales & Marketing

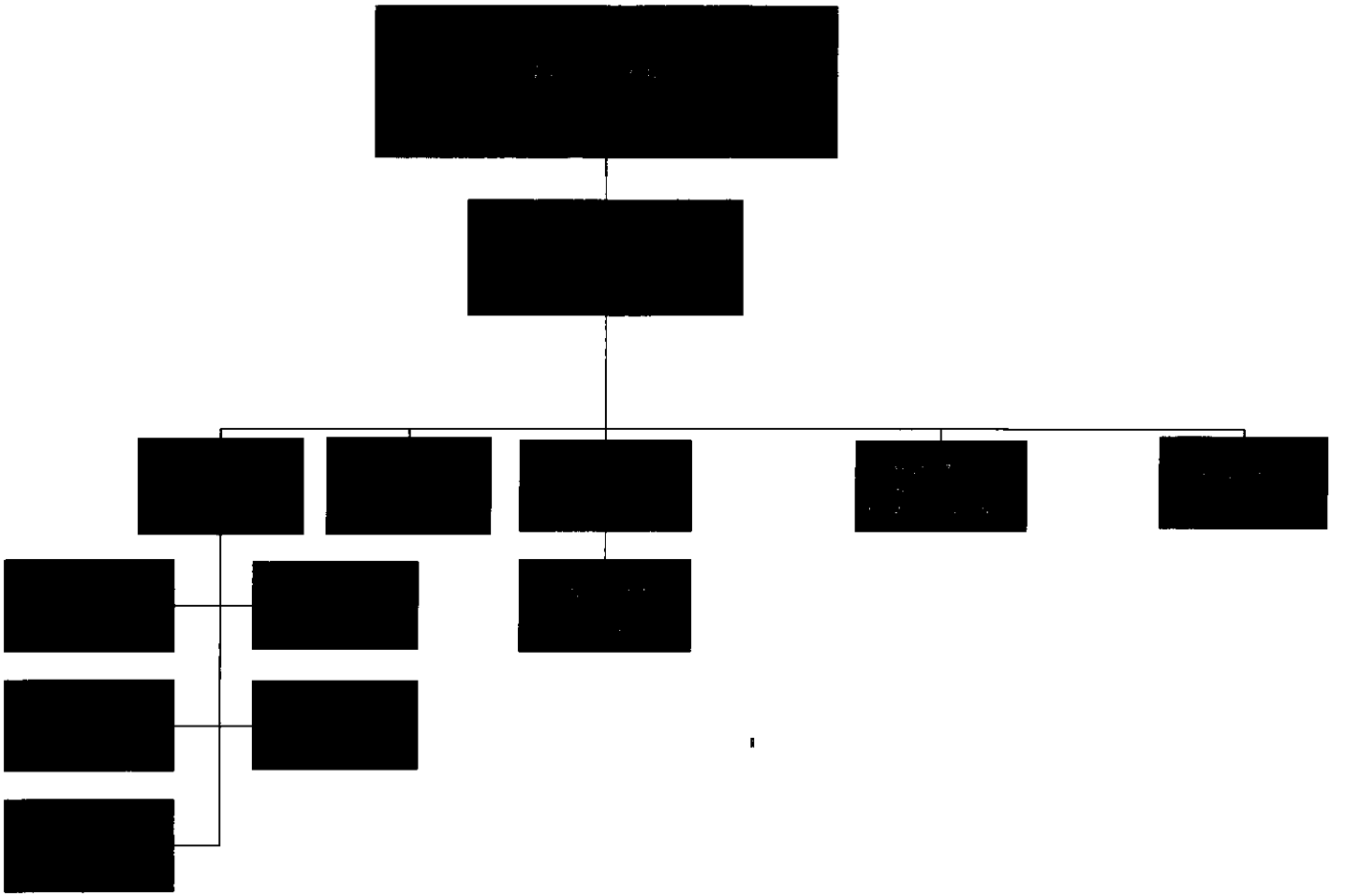





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# Supply Chain

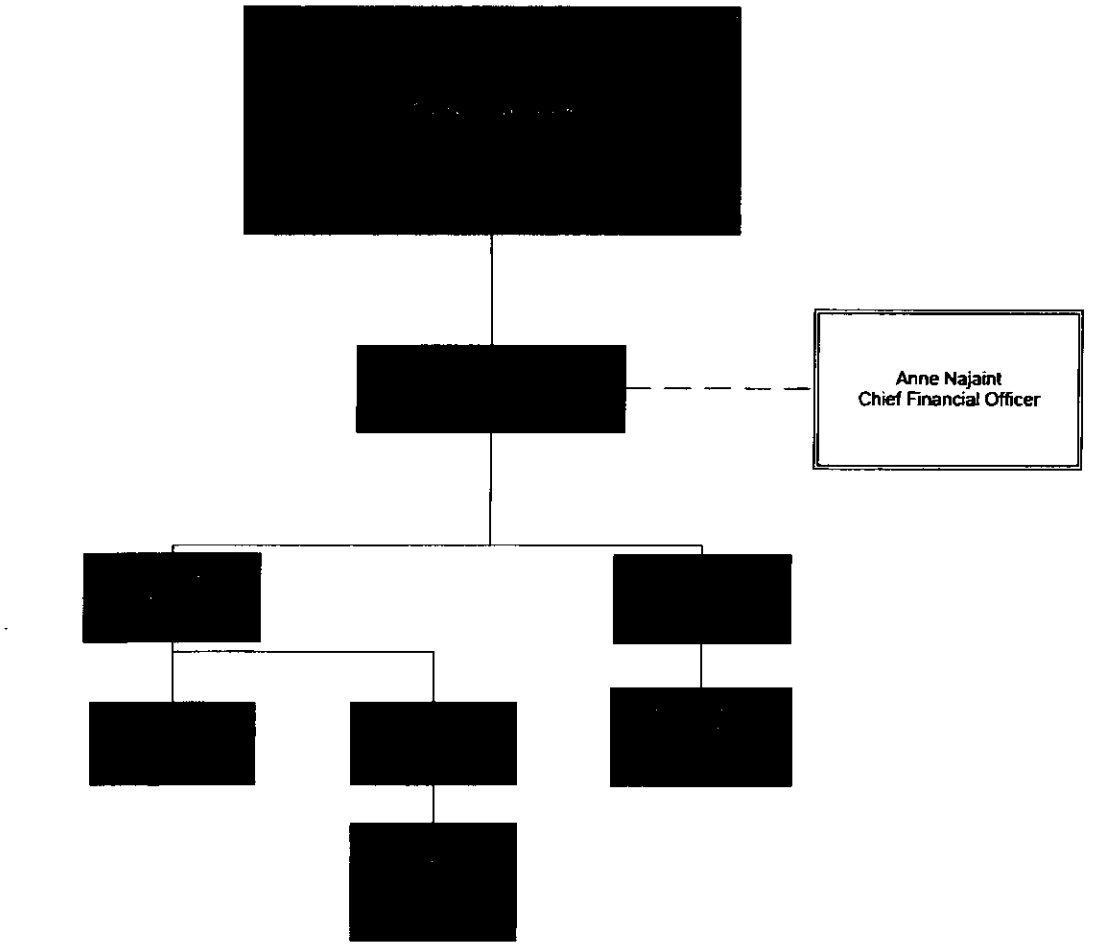





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# Finance

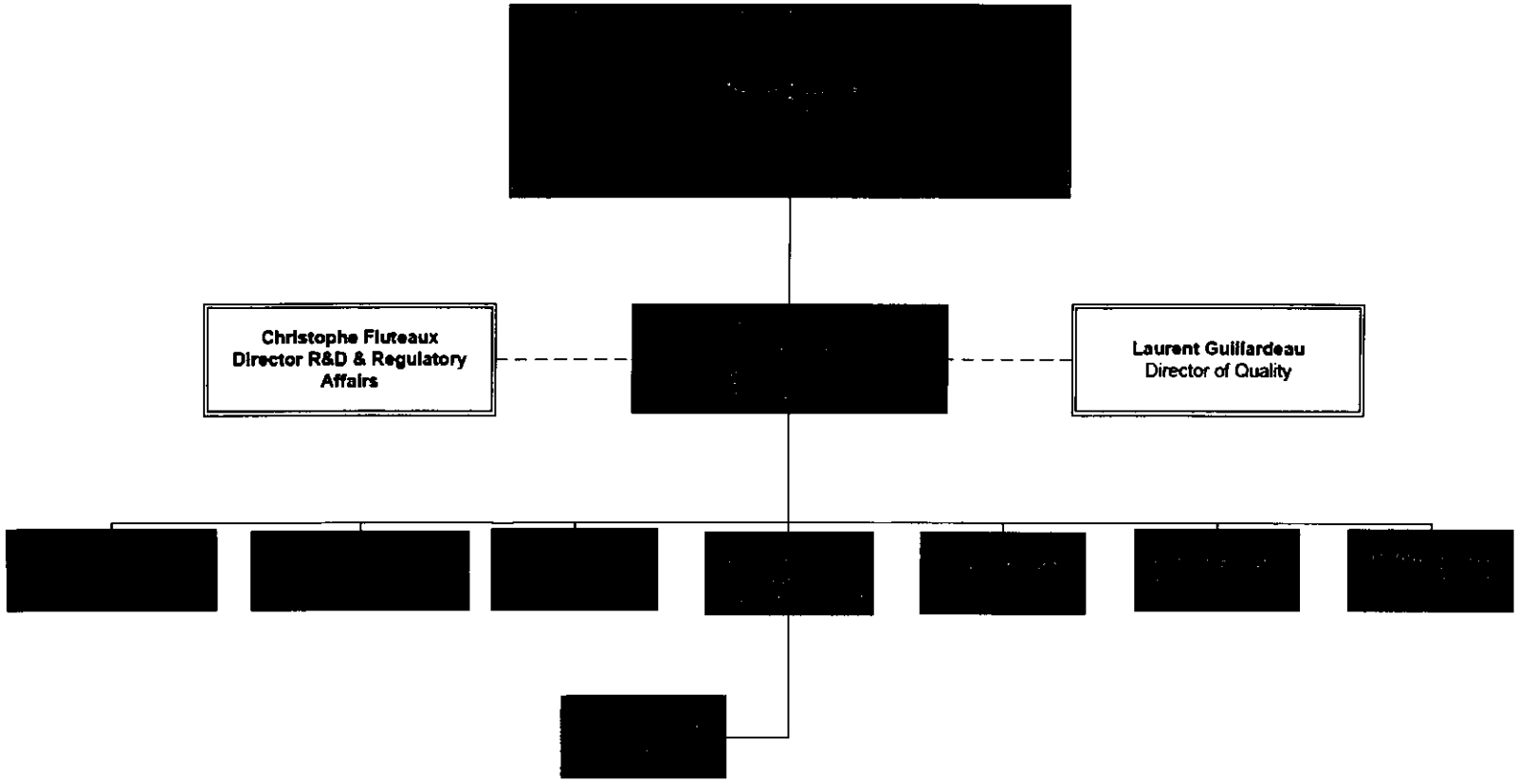



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# Quality & Regulatory Affairs

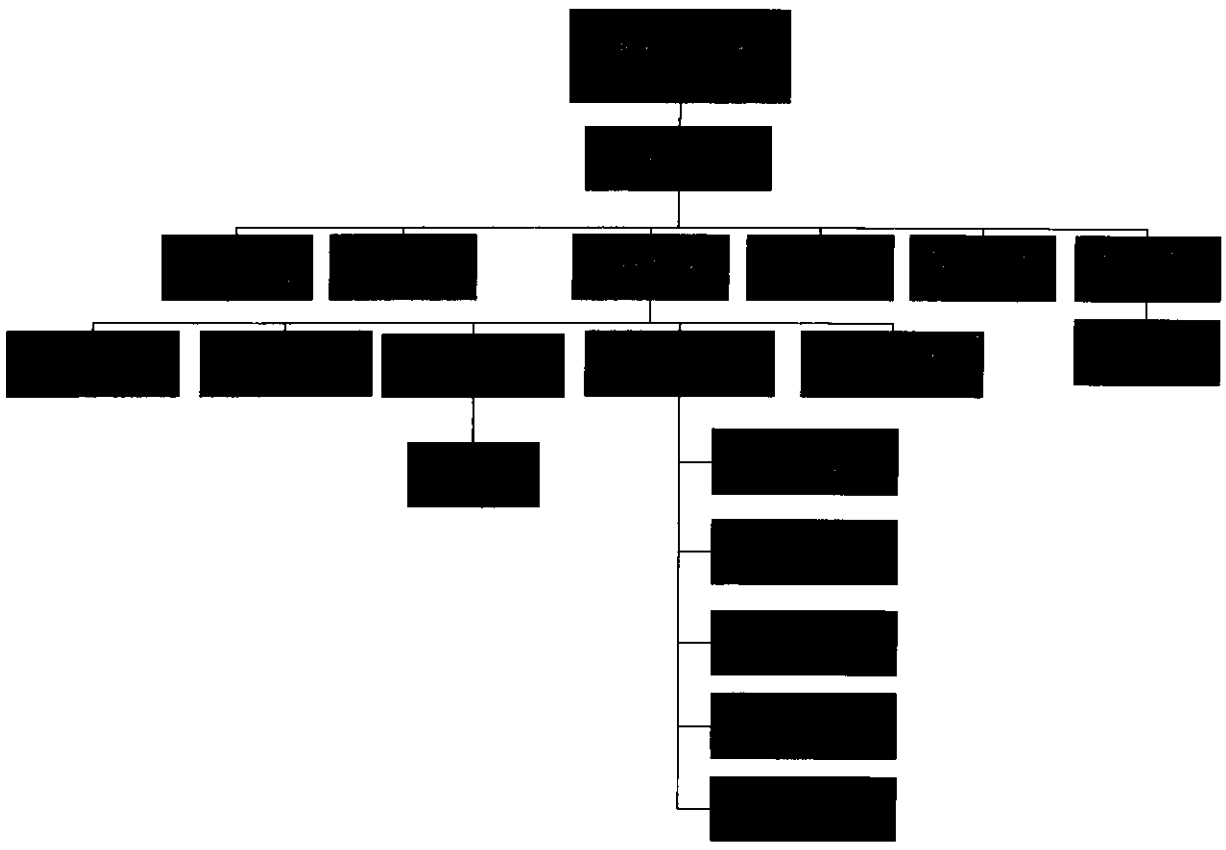



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## Manufacturing






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# 4BB

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ■ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Kuehne + Nagel Inc.

Physical Address: 2600 Regent Blvd

City: DFW Airport State: TX Zip: 75261

Mailing Address (if different from physical address): 10 Exchange Place

City: Jersey City State: NJ Zip: 07302

Telephone: 9736399794 Website: kn-portal.com

Name of Designated Representative (DR): Kenneth Maxwell

Licensing Company Email: qshepharma.us@kuehne-nagel.c DR Email: kenneth.maxwell@kuehne-nagel.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ■ Pharmacies | ■ Dangerous Drugs | ☐ Manufacturer |
| ■ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ■ Hospitals | ■ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ■ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Natalie Martinez
Original Signature (electronic, copies or stamps not accepted)

7/13/2023
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: AbbVie US LLC
Address: 1N Waukegan RD City: Chicago State: IL Zip: 60064
Name: DA502 BLDG AP5
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Name: _____
Address: _____ City: _____ State: _____ Zip: _____

**Section 4: Publicly Traded Corporation**

State of Incorporation: _____
Parent Company (if any): _____
Corporation Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: New York
Parent Company (if any): Kuehne + Nagel Investment Inc.
Corporation/Organization Name: _____
Mailing Address: 10 Exchange Place 20th Floor
City: Jersey City State: NJ Zip: 07302
Telephone: 201 413 5538 Email: qshepharma.us@kuehne-nagel.com
Contact Person Name: Natalie Martino

**Section 6: Partnership**

Partnership Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____
Contact Person Name: _____

**Section 7: Sole Owner**

Owner's Name: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | ✓ |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Kuehne + Nagel Inc.

Facility Name

Natalie Martino

Print Name of Authorized Person Submitting Application

Natalie Martino

Original signature of Authorized Person (copies or stamps not accepted)

7/11/2023

Date

| Board Use Only | Date Received: 7/17/23 | Amount: 1000-CK-99000116109 |
|---|---|---|

# Department of State
## Division of Corporations

## Entity Information

Return to Results | Return to Search

Entity Details

**ENTITY NAME:** KUEHNE + NAGEL INC.
**FOREIGN LEGAL NAME:**
**ENTITY TYPE:** DOMESTIC BUSINESS CORPORATION
**SECTIONOF LAW:** -
**DATE OF INITIAL DOS FILING:** 06/30/1966
**EFFECTIVE DATE INITIAL FILING:** 05/01/2023
**FOREIGN FORMATION DATE:**
**COUNTY:** NEW YORK
**JURISDICTION:**

**DOS ID:** 200052
**FICTITIOUS NAME:**
**DURATION DATE/LATEST DATE OF DISSOLUTION:**
**ENTITY STATUS:** ACTIVE
**REASON FOR STATUS:**
**INACTIVE DATE:**
**STATEMENT STATUS:** CURRENT
**NEXT STATEMENT DUE DATE:** 06/30/2024
**NFP CATEGORY:**

ENTITY DISPLAY

Service of Process on the Secretary of State as Agent

**The Post Office address to which the Secretary of State shall mail a copy of any process against the corporation served upon the Secretary of State by personal delivery:**

**Name:** C/O CORPORATION SERVICE COMPANY

**Address:** 80 STATE STREET, ALBANY, NY, UNITED STATES, 12207

**Electronic Service of Process on the Secretary of State as agent: Not Permitted**

Chief Executive Officer's Name and Address

**Name:** RADOSLAV MIHOK

**Address:** 10 EXCHANGE PLACE, 19TH FLOOR, JERSEY CITY, NJ, UNITED STATES, 07302

Principal Executive Office Address

**Address:** 10 EXCHANGE PLACE, 19TH FLOOR, JERSEY CITY, NJ, UNITED STATES, 07302

Registered Agent Name and Address

**Name:** CORPORATION SERVICE COMPANY

**Address:** 80 STATE ST., ALBANY, NY, 12207

Entity Primary Location Name and Address

**Name:**

**Address:**

**Is The Entity A Farm Corporation:** NO

Stock Information

| Share Value | Number Of Shares | Value Per Share |
|---|---|---|
| NO PAR VALUE | 200 | $0.00000 |

# *STATE OF NEW YORK*

# *DEPARTMENT OF STATE*

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 28, 2008.

Paul LaPointe
Special Deputy Secretary of State

Rev. 06/07

Attachment to License Application

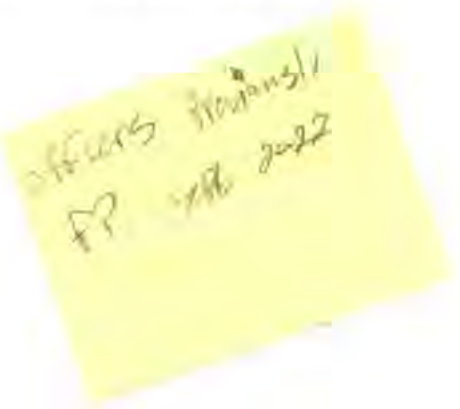
Kuehne + Nagel Inc.
State of incorporation New York
Date of incorporation June 30, 1966
FEIN# 13-2571986

Corporate Officers

| | | |
|---|---|---|
| Marcus Bennett | President and CEO | 10 Exchange Place, Jersey City, NJ 07302 |
| Dan Osterberg | CFO | 10 Exchange Place, Jersey City, NJ 07302 |
| Nadine Jones | Secretary | 10 Exchange Place, Jersey City, NJ 07302 |

100% owned by

Kuehne + Nagel Investment Inc.
10 Exchange Place, 19th Floor
Jersey City, NJ 07302
22-3176791



**KN Corporate Officers:**

**Marcus Bennett**
President/CEO
[redacted] New York Avenue Apt. 2
Jersey City, NJ 07307
[redacted]

Dob: [redacted]
SS: [redacted]

**Dan Osterberg**
CFO
[redacted] Harding Street
Westfield, NJ 07090
[redacted]

Dob [redacted]
SS#- [redacted]

**Nadine Jones**
Secretary
[redacted] 3rd Street
Jersey City, NJ 07302
[redacted]

Dob [redacted]
SS# [redacted]

Kuehne + Nagel, Inc. is a third party warehouse. Kuehne + Nagel stores pharmaceutical products as an agent for its customers who are separately licensed. Kuehne + Nagel does not take title to any products and is not a "seller" of products. Kuehne + Nagel receives the products in the customer's name c/o

Kuehne + Nagel, handles and stores the products as directed by the customer and ships the goods to parties identified by the customer via modes of transportation specified by the customer. Kuehne + Nagel does not repackage products or change the customer's containers, wrapping, labeling, etc. Certain required records are located at Kuehne + Nagel's facility. Other records are maintained by the customer.

**UNANIMOUS WRITTEN CONSENT OF**

**THE BOARD OF DIRECTORS**

**KUEHNE + NAGEL INC.**

Pursuant to the authority contained in the provisions of Section 708 (B) of the Business Corporation Law of the Stale of New York, the undersigned being all of the members of the Board of Directors of Kuehne+ Nagel Inc. ("Corporation"), do hereby adopt the following resolutions with the same force and effect as though adopted at a meeting of the Board of Directors duly noticed and held:

**RESOLVED,** that Natalie Martino, National QSHE Health Admin, be and hereby is appointed to serve as an authorized signatory for regulatory agency applications, in her capacity as noted above, of the Corporation for those documents until a successor has been duly appointed.

**AND FURTHER RESOLVED,** that the actions and activities of the persons listed above, taken or performed as of the date hereof, be and hereby are approved, ratified, and affirmed as actions and activities taken within the scope of their authority as authorized signatories of the Corporation.

**IN WITNESS WHEREOF,** the undersigned have hereunto set their hands as of the November 8, 2022.

**Board of Directors**

Marcus Bennett

Dan Osterberg

Nadine Jones

**WAIVER OF NOTICE AND**

**UNANIMOUS WRITTEN CONSENT OF**

**THE SOLE SHAREHOLDER OF**

**KUEHNE + NAGEL INC.**

Pursuant to the authority contained in the provisions of the business laws of the State of New Jersey, the undersigned being all of the members of the Sole Shareholder of Kuehne + Nagel Investment Inc. ("Corporation"), do hereby adopt the following resolutions with the same force and effect as though adopted at a meeting of the Sole Shareholder duly noticed and held:

**WHEREAS**, Radoslav Mihok has left the employ of the Corporation as of June 30, 2022; and

**WHEREAS,** Marcus Bennett has joined the Corporation as CEO and President of North America;

**IT IS THEREFORE RESOLVED,** that the appointees be and hereby are elected and appointed to serve in their respective capacities until the meeting of the Board of Directors ensuing after the next annual meeting of the sole shareholder of the Corporation and until their successors have been duly elected and qualified.

| | | |
|---|---|---|
| Marcus Bennett | - | CEO, President |
| Dan Osterberg | - | CFO, Treasurer |
| Nadine Jones | - | Secretary |

**AND IT IS FURTHER RESOLVED,** that the actions and activities of the persons listed above, in their respective capacities taken or performed as of the date hereof, be and hereby are approved, ratified and affirmed as actions and activities taken within the scope of their authority as officers of the Corporation.

This Waiver of Notice and Unanimous Consent may be signed in one or more counterparts, each of which shall constitute an original herewith but all of which shall constitute one and the same instrument.

**IN WITNESS WHEREOF,** the undersigned have hereunto set their hands as of the 1st day of July 2022.

**Sole Shareholder**

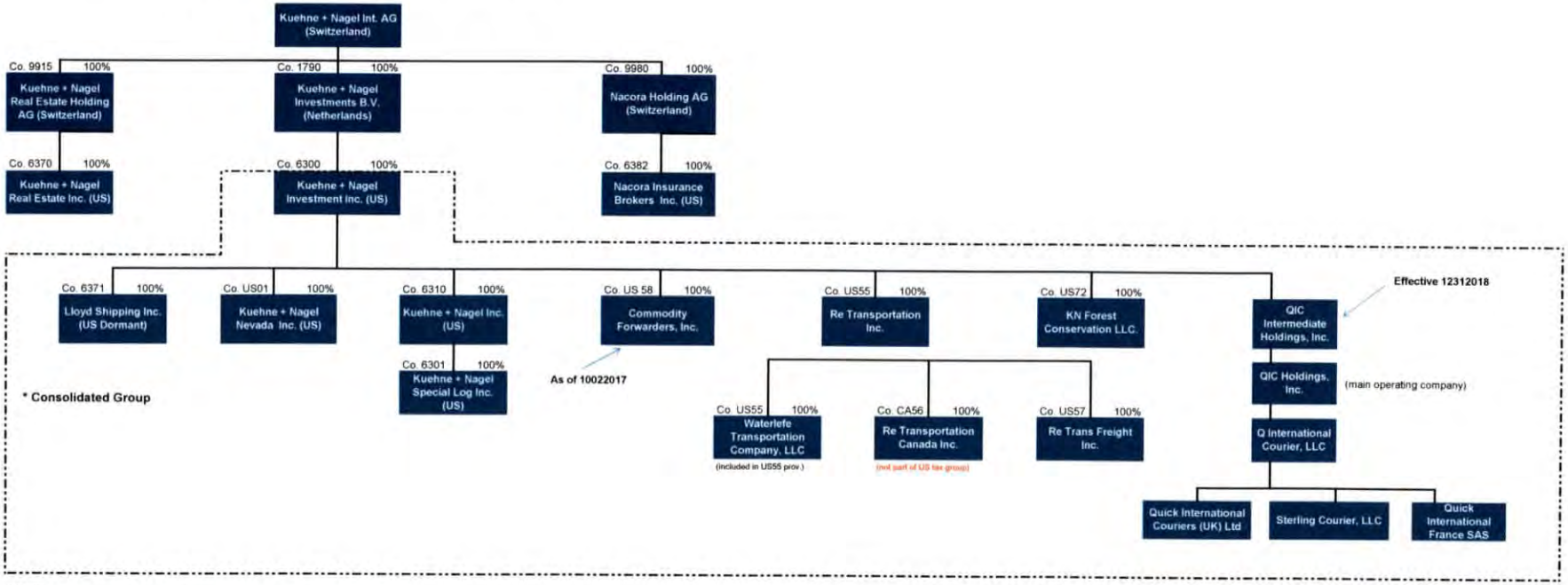
Kuehne + Nagel Investment Inc.



Dan Osterberg

KUEHNE+NAGEL

## KUEHNE + NAGEL - 2022 US LEGAL STRUCTURE




**NOTES**

* QTS companies liquidated in 2015
* RT Acquisition Corp. and RT Holdings Inc. merged into Re Transportation Inc.
* Transportation Management Associates Inc. merged into Re Transportation Inc. May 31st 2016

1171

TEXAS Health and Human Services | Texas Department of State Health Services

Contact your licensing board or program | Internet Policy
Return to the Main Menu | Contact Us

**License Details**

"License" means a license, certificate, registration, permit, or other form of authorization, including a renewal of the authorization, that: a person must obtain to practice or engage in a particular business, occupation, or profession; or a facility must obtain before a particular business, occupation, or profession is practiced or engaged in within the facility. A "License Rank" is the level of license; a "License Modifier" provides additional information on the scope of the license.

A license may have one or two statuses. The first status is normally "Current" which means the license is in good standing. If the first status is "Expired" or "Null and Void", or if either status shows "Inactive", the licensee may not practice in the profession and/or operate as a licensed business.

For more information regarding this license, including any disciplinary information displayed below, please contact the appropriate board or program office. A list of DSHS licensing board and programs may be found at: http://www.dshs.state.tx.us/Licensee-Registrant-Permittee.aspx or click the link at the bottom of this page.

Press "Previous Record" to display the previous license.

Press "Next Record" to display the next license.

Press "Search Results" to return to the Search Results list.

Press "New Search Criteria" to do another search of this type.

Press "New Search" to start a new search.

**License Number: 1002056**

***Current Date: 06/22/2023 11:03 AM***

| | |
|---|---|
| Name: | KUEHNE + NAGEL INC |
| License Type: | Multiple Products with Non-Prescription Drugs |
| License Status: | Current |
| Expiry Date: | 04/19/2025 |
| Effective Rank Date: | 05/30/2023 |
| Modifier(s): | OTC Human<br>Devices RX<br>Devices OTC |

**Addresses**

| | | |
|---|---|---|
| **Physical Loc** | Address | **KUEHNE + NAGEL INC**<br>**2600 REGENT BLVD**<br>**DALLAS , TX**<br>**DALLAS**<br>**75261**<br>**US** |
| **Mailing Address** | Address | **ATTN QSHE HEALTHCARE**<br>**JERSEY CITY , NJ**<br>**OUT OF STATE/UNKNOWN**<br>**07302** |

**Food & Drug Owner**

| | |
|---|---|
| Licensee's Role: | Food & Drug License |
| Related Party Role: | Food & Drug Owner |

| Related Party Name | License | Address |
|---|---|---|
| **KUEHNE + NAGEL INC** | **Owner #A036489**<br>Status: Current<br>Expiration Date: | **JERSEY CITY , NJ**<br>**OUT OF STATE/UNKNOWN**<br>**07302**<br>**US** |

Previous Record Next Record Search Results New Search Criteria New Search Print

TEXAS
Health and Human Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
*Commissioner*

July 6, 2023

Natalie Martino
Kuehne + Nagel Inc.
Natalie.Martino@kuehne-nagel.com

CFN: 2111699
Lic.: 1002056
Type: 2504
File: 5985

Re: License Verification

Dear Natalie Martino:

This letter shall serve as a verification of licensure for the following firm:
KUEHNE + NAGEL INC
2600 Regent Blvd
Dallas, TX 75261

| | |
|---|---|
| License No. | 1002056 |
| Type of license: | Multiple Products – Devices, OTC drugs |
| Status of license: | Current |
| Date license issued: | 05/30/2023 |
| Date license expires: | 04/19/2025 |
| Disciplinary action: | None |

The firm is in good standing as of the date of this letter.

If you have questions or need additional information, please contact me at 512-834-4503, via fax at (512) 834-6759, or email me at *justin.arnold@dshs.texas.gov*.

Sincerely,

Justin Arnold, RS
Medical Research Specialist
Drugs and Medical Devices Unit
Consumer Protection Division

**Mailing address**:
Justin Arnold
Drugs and Medical Devices Unit, MC 1987
PO Box 149347
Austin, TX 78714-9347

KUEHNAG-01 1174 CMELLEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/22/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
AssuredPartners New England, Inc.
One Financial Plaza
Hartford, CT 06103

CONTACT NAME: Linda Verselli
PHONE (A/C, No, Ext): (860) 426-6151 FAX (A/C, No): (860) 426-6151
E-MAIL ADDRESS: Linda.Verselli@AssuredPartners.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Zurich American Insurance Co. | 16535 |
| INSURER B : Travelers Property Casualty Co. of America | 25674 |
| INSURER C : American Guarantee & Liability Ins Co | 26247 |
| INSURER D : Travelers Indemnity Company | 25658 |
| INSURER E : | |
| INSURER F : | |

INSURED
Kuehne + Nagel, Inc.
c/o Nacora Insurance Brokers, Inc.
10 Exchange Place
Jersey City, NJ 07302

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE [X] OCCUR<br>X $5,000: BI/PD ded.<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY [ ] PRO-JECT [ ] LOC<br>OTHER: | | | GLO3373970-20 | 1/1/2023 | 1/1/2024 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 1,000,000<br>$ 10,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 2,000,000 |
| B | AUTOMOBILE LIABILITY<br>X ANY AUTO<br>OWNED AUTOS ONLY [ ] SCHEDULED AUTOS<br>X HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY | | | TJCAP-7G489534-TIL22 | 1/1/2023 | 1/1/2024 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ 2,000,000<br>$<br>$<br>$ |
| C | X UMBRELLA LIAB [ ] OCCUR<br>EXCESS LIAB [ ] CLAIMS-MADE<br>DED X RETENTION $ 5,000 | | | AUC379310313 | 1/1/2023 | 1/1/2024 | EACH OCCURRENCE<br>AGGREGATE | $ 20,000,000<br>$ 20,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N: N / N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | UB-0P058232-23-51-K | 1/1/2023 | 1/1/2024 | X PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |
| D | Worker's Compensatio | | | UB-8N726680-23-51-R | 1/1/2023 | 1/1/2024 | Each Occurrence | 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 2600 Regent Blvd Dallas TX 75261

**CERTIFICATE HOLDER**

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206
Reno, NV 89521

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
*Mike Ross*


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Lexon Insurance Company

July 31, 2023

Obligee: Nevada State Board of Pharmacy

Bond Name: KUEHNE + NAGEL INC.
Bond Number: 413722
Bond Amount: $100,000
Effective Date: 10/31/2006

Rider Executed and Effective July 31, 2023

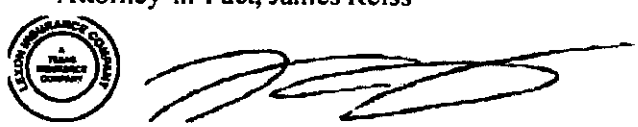
The above referenced bond is hereby amended to include the following branch office location:

**Kuehne + Nagel Inc.**
**2600 Regent Blvd**
**Dallas TX 75261**

Nothing herein contained shall be held to vary, alter or waive or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Bond or policy, other than as above stated.

Lexon Insurance Company

Attorney-in-Fact, James Reiss



By:

*This is to certify that*
*as of*
*July 5, 2023*

*The below mentioned PHARMACEUTICAL bond is effective with Lexon Insurance Company. Under the terms and conditions of this bond, it shall remain in effect until terminated.*

# *KUEHNE + NAGEL, INC.*

*Original Effective Date: 10/31/2006*

*Bond Number: 413722*

*Bond Amount: $100,000.00*

*Renewal Date: 10/31/2023*

LEXON INSURANCE COMPANY
A TEXAS INSURANCE COMPANY

INTERNATIONAL BOND & MARINE BROKERAGE, LTD.
IB&M
www.intlbondmarine.com

*James Reiss*

*AIF Lexon Insurance Company*

*This Certificate verifies the PERFORMACE current status with the SURETY.*

1176

TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Consumer Protection Division
PO Box 149347, Austin, TX 78714
(512) 834-6660

| | | | |
|---|---|---|---|
| Name | KUEHNE + NAGEL INC<br>KUEHNE + NAGEL INC | License Type | Multiple Products |
| Address | 2600 REGENT BLVD DALLAS TX 75261 | License Number | 1002056 |
| Inspection Type | Periodic/Routine | Inspection Number | 250527 |
| Inspector | VILLA, MIGUEL URIEL | Inspection Date | 06/29/2023 |

# NOTICE OF INSPECTIONAL OBSERVATIONS

This notice is to acknowledge that the Texas Department of State Health Services (DSHS) conducted an inspection of your business on the date listed above. The information that has been gathered is subject to further department review and you may receive additional correspondence as a result.

There is no deficiency/violation cited or noted within the scope of this inspection/visit.

Inspector:

VILLA, MIGUEL URIEL

Miguel Villa

Date: 06/29/2023

Firm Representative:

Sharon McCabe

Sharon McCabe

Date: 06/29/2023

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Kuehne + Nagel Inc. MDEG License # (if applicable) _____

Physical Address 2600 Regent Blvd

City Dallas/DFW Airport State TX Zip 75261

Mailing Address (if different from physical address) 10 Exchange Place 20th floor

City Jersey City State NJ Zip 07302

Telephone 7325006225 Website kn-portal.com

Licensing Company Email qshepharma.us@kuehne-nagel.com

### Section 2: Personal Information

First Kenneth Middle _____ Last Maxwell

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Princeton Ave

City Farmersville State TX Zip 75442

Telephone [redacted] Email Kenneth.Maxwell@Kuehne-Nagel.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Central Florida | | 01/90 - 05/95 | |
| Address | City | State | Zip |
| 4000 Central Florida Blvd | Orlando | FL | 32816 |
| Diploma/Degree obtained, if any | | | |
| B.S. - Biology / Chemistry | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Altamonte Christian Academy | | 01-88 - 05/89 | |
| Address | City | State | Zip |
| 601 Palm Springs Dr. | Altamonte Springs | FL | 32701 |
| Diploma/Degree obtained, if any | | | |
| N/A | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

N/A Learned 09-13-2023

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/2019 | [redacted] Princeton Ave | Farmersville | TX | 75442 |
| 01/2013 - 09/2019 | [redacted] Buffalo Run | Burleson | TX | 76028 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

N/A Learned 09-13-2023

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Kuehne-Nagel | | | 06-19 to Current |
| **Business Address** | **City** | **State** | **Zip** |
| 1800 Waters Ridge Dr. Suite 100 | Lewisville | TX | 75057 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 214-972-4165 | Quality Manager | 8,320 hrs | |

Description of Duties
Quality Engineering, Project Management, Dangerous Goods Supervisor, Safety Manager Environmental Manager

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |

Description of Duties

NA Employed 9-13-2023

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |

Description of Duties

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | | City | State / Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | | City | State / Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | | City | State / Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | | City | State / Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | | City | State / Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | X |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | X |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

N/A
K Maxwell
9-13-2023

**Provide explanation below:**

N/A
K Maxwell
9-13-2023

K Maxwell
Original Signature (electronic, copies or stamps not accepted)

9-13-2023
Date

I, Kenneth Maxwell, **certify that as the MDEG Administrator for**

Kuehne + Nagel Inc.,

**that I (initial that you have read and meet the following requirements):**

1. KM Have a high school diploma or its equivalent;
2. KM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. KM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. KM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Kenneth Maxwell
Print Name (First, Last)

K Maxwell
Original Signature (electronic, copies or stamps not accepted)

13 Sep 2023
Date

| Board Use Only | Date Received: |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Kuehne + Nagel Inc.

Pharmacy/Wholesaler License # (if applicable): n/a

Physical Address: 2600 Regent Blvd

City: DFW Airport State: TX Zip: 75261

Mailing Address (if different from physical address): 10 Exchange Place 20th Floor

City: Jersey City State: NJ Zip: 07302

Telephone: 9736399794 Website: kn-portal.com

Licensing Company Email: qshepharma.us@kuehne-nagel.com

### Section 2: Personal Information

First: Kenneth Middle: Scott Last: Maxwell

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 1806 Princeton Ave

City: Farmersville State: TX Zip: 75442

Telephone: [redacted] Email: kenneth.anderson@kuehne-nagel.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Altamonte Christian School | | | 01-88 - 05-89 | |
| Address | | City | State | Zip |
| 601 Palm Springs Dr | | Altamonte Springs | FL | 32701 |
| Diploma/Degree obtained, if any | | | | |
| N/A | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| University of Central Florida | | | 01-90 - 05/95 | |
| Address | | City | State | Zip |
| 4000 Central Florida Blvd | | Orlando | FL | 32816 |
| Diploma/Degree obtained, if any | | | | |
| B.S. - PreMed | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY | |
|---|---|---|---|---|
| | | | | |
| Address | | City | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| ~~09/2009/19 - 04/23~~ | [redacted] Princeton Ave | Farmersville | TX | 75442 |
| 12/13 - 09/19 | [redacted] Buffalo Run | Burleson | TX | 76028 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

① 09-19 to Current
KMaxwell 05/23

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Kuehne - Nagel | | | 08/19 to Current |
| **Business Address** | **City** | **State** | **Zip** |
| 1800 Waters Ridge Dr, Suite 100 | Lewisville | TX | 75057 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 972-459-7655 | DX LQM / Quality Engineer | | 6440 |

Description of Duties

Quality Engineer / Safety / Security / Facility / Environment

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Premiere Validation @ Alcon | | | 05/17 - 07/19 |
| **Business Address** | **City** | **State** | **Zip** |
| 6201 South Fwy | Fort Worth | TX | 76134 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 817-293-0450 | Validation Engineer | | 6240 |

Description of Duties

Validation of equipment

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Fresenius Medical Care | | | 12/15 - 05/17 |
| **Business Address** | **City** | **State** | **Zip** |
| 529 Regent Blvd | Irving | TX | 75063 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 972-929-7291 | Validation Engineer | | 2720 |

Description of Duties

Validation of equipment

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| PSC Biotech @ Alcon | | | 12/13 - 12/15 |
| **Business Address** | **City** | **State** | **Zip** |
| 6201 South Fwy | Fort Worth | TX | 76134 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 817-293-0450 | | | 3,840 |

Description of Duties

Validation of equipment

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

Description of Duties

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| | | |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

K Maxwell
Original Signature (electronic, copies or stamps not accepted)

7/11/2025
Date

I, Kenneth Maxwell, **certify that as the designated representative for**

Kuehne + Nagel Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. KM I am at least 21 years of age;
3. KM I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KM I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KM I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KM I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KM I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kenneth Maxwell

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/11/2023

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Kenneth Maxwell

Print Name (First, Last)

K Maxwell

Original Signature (electronic, copies or stamps not accepted)

7/11/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of New Jersey, ss. County of Hudson

I, Kenneth Maxwell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

K Maxwell

**Original Signature**

7/11/2023

**Date**

MICHELLE REYES
Commission # 2431483
Notary Public, State of New Jersey
My Commission Expires
March 21, 2028

Subscribed and Sworn to before me this 13 day of July.

M. Rey

**Notary Public Signature**

MICHELLE REYES NOTARY PUBLIC COMMISSION NUMBER 2431483 NEW JERSEY

(Seal)

## Martino, Natalie / Kuehne + Nagel / Nyc ZQ-PA

**From:** Fox, Loren / Kuehne + Nagel / Ljv FL
**Sent:** Monday, July 31, 2023 11:07 AM
**To:** Martino, Natalie / Kuehne + Nagel / Nyc ZQ-PA
**Subject:** RE: List of employees-DFW

| | |
|---|---|
| Martinez, Angel | 23684 |
| Bell, Denver | 30441 |
| Martinez, Gabriela | 30911 |
| Castillo, Erina | 33424 |
| Robles, Ricardo | |
| Pacheco, Iderkee (Lorenz) | 26117 |
| Sumpter, Wayne | |
| Hill, Johnathan | 35353 |
| Alana, Lisbany | 35415 |
| Al-Sadawi, Daniel | 31134 |
| Mata, Ricardo | 33401 |
| Barboza, Siole | 35367 |
| Benitez, Petra | 26177 |
| Camacho, Ines | 33129 |
| Carvajal, Ana | 32090 |
| Castillo, Lisbeth | 29632 |
| Diaz, Anna Ninfa | 31577 |
| Echaide, Indira A | 35366 |
| Flores, Lourdes | 33412 |
| OPEN | |
| Guevara, Nidia | 31597 |
| OPEN | |
| Sanchez, Paola | 32096 |
| OPEN | |
| Jimenez, Diosita | 29626 |
| Lemos, William (Bill) | 32089 |
| OPEN | |
| Difrisco, Angellys | 29240 |
| Orbe, Ennie | 32381 |
| Vejegas, Randy | |
| Portorreal, Juan | 33435 |
| OPEN | |
| Robinson, Shane | 29150 |
| OPEN | |
| Sengmany, Sysomphou (Mary) | 26718 |
| Balfour, Jayden | |

| | |
|---|---|
| Vasquez, Aniorfi | 35369 |
| Veranes, Luis | 25767 |

COM1/COM3 Receiving 5 FTE

| Associate | Badge Number |
|---|---|
| Rangel, Manny | 33296 |
| Vargas, Stefhania | 34892 |
| Mata, Oliver | 20340 |
| Norris, Kevin | 29035 |
| Cuello, Faber | |

**Loren Fox**
General Manager

**Kuehne + Nagel Inc.**
1800 Waters Ridge Dr, Suite 100
Lewisville, TX 75057, USA

p. +1 972 459 7655 x 225
e. loren.fox@kuehne-nagel.com

Update on Ukraine and Russia

us.kuehne-nagel.com

**From:** Martino, Natalie / Kuehne + Nagel / Nyc ZQ-PA <Natalie.Martino@kuehne-nagel.com>
**Sent:** Monday, July 31, 2023 10:03 AM
**To:** Fox, Loren / Kuehne + Nagel / Ljv FL <Loren.Fox@Kuehne-Nagel.com>
**Subject:** List of employees-DFW

Hi Loren,
Can you please send me a list of employees over at DFW? This is needed for our Nevada application.

Thank you,

**Natalie Martino**
Healthcare Regulatory Compliance

**Kuehne + Nagel Inc.**
10 Exchange Place, 20th Floor
Jersey City, NJ 07302, USA

p. +1 201 413 5538 m. +1 973 639 9794
e. natalie.martino@kuehne-nagel.com

Update on Ukraine and Russia

us.kuehne-nagel.com

# 4CC

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| **Where is the facility located?** | ☐ Nevada ■ Out-of-State |
|---|---|

| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
|---|---|---|
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>■ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Kuehne + Nagel Inc.

Physical Address: 2532 Whilden Drive

City: Durham State: NC Zip: 27713

Mailing Address (if different from physical address): 10 Exchange Place

City: Jersey City State: NJ Zip: 07302

Telephone: 9736399794 Website: kn-portal.com

Name of Designated Representative (DR): Michael Tad Ruble

Licensing Company Email: qshepharma.us@kuehne-nagel.c DR Email: tad.ruble@kuehne-nagel.com

| **Entities the Wholesaler will Serve (✓ all applicable)** | **Products to be Handled or Wholesaled (✓ all applicable)** | **Type of Wholesaling (✓ all applicable)** |
|---|---|---|
| ■ Pharmacies | ☐ Dangerous Drugs | ☐ Manufacturer |
| ■ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ■ Hospitals | ■ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ■ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| **Section 2: History of Company** | **Yes** | **No** |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 4. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date 8/10/23

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Abbott Laboratories
Address: 4551 Great America Pkwy City: Santa Clara State: CA Zip: 95054

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: New York
Parent Company (if any): Kuehne + Nagel Investment Inc.
Corporation/Organization Name:
Mailing Address: 10 Exchange Place 20th Floor
City: Jersey City State: NJ Zip: 07302
Telephone: 201 413 5538 Email: qshepharma.us@kuehne-nagel.com
Contact Person Name: Natalie Martino

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | ✓ |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Kuehne + Nagel Inc.

Facility Name

Natalie Martino

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date 8/10/2023

| Board Use Only | Date Received: 9/20/23 | Amount: 1000-CK-9900017014 |
|---|---|---|

KUEHNE+NAGEL

Kuehne + Nagel will be acting as a third-party logistics provider on behalf of Abbott Laboratories located at 4551 Great America Pkwy, Santa Clara CA 95054. Kuehne + Nagel is a global freight forwarding and logistics company with over 50 years of experience in the distribution of pharmaceutical and healthcare products. Kuehne + Nagel contract logistics USA has licensed pharma and healthcare distribution centers across the US. The facility applicant will be distributing (as a 3PL) medical devices (prescription) with no drug component on behalf of Abbott Laboratories.

# Department of State
## Division of Corporations

## Entity Information

Return to Results | Return to Search

**Entity Details**

**ENTITY NAME:** KUEHNE + NAGEL INC.

**DOS ID:** 200052

**FOREIGN LEGAL NAME:**

**FICTITIOUS NAME:**

**ENTITY TYPE:** DOMESTIC BUSINESS CORPORATION

**DURATION DATE/LATEST DATE OF DISSOLUTION:**

**SECTIONOF LAW:** -

**ENTITY STATUS:** ACTIVE

**DATE OF INITIAL DOS FILING:** 06/30/1966

**REASON FOR STATUS:**

**EFFECTIVE DATE INITIAL FILING:** 05/01/2023

**INACTIVE DATE:**

**FOREIGN FORMATION DATE:**

**STATEMENT STATUS:** CURRENT

**COUNTY:** NEW YORK

**NEXT STATEMENT DUE DATE:** 06/30/2024

**JURISDICTION:**

**NFP CATEGORY:**

ENTITY DISPLAY | NAME HISTORY | FILING HISTORY | MERGER HISTORY | ASSUMED NAME HISTORY

Service of Process on the Secretary of State as Agent

**The Post Office address to which the Secretary of State shall mail a copy of any process against the corporation served upon the Secretary of State by personal delivery:**

**Name:** C/O CORPORATION SERVICE COMPANY

**Address:** 80 STATE STREET, ALBANY, NY, UNITED STATES, 12207

**Electronic Service of Process on the Secretary of State as agent: Not Permitted**

Chief Executive Officer's Name and Address

**Name:** RADOSLAV MIHOK

**Address:** 10 EXCHANGE PLACE, 19TH FLOOR, JERSEY CITY, NJ, UNITED STATES, 07302

Principal Executive Office Address

**Address:** 10 EXCHANGE PLACE, 19TH FLOOR, JERSEY CITY, NJ, UNITED STATES, 07302

Registered Agent Name and Address

**Name:** CORPORATION SERVICE COMPANY

**Address:** 80 STATE ST., ALBANY, NY, 12207

Entity Primary Location Name and Address

**Name:**

**Address:**

Farmcorpflag

**Is The Entity A Farm Corporation:** NO

Stock Information

| Share Value | Number Of Shares | Value Per Share |
|---|---|---|
| NO PAR VALUE | 200 | $0.00000 |

# *STATE OF NEW YORK*

# *DEPARTMENT OF STATE*

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on March 28, 2008.

Paul LaPointe
Special Deputy Secretary of State

Rev. 06/07

Attachment to License Application

Kuehne + Nagel Inc.
State of incorporation New York
Date of incorporation June 30, 1966
FEIN# 13-2571986

Corporate Officers

| | | |
|---|---|---|
| Marcus Bennett | President and CEO | 10 Exchange Place, Jersey City, NJ 07302 |
| Dan Osterberg | CFO | 10 Exchange Place, Jersey City, NJ 07302 |
| Nadine Jones | Secretary | 10 Exchange Place, Jersey City, NJ 07302 |

100% owned by

Kuehne + Nagel Investment Inc
10 Exchange Place, 19th Floor
Jersey City, NJ 07302
22-3176791

**KN Corporate Officers:**

**Marcus Bennett**
President/CEO
[redacted]New York Avenue Apt. 2
Jersey City, NJ 07307
[redacted]

Dob [redacted]
SS: [redacted]

**Dan Osterberg**
CFO
[redacted] Harding Street
Westfield, NJ 07090
[redacted]

Dob [redacted]
SS# [redacted]

**Nadine Jones**
Secretary
[redacted]3rd Street
Jersey City, NJ 07302
[redacted]

Dob [redacted]
SS# [redacted]

Kuehne + Nagel, Inc. is a third party warehouse. Kuehne + Nagel stores pharmaceutical products as an agent for its customers who are separately licensed. Kuehne + Nagel does not take title to any products and is not a "seller" of products. Kuehne + Nagel receives the products in the customer's name c/o

Kuehne + Nagel, handles and stores the products as directed by the customer and ships the goods to parties identified by the customer via modes of transportation specified by the customer. Kuehne + Nagel does not repackage products or change the customer's containers, wrapping, labeling, etc. Certain required records are located at Kuehne + Nagel's facility. Other records are maintained by the customer.

2023

NOT TRANSFERABLE
STATUTE GS 81.106.119

**North Carolina Department of Agriculture & Consumer Services**
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
83

LICENSE/CERTIFICATE: Third Party Logistic
TYPE
Expiration Date 12/31/2023

LICENSEE OR CERTIFICATOR
Kuehne + Nagel Inc.
2532 Whilden Drive
Durham NC 27713

N.C. DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES - FOUNDED 1877 -

[redacted]

Steven W. Troxler
STEVE TROXLER, COMMISSIONER

THIS LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW

Lexon Insurance Company

August 10, 2023

Bond Name: KUEHNE + NAGEL INC.
Bond Number: 413722
Bond Amount: $100,000
Effective Date: 10/31/2006

Rider Executed and Effective August 10, 2023

The above referenced bond is hereby amended to include the following branch office location:

**Kuehne + Nagel Inc.**
**2532 Whilden Drive**
**Durham, NC 27713**

Nothing herein contained shall be held to vary, alter or waive or extend any of the terms, conditions, provisions, agreements or limitations of the above mentioned Bond or policy, other than as above stated.

Lexon Insurance Company

Attorney-in-Fact, James Reiss

By:

KUEHNAG-01 1208 CMELLEY

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/21/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**
AssuredPartners New England, Inc.
One Financial Plaza
Hartford, CT 06103

CONTACT NAME: Linda Verselli
PHONE (A/C, No, Ext): (860) 426-6151 FAX (A/C, No): (860) 426-6151
E-MAIL ADDRESS: Linda.Verselli@AssuredPartners.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Zurich American Insurance Co. | 16535 |
| INSURER B : Travelers Property Casualty Co. of America | 25674 |
| INSURER C : American Guarantee & Liability Ins Co | 26247 |
| INSURER D : Travelers Indemnity Company | 25658 |
| INSURER E : | |
| INSURER F : | |

**INSURED**
Kuehne + Nagel, Inc.
c/o Nacora Insurance Brokers, Inc.
10 Exchange Place
Jersey City, NJ 07302

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE [X] OCCUR | | | GLO3373970-20 | 1/1/2023 | 1/1/2024 | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 1,000,000 |
| | X $5,000: BI/PD ded. | | | | | | MED EXP (Any one person) | $ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | X POLICY [ ] PRO-JECT [ ] LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | OTHER: | | | | | | | $ |
| B | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ 2,000,000 |
| | X ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS | | | TJCAP-7G489534-TIL22 | 1/1/2023 | 1/1/2024 | BODILY INJURY (Per accident) | $ |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| C | X UMBRELLA LIAB [ ] OCCUR | | | | | | EACH OCCURRENCE | $ 20,000,000 |
| | EXCESS LIAB [ ] CLAIMS-MADE | | | AUC379310313 | 1/1/2023 | 1/1/2024 | AGGREGATE | $ 20,000,000 |
| | DED X RETENTION $ 5,000 | | | | | | | $ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | X PER STATUTE [ ] OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N | N/A | | UB-0P058232-23-51-K | 1/1/2023 | 1/1/2024 | E.L. EACH ACCIDENT | $ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 1,000,000 |
| D | Worker's Compensatio | | | UB-8N726680-23-51-R | 1/1/2023 | 1/1/2024 | Each Occurrence | 1,000,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 2532 Whilden Drive, Durham NC 27713

**CERTIFICATE HOLDER**

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206
Reno, NV 89521

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Mike Ross


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# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG Kuehne + Nagel Inc. MDEG License # (if applicable) _____

Physical Address 2532 Whilden Drive

City Durham, State NC Zip 27713

Mailing Address (if different from physical address) 10 Exchange Place 20th floor

City Jersey City State NJ Zip 07302

Telephone 7325006225 Website kn-portal.com

Licensing Company Email qshepharma.us@kuehne-nagel.com

**Section 2: Personal Information**

First Michael Middle Tad Last Ruble

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Strathorn Drive

City CARY State NC Zip 27519

Telephone [redacted] Email tad.ruble@kuehne-nagel.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| NC Wesleyan College | | 9/84 - 5/86 | |
| **Address** | **City** | **State** | **Zip** |
| 3400 N. Wesleyan Blvd | Rock Mount | NC | 27804 |
| Diploma/Degree obtained, if any | | | |
| N/A | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| EE Jordan High School | | 8/81 - 7/84 | |
| **Address** | **City** | **State** | **Zip** |
| 6806 Garrett Rd | DURHAM | NC | 27707 |
| Diploma/Degree obtained, if any | | | |
| High School - General | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/06 - 09/23 | [redacted] Strathorn Drive | Cary | NC | 27519 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Kuehne + Nagel | | 02/99 - 09/23 | |
| **Business Address** | **City** | **State** | **Zip** |
| 2532 Whitlow Drive | Durham | NC | 27713 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 919 434 8577 | Distribution Center Manager | 49,920 | |
| **Description of Duties** | | | |
| Responsible for Site Management and all aspects of the operation Staffing, Safety, Profit/Loss, Quality, Customer Service | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | X | |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | X |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 08/1991 | 09/1991 | NC | Raleigh | Wake |
| **Case #** | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | | |
| Unknown | NC Highway Patrol - Wake County | | | |
| **Reason/Charge** | | | | |
| Misdemeanor DWI | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | **Lawsuit/Arbitration/Bankruptcy** | | | |
| NP | NP | | | |
| **Name of Business/Industry/Entity** | | | | |
| NP | | | | |

**Provide explanation below:**

See Attached

M L. R

Original Signature (electronic, copies or stamps not accepted)

9/14/23

Date

I, Michael T. Ruble, **certify that as the MDEG Administrator for** Kvehve + Nagel 2532 Winkler Drive Durham NC,

**that I (initial that you have read and meet the following requirements):**

1. X Have a high school diploma or its equivalent;
2. X Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. X Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. X Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Michael Ruble

Print Name (First, Last)

M T. Rl

Original Signature (electronic, copies or stamps not accepted)

9/14/23

Date

| **Board Use Only** | Date Received: _____ |
|---|---|

KUEHNE+NAGEL

August 13, 2023

Re: **Explanation of prior conviction- Nevada application**

I was convicted of a misdemeanor traffic driving while impaired charge in North Carolina (Wake County) around the date of August 1991. Due to the length of time since this occurred and lost paperwork, I do not recall the exact date and or the exact court cost paid. I do recall having standard fines and conditions for such a conviction and complied with all requirements in the required timelines.

Very truly yours,

Michael Tad Ruble

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

Y

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Kuehne + Nagel Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 2532 Whilden Drive

City Durham State NC Zip 27713

Mailing Address (if different from physical address) 10 Exchange Place 20th floor

City Jersey City State NJ Zip 07302

Telephone 973 659 9994 Website kn-portal.com

Licensing Company Email gshepharma.us@kuehnenagel.com.

### Section 2: Personal Information

First Michael Middle TPO Last Ruble

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Whilden Drive

City DURHAM State NC Zip 27713

Telephone [redacted] Email tad.ruble@kuehne-nagel.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? NA | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| NC Wesleyan College | | 9/84 - 2/86 | |
| **Address** | **City** | **State** | **Zip** |
| 3400 Wesleyan Blvd | Rocky Mount | NC | 27804 |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| CE Jordan High | | 9/81 - 6/84 | |
| **Address** | **City** | **State** | **Zip** |
| 6806 Garrett Rd | DURHAM | NC | 27707 |
| Diploma/Degree obtained, if any | | | |
| High School | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 6/2002 - 1/2003 | [redacted] Strathorn Drive | Cary | NC | 27519 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| | | | |
|---|---|---|---|
| Business Name: Kuehne + Nagel INC | | | From - To (MM/YY – MM/YY): 2/1999 - 1/2023 |
| Business Address: 2532 Windy Drive | City: DURHAM | State: NC | Zip: 27713 |
| Phone: 919 434 8577 | Title: Distribution Center Manager | | Number of Employed Hours: 49,920 |
| Description of Duties: Site Manager responsible for all operations | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | X | |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | X |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 1. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 9/1991 | 12/1991 | NC | NA | WAKE |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| UNK | North Carolina Highway Patrol |

| Reason/Charge |
|---|
| Misd Driving While Impaired |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Michael T. Ruble | NO |

| Name of Business/Industry/Entity |
|---|
| NA |

**Provide explanation below:**

See Attached Explanation Letter

Original Signature (electronic, copies or stamps not accepted)

Date 8/10/23

I, Michael Tad Ruble, **certify that as the designated representative for**

Kuehne + Nagel INC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. ✓ I am at least 21 years of age;
3. ✓ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ✓ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ✓ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ✓ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ✓ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Michael Ruble

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/10/23

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Michael Ruble

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) Date

---

**Please have this section completed in the presence of a Notary Public.**

State of NEW JERSEY, ss. County of BERGEN

I, MICHAEL RUBLE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature** **Date** 8/10/2023

Subscribed and Sworn to before me this 10 day of August, 2023

**Notary Public Signature**

MICHELLE REYES
Commission # 2431483
Notary Public, State of New Jersey
My Commission Expires
March 21, 2028

(Seal) MICHELLE REYES COMMISSION NUMBER NOTARY PUBLIC 2431483 NEW JERSEY

KUEHNE+NAGEL

Jan 9, 2023

Re: **Explanation of prior conviction- Nevada application**

I was convicted of a misdemeanor traffic driving while impaired charge in North Carolina (Wake County) around the date of August 1991. Due to the length of time since this occurred and lost paperwork, I do not recall the exact date and or the exact court cost paid. I do recall having standard fines and conditions for such a conviction and complied with all requirements in the required timelines.

Very truly yours,

Michael Tad Ruble

## Martino, Natalie / Kuehne + Nagel / Nyc ZQ-PA

**From:** Stevens, Christine / Kuehne + Nagel / Dur FW-W
**Sent:** Monday, January 30, 2023 3:54 PM
**To:** Ruble, Tad / Kuehne + Nagel / Dur FW; Martino, Natalie / Kuehne + Nagel / Nyc ZQ-PA
**Subject:** RE: Durham NC Employees

Allen, Christopher KN
Cruz, Mabel
Daniel, Valerie N
Garrett, Wayne
Vega, David
Lubin, Hermamn
Webb, Earl
Witt, Michael D
Ruble, Michael T.
Tyner, Christine M.
Miller, William
King, Derrell C.
Poole, Steven T

**Christine Stevens Tyner**
Office/Local Quality Manager

**Kuehne + Nagel Inc.**
2532 Whilden Drive
Durham, NC 27713, USA

p. +1 919 957 3904
e. christine.stevens@kuehne-nagel.com

Update on Ukraine and Russia

us.kuehne-nagel.com

**From:** Ruble, Tad / Kuehne + Nagel / Dur FW <Tad.Ruble@Kuehne-Nagel.com>
**Sent:** Monday, January 30, 2023 3:50 PM
**To:** Martino, Natalie / Kuehne + Nagel / Nyc ZQ-PA <Natalie.Martino@kuehne-nagel.com>; Stevens, Christine / Kuehne + Nagel / Dur FW-W <Christine.Stevens@Kuehne-Nagel.com>
**Subject:** RE: NV Fingerprint waiver-signature needed

Chris please send to Natalie

**Tad Ruble**
Distribution Center Manager

**Kuehne + Nagel Inc.**
2532 Whilden Drive
Durham, NC 27713, USA

# 4DD

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ☒ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☒ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH N/A | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☒ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Medline Industries, LP

Physical Address: 2100 Industrial Park Road

City: Hammond State: LA Zip: 70401

Mailing Address (if different from physical address): Three Lakes Drive - 3D

City: Northfield State: IL Zip: 60093

Telephone: 847-949-5500 Website: www.medline.com

Name of Designated Representative (DR): Gregory Parke Jr

Licensing Company Email: ralicensing@medline.com DR Email: gparke@medline.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☒ Pharmacies | ☒ Dangerous Drugs | ☐ Manufacturer |
| ☒ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☒ Hospitals | ☒ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☒ Wholesalers | ☒ Others: Cosmetics, Veterinary Legend Pharmaceuticals | ☒ Warehouse |
| ☒ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☒ Others: Assisted Living, Surgical Centers Nursing Homes | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | X | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Mary K Leonard
Original Signature (electronic, copies or stamps not accepted)

10/26/22
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Pfizer Inc.
Address: 235 E 42nd Street City: New York State: NY Zip: 10017
Name: ICU Medical
Address: 951 Calle Amanecer City: San Clemente State: CA Zip: 92673
Name: Baxter Healthcare
Address: 1 Baxter Parkway City: Deerfield State: IL Zip: 60015
Name: B Braun Medical Inc.
Address: 824 12th Ave City: Bethelem State: PA Zip: 18018

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 6: Partnership**

Partnership Name: Medline Industries, LP
Mailing Address: Three Lakes Drive
City: Northfield State: IL Zip: 60093
Telephone: 847-949-5500 Email: ralicensing@medline.com
Contact Person Name: Tanya Hughes

**Section 7: Sole Owner**

Owner's Name:
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | X |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Medline Industries, LP

Facility Name

Mary K. Leonard

Print Name of Authorized Person Submitting Application

Mary K Leonard

Original signature of Authorized Person (copies or stamps not accepted)

10/26/22

Date

| Board Use Only | Date Received: _____ | Amount: $1,000 |
|---|---|---|

Payment received 3/8/23

Medline Industries, LP- Discipline *Confidential*

| Date | Facility | Description of State Action | Corrective Actions |
|---|---|---|---|
| 8/3/2005 | 1401 N. Universal Ave<br>Kansas City, MO 64120 | **FILE CLOSED 2010**<br>Medline Industries' Kansas City, MO facility (#2003031660) was disciplined for failure to renew on time and for deficient temperature control procedures. Medline was placed on probation for 5 years. The state conducted multiple inspections of the facility throughout the probationary period and found Medline to comply with all requirements. The probationary period closed in August 2010. | Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialists that monitor and ensure our licenses are renewed on time. A temperature control room was constructed at the facility to ensure product is stored at the appropriate temperature and humidity. These control rooms are now a standard feature at our distribution centers. We worked closely with NABP to ensure that our temperature control facilities and procedures align with industry best practices throughout our distribution network. |
| 12/7/2006 | 9101 Riverside Pkwy<br>Lithia Springs, GA 30122 | **FILE CLOSED 2008**<br>The Florida Certified Designated Representative at the Georgia facility unexpectedly resigned. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Florida CDR was hired at the facility. | To prevent this for occurring in the future, all Florida licensed Medline facilities are required to have multiple Florida Certified Designated Representatives on staff. |
| 11/16/2007 | 10601 Southport Dr.<br>Orlando, FL 32824<br>401 Commerce Blvd.<br>Oldsmar, FL 34677<br>4750 118th Ave N<br>Clearwater, FL 33762 | **FILE CLOSED 2008**<br>Medline Industries was cited for several violations. Failure to pass and maintain a Florida compliant pedigree. Maintaining the wrong permit type for the activities performed in the facilities (in addition to a manufacturing permit, Florida required the facility a repackager permit). Distribution of saline to an unauthorized recipient. Additionally an Rx drug item was found at an unlicensed raw materials storage facility. Medline challenged several violations, resulting in most being substantially reduced or removed. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH.<br><br>After duly notifying state authorities, as required by law, Medline received a fined from New York for out-of-state professional misconduct. (Cal. No. 27278) | To address the pedigree issues, Medline instituted a Florida specific pedigree system. This program ensured that any pedigree shipments within our distribution network with potential to end up in Florida has the required Florida documentation. (Note - these requirements have since been preempted by federal law). To address the issue of the wrong permit type, Medline secured the repackaging permit. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx Drug purchases- this procedure generates an automatic block for any Rx Drug order by an unlicensed customer. The Rx Drug item unintentionally stored in the raw materials facility was properly disposed of. Waste disposal procedures were updated to ensure that this mistake would not recur. |
| 11/26/2007 | 2708 NE Waldo Rd.<br>Gainesville, FL 32609 | **FILE CLOSED 2008**<br>Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008. In 2010, Medline made an unrelated business decision to close this facility. (Case # 2007-37412) | After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, Medline implemented an internal auditing program to ensure that all distribution centers comply with internal policies and procedures and state and federal regulations. |
| 3/5/2008 | 149 New Camellia Blvd.<br>Covington, LA 70433 | **FILE CLOSED 2008**<br>Medline Industries (LA #4318) was cited for failure to properly maintain copies of current customer licenses on-site. Medline was assessed and paid a fine. (Louisiana Administrative Docket #2008006).<br><br>After duly notifying state authorities, as required by law, Medline received a fine from New York for out-of-state professional misconduct. (Cal. No. 27278) | In addition to storing copies of customers' licenses at headquarters, these licenses are now stored digitally so they can be accessed by our distribution centers. |
| 5/9/2008 | 5450 W. Stewart Ave.<br>Wausau, WI 54401 | **FILE CLOSED 2009**<br>Medline Industries (WI # 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing following a facility inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to install a dividing fence between the Medline warehouse and the hospital portion of the facility. All of the hospital products were owned by the hospital. Medline was also cited for failure to access policies and procedures during the inspection. Corrections were made and the facility re-inspected, to the satisfaction of the state (Case #08 | Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the faculty. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves. |

## Medline Industries, LP- Discipline *Confidential*

| | | | |
|---|---|---|---|
| | | PHM 037). In 2010, Medline made an unrelated business decision to close this facility.<br><br>After duly notifying state authorities, as required by law, Medline received a fine from the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) for out-of-state professional misconduct. | |
| 8/21/2008 | 94-1420 Moaniani St. Waipahu, HI 96797 | **FILE CLOSED 2013**<br><br>Medline Industries, Inc. (PWD 115) was fined $5000 and placed on probation for 5 years for failure to report disciplinary actions within 30 days. Medline submitted all required notices, but missed the 30-day deadline. The probationary period ended in August 2013. (Case # PHA 2008-17-L) | Medline implemented a new process to notify the necessary licensing boards of future disciplinary actions within the required reporting timelines. |
| 3/19/2010 | 1401 N. Universal Ave.<br>Kansas City, MO 64120 | **FILE CLOSED 2010**<br><br>Medline Industries, Inc. applied for a Colorado Out-of-State Wholesaler license for the Kansas City, MO distribution center. The CO Board of Pharmacy issued a conditional license until the facility's MO probation period ended. (See 8/3/2005 discipline). Medline informed the CO Board when the MO probationary period was completed. Upon completion of probation, the Board issued a full license. | See 8/3/2005 discipline for corrective actions related to the underlying sanction. |
| 1/6/2021 | 1501 Harris Rd Libertyville, IL 60048 | **FILE CLOSED 2021**<br><br>Medline Industries, Inc. (OH License #01-1985050) received a fine of $250 from the Ohio Board of Pharmacy for the sale of dangerous drugs to an unlicensed entity. Medline maintained a current and valid DEA license on file for the physician rather than the TDDD license for the facility. The facility's TDDD license at the time of the sale had expired. The fine was paid on January 21, 2021 and the case was closed. (Case No. A-2020-0054 I-2019-0972-B.)<br><br>After duly notifying state authorities, as required by law, Medline received a $500 fine from the Alabama State Board of Pharmacy for the same underlying conduct as the Ohio matter. The fine was paid and the matter closed. (Case No:21-L-0048) | Medline takes this matter very seriously. Medline reviewed the customer licensing policies and procedures and updated internal requirements for the type of license required for customers in Ohio. Efforts were taken by Customer Licensing to research, ensure the proper type, and check license status for a large number of existing Ohio licenses. The Ohio TDDD licenses are reviewed on an annual basis to ensure compliance. |
| 11/1/2022 | 1040 Enterprise Parkway South West Jefferson, OH 43162 | **FILE CLOSURE PENDING**<br><br>Medline Industries, LP (OH License #01-30000190) entered a settlement agreement and agreed to pay a fine of $1,125.00 to the Ohio Board of Pharmacy for alleged sales of dangerous drugs to an unlicensed entity. Medline maintained a physician license on file versus a Terminal Distributor (TDDD) license. The TDDD license was added in May 2022- prior to this investigation. During the period of July 2021 to March 2022, the customer's TDDD license lapsed and Medline was unaware. Medline is in the process of notifying states of this fine. | Medline is committed to following all applicable state and federal statutes and regulations, including customer license requirements. Medline updated customer licensing requirements after the 01/06/2021 fine. This incident occurred while Medline was in the process of updating a large number of Ohio accounts. Medline is implementing additional steps to ensure compliance, including, increasing staffing, training, and resources for the customer licensing team. |

**Medline Industries, LP**
**FEIN 36-2596612**

**Limited Partnership Partners:**

| PARTNERS | Business Address | General or Limited | % of Ownership | FEIN |
|---|---|---|---|---|
| Mozart GP, LLC | Three Lakes Drive Northfield IL 60093 | General | 0% | 87-2508203 |
| Medline Borrower, LP | Three Lakes Drive Northfield IL 60093 | Limited | 100% | 87-2530238 |

**PARENT COMPANY INFORMATION:**
Medline Intermediate, LP
FEIN 87-2521736
State of Formation: IL
Managing Members:

**BUSINESS ADDRESS AND PHONE NUMBER FOR ALL LISTED HERE:**

**THREE LAKES DRIVE**
**NORTHFIELD IL 60093**
**PHONE #: 847-949-5500**

| Title | Name | Address | DOB |
|---|---|---|---|
| CEO | Charles N. Mills | [redacted] Shoreline Court, Glencoe, IL 60022 | [redacted] |
| COO | James D. Abrams | [redacted] Sheridan Road Highland Park, IL 60035 | [redacted] |
| CFO | Michael B. Drazin | [redacted] W. Kingsley Dr., Arlington Heights, IL 60004 | [redacted] |
| President - QA/RA | Lara N. Simmons | [redacted] Cobblestone Rd Elkhorn WI 53121 | [redacted] |

*File Number* S030704

# STATE OF ILLINOIS

## OFFICE OF THE SECRETARY OF STATE

## *To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

MEDLINE INDUSTRIES, LP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON SEPTEMBER 07, 2021, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE UNIFORM LIMITED PARTNERSHIP ACT (2001) OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LP/LLLP IN THE STATE OF ILLINOIS, HAVING FULFILLED ALL REQUIREMENTS OF SAID ACT WITH REGARD TO PAYMENT OF FEES, THE FILING OF ANNUAL REPORTS (IF APPLICABLE) AND NEITHER HAVING BEEN ADMINISTRATIVELY DISSOLVED BY THE SECRETARY OF STATE NOR HAVING VOLUNTARILY FILED A STATEMENT OF TERMINATION.

***In Testimony Whereof,*** *I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this* 12TH *day of* SEPTEMBER *A.D.* 2022 .

Jesse White

SECRETARY OF STATE

Authentication #: 2225502154

Authenticate at: https://www.ilsos.gov

# LOUISIANA BOARD OF DRUG AND DEVICE DISTRIBUTORS

## DISTRIBUTOR OF LEGEND DRUGS OR LEGEND DEVICES

**SUB-TYPES: Standard Distributor, Wholesale Distributor, Third-Party Logistic Provider Distributor**

## MEDLINE INDUSTRIES, LP

License No. **10624** effective **01/01/2023** *(Original issue date: 06/02/2022)*, Expiring **12/31/2023**
distributing from **2100 Industrial Park Road, Hammond, LA, 70401**
BUSINESS ADDRESS: 2100 INDUSTRIAL PARK ROAD, HAMMOND, LA, 70401
is duly licensed in the State of Louisiana with this Board under the provisions of Act 852 of 1988 (as amended).
This license is subject to regulation in the state of Louisiana
in accordance with La. R.S. 37:3461 through 3482 and LAC 46:XXXIV.101 through 1503.

*Additional Third-Party Logistics Providers:*
*NA*

Board Secretary

ORIGINAL LICENSE — DISTRIBUTOR
This License is NOT TRANSFERABLE and must be Conspicuously Displayed. This license must be renewed annually.


| | | |
|---|---|---|
| Louisiana Board of Drug and Device Distributors<br>12091 Bricksome Avenue, Suite B<br>Baton Rouge, LA 70816 | Phone: (225) 295-8567<br>Fax: (225) 295-8568 | www.drugboard.la.gov<br>Email: admin@drugboard.la.gov |


SUB-TYPES:

**Standard Distributor:** Any entity that sales or facilitates the delivery of legend drugs or legend devices to persons other than the consumer or patient; including, but not limited to, manufacturers, repackagers, own-label distributors, jobbers, retail pharmacy warehouses, pharmacies, brokers, agents, freight forwarders, ship chandlers, reverse distributors, compounders/503b, and nuclear pharmacies.

**Wholesale Distributor:** Any entity that sales or facilitates the delivery of drug product (as defined by FDA) to persons other than the consumer or patient; not to include (not limited to) manufacturers, repackagers, third-party logistic providers, distributors of devices, medical gases, intravenous drugs for replenishment or irrigation, blood or blood components; radioactive drugs or biologicals, imaging drugs, homeopathic drugs, and compounded drugs.

**Third-party Logistics Provider:** Any entity that provides or coordinates warehousing, facilitates the delivery of, or other logistic services for a legend drug or legend device interstate and intrastate commerce on behalf of a manufacturer, distributor, or dispenser of a legend drug or legend device but does not take ownership of the legend drug or legend device nor have responsibility to direct the sale or disposition of the legend drug or legend device.

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/24/2022

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

| | |
|---|---|
| **PRODUCER**<br>MARSH USA INC.<br>540 W. MADISON<br>CHICAGO, IL 60661<br><br>CN101705524-Stnd-GAWUP-22-23 USA | **CONTACT NAME:** Medline Industries, LP<br>**PHONE (A/C, No, Ext):** **FAX (A/C, No):**<br>**E-MAIL ADDRESS:** riskmanagement@medline.com |
| **INSURED**<br>Medline Industries, LP<br>3 Lakes Dr<br>Northfield, IL 60093 | **INSURER(S) AFFORDING COVERAGE** — **NAIC #**<br>**INSURER A :** Safety National Casualty Corporation — 15105<br>**INSURER B :** National Fire & Marine Insurance Co — 20079<br>**INSURER C :**<br>**INSURER D :**<br>**INSURER E :**<br>**INSURER F :** |

**COVERAGES** **CERTIFICATE NUMBER:** CHI-010059544-36 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|---|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY [ ] PRO-JECT [ ] LOC<br>OTHER: | | | GL 4065036 | 07/01/2022 | 07/01/2023 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $<br>$<br>$<br>$<br>$<br>$ | 1,000,000<br>1,000,000<br>10,000<br>1,000,000<br>2,000,000<br>SEE BELOW |
| A | AUTOMOBILE LIABILITY<br>X ANY AUTO<br>OWNED AUTOS ONLY<br>HIRED AUTOS ONLY<br>SCHEDULED AUTOS<br>NON-OWNED AUTOS ONLY | | | CA 6675933 | 07/01/2022 | 07/01/2023 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $<br>$<br>$<br>$ | 2,000,000 |
| B | X UMBRELLA LIAB X OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED X RETENTION $ 10,000 | | | 42-UMO-100007-10 | 07/01/2022 | 07/01/2023 | EACH OCCURRENCE<br>AGGREGATE | $<br>$ | 10,000,000<br>10,000,000 |
| A<br>A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] N/A<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | LDS 4065032 (AOS)<br>PS 4065034 (WI) | 07/01/2022<br>07/01/2022 | 07/01/2023<br>07/01/2023 | X PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $<br>$<br>$ | 1,000,000<br>1,000,000<br>1,000,000 |
| B | Products/Completed Operations Liability | | | 42-PCO-301515-07 | 07/01/2022 | 07/01/2023 | Each Occurrence<br>Aggregate | | 1,000,000<br>2,000,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Re: C42 - 3446 Highway 51 N Southaven, MS 38672. C40- 81 Campanelli Dr, Uxbridge, MA 01569. B56 – 190 Medline Drive, Ste 200, Richmond Hill, GA 31324. C40 – 81 Campanelli Drive, Uxbridge, MA 01569. C42 – 3446 Highway 51 N. Southaven, MS 38672. C59 – 2100 Industrial Park Road, Hammond, LA 70401. D46 – 18601 Christopher Way, Ste 100. Lathrop, CA 95330. MXC – 16415 Cosmos St. Moreno Valley, CA 92551.

SIR applies per policy terms & conditions. The products/completed operations policy evidenced above is subject to self-insured retentions for various perils covered.
Evidence of Insurance.

**CERTIFICATE HOLDER**

Medline Industries, LP
3 Lakes Dr.
Northfield, IL 60093

**CANCELLATION**

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

**AUTHORIZED REPRESENTATIVE**

Marsh USA Inc.

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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| MARSH USA INC. | Medline Industries, LP<br>3 Lakes Dr<br>Northfield, IL 60093 |
| POLICY NUMBER | |
| CARRIER / NAIC CODE | EFFECTIVE DATE: |

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Branch Locations:
A59 - 19230 S Hi Park LN, Hammond, IN 70403
A36 - 5786 Collett Road, Farmington, NY 14425
B01 - 1 Medline Place, Mundelein, IL 60060,
B02 - 1501 Harris Road, Libertyville, IL 60048,
B04 - NPS - 1160 North point Blvd., Waukegan, IL 60085,
B04 - RC - 1710 Lakeside Drive, Waukegan, IL 60085,
B04 - SPT - 1170 North point Blvd., Waukegan, IL 60085,
B05 - 10601 Southport Drive, Orlando, FL 32824,
B06 - 1 Medline Drive, Wilmer, TX 75172
B22 - 9670 NW 112th Ave., Miami, FL 33178,
B24 - 8001 SW 47th Street, Oklahoma City, OK 73179,
B25 - 1401 N. Universal Ave., Kansas City, MO 64120,
B26 - 650 S Perry Road, Ste 190, Plainfield, IN 46168,
B27 - 8005 SW Hunziker St., Tigard, OR 97223,
B28 - 735 County Road 4 East, Prattville, AL, 36067,
B29 - 13115 Brockton Lane N, Rogers, MN 55374-9571,
B30 - 1900 Meadowville Technology Pkwy.,, Chester, VA 23836,
B31 - 500 Sharkey Drive, Maumelle, AR 72113,
B33 - 917 E Powell Drive, Lincolnton, NC 28092,
B34 - 6645 Change point Drive, Anchorage, AK 99518,
B36 - 1989 Transit Way, Brockport, NY 14420,
B37 - 1659 Sauget Business Blvd., East St. Louis, IL 62206,
B40 - 560 West Street, Mansfield, MA 02048,
B43 - 3800 Commerce Street, SW, Canton, OH 44706,
B44 - 1030 Runway Drive, Stockton, CA 95206,
B45 - 1119 W Middlesex Ave., Port Reading, NJ 07064,
B47A - 2203 Lakeside Boulevard, Edgewood, Maryland 21040,
B48 - 10401 Harrison, Suite 101, Romulus, MI 48174,
B49 - 42500 Winchester Rd, Temecula, CA 92590,
B51 - 60 Athlete's Way Suite 100, MT Juliet TN 37122
B52 - 974 Main Street, Alamo TN 38001
B54 - 3301 Route 6, Middletown, NY 10941,
B57- 8475 Automation Drive, Bldg D, Concord NC 28027
B58- 198 Commercial Blvd, Blakeslee PA 18610
B59 - 149 New Camellia Blvd., Covington, LA 70433,
B64- 308 Church Street, Honea Path SC 29654
B71 - 1781,1831 South 4800 West, Salt Lake City, UT 84104
B80- 2341 Lauwiliwili St, Kapolei HI 96707
B82- 9103 Riverside Parkway, Douglasville , GA
C02 - 2200 Cornerstone Parkway, Grayslake, IL 60030
C03 - 1500 Medline Place, McDonough, GA 30253
C05 - 1062 Old Dixie Highway, Auburndale, FL 33823
C09 - 1960 W Miro Way, Rialto, CA 92376
C11 - 21111 E 36th Drive, Aurora, CO 80011
C37 - 5000 Premier Parkway, Saint Peters, MO 63376
C41- 1040 Enterprise Parkway South, West Jefferson, OH 43162
C46 - 5701 Promontory Parkway, Suite 100, Tracy, CA 95377
C47-239 Belvidere Rd , Perryville MD 21903


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AGENCY CUSTOMER ID: CN101705524
LOC #: Chicago

ACORD

# ADDITIONAL REMARKS SCHEDULE



| AGENCY | NAMED INSURED |
|---|---|
| MARSH USA INC. | Medline Industries, LP<br>3 Lakes Dr<br>Northfield, IL 60093 |
| POLICY NUMBER | |
| CARRIER / NAIC CODE | EFFECTIVE DATE: |

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

C50 - 8787 W Buckeye Rd, Tolleson, AZ 85353
C53 - 100 Highland Dr, Westampton NJ 08060
C75 - 3770 Hogum Bay Rd NE, Lacey, WA 98516
C89-251 Hilton Dr , Jeffersonville IN, 47130
E15 - 30 Germantown Road, Danbury, CT 06810
C54- 494 St. Route 416, Montgomery, NY 12549.
C57 - 5511 W. Ten Road, Mebane, NC 27302.


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# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 -- Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Medline Industries, LP

Pharmacy/Wholesaler License # (if applicable) N/A

Physical Address 2100 Industrial Park Road

City Hammond State LA Zip 70401

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

**Section 2: Personal Information**

First Gregory Middle George Last Parke Jr.

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Hwy 1091

City Pearl River State LA Zip 70452

Telephone [redacted] Email gparke@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of New Orleans | | 12-2004 | |
| **Address** | **City** | **State** | **Zip** |
| 2000 Lakeshore Dr | New Orleans | LA | 70148 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor of Arts | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Holy Cross High School | | | |
| **Address** | **City** | **State** | **Zip** |
| 5500 Paris Ave | New Orleans | LA | 70122 |
| **Diploma/Degree obtained, if any** | | | |
| Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2/2012- Current | [redacted] Hwy 1091 | Pearl River | LA | 70452 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Medline Industries, LP | "Formerly Medline Industries, Inc." | 9/2019 - Current |

| Business Address | City | State | Zip |
|---|---|---|---|
| 2100 Industrial Park Road | Hammond | LA | 70401 |

| Phone | Title | Number of Employed Hours |
|---|---|---|
| 985-345-1329 | Warehouse Manager | 40 + hours weekly |

Description of Duties

Responsible for coordinating and managing all warehouse activities on a daily business including receiving, shipping, and delivery of products. of Rx devices and drugs.

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| Owens and Minor | | 12/2014 - 9/2019 |

| Business Address | City | State | Zip |
|---|---|---|---|
| 310 James Dr E | St Rose | LA | 70087 |

| Phone | Title | Number of Employed Hours |
|---|---|---|
| 504-472-6400 | Supervisor - Warhouse Manager - Distribution Center Manager | 40 + hours weekly |

Description of Duties

Responsible for coordinating and managing all warehouse activities on a daily business including receiving, shipping, and delivery of products.

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| See Attached Resume | | |

| Business Address | City | State | Zip |
|---|---|---|---|
| | | | |

| Phone | Title | Number of Employed Hours |
|---|---|---|
| | | |

Description of Duties

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| | | |

| Business Address | City | State | Zip |
|---|---|---|---|
| | | | |

| Phone | Title | Number of Employed Hours |
|---|---|---|
| | | |

Description of Duties

| Business Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| | | |

| Business Address | City | State | Zip |
|---|---|---|---|
| | | | |

| Phone | Title | Number of Employed Hours |
|---|---|---|
| | | |

Description of Duties

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| See Attached Resume | | | |
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | X |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | X | |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | X | |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | X | |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 4,5,6 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Please See Attached Disciplinary Report

Original Signature (electronic, copies or stamps not accepted)

Date 1/3/23

I, Gregory Parke Jr, **certify that as the designated representative for**

Medline Industries, LP,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Gregory Parke Jr

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/3/23

Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 4,5,6 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Please See Attached Disciplinary Report

Original Signature (electronic, copies or stamps not accepted)

Date 1/3/23

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Gregory Parke Jr

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/3/23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Illinois, ss. County of Lake

I, Gregory Parke Jr, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

1/3/23

**Date**

Subscribed and Sworn to before me this 3 day of January 2023

**Notary Public Signature**

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

**(Seal)**

# Gregory G. Parke, Jr.

[redacted] Hwy 1091, Pearl River, Louisiana 70452
[redacted] · [redacted]

- 15 years of managerial experience in the logistics, shipping and transportation industry.
- Experienced in decision-making, one-on-one and group communication, and customer relations.
- Able to work efficiently in a fast-paced, high-pressure environment.
- Experienced in managing and motivating employee groups of over 50 individuals.
- Highly effective at developing and implementing new organizational strategies.
- Experienced in anticipating and planning for day-to-day operational needs.
- Experienced in identifying operational shortcomings and driving continuous workflow improvements to increase productivity and safety.
- Operational knowledge of DOT, HAZMAT, TSA security, customs regulations, OSHA, shipping and receiving, distribution, documentation, and compliance.

## Recent Experience

**Medline Industries (9/03/2019-present)**
Warehouse Manager

- Responsible for management of the Medline A59/B59/C59 Distribution Center.
- Responsible for coordinating and managing all warehouse activities on a daily basis including receiving, warehousing, shipping and delivery of product in a manner consistent with company service and cost objectives.
- Manages 2 supervisors, and 30 warehouse teammates.

**Owens and Minor, New Orleans, LA (Dec 2014-2019)**
Inbound Supervisor (12/29/2014-11/16/2015)
Warehouse Manager (11/16/2015-09/18/2017)
Distribution Center Manager (09/18/2017-9/03/2019)

- Managed the New Orleans distribution center transportation fleet including delivery expense, routing, DOT compliance, and hiring.
- Responsible for coordinating and managing all warehouse activities on a daily basis including receiving, warehousing, shipping and delivery of product in a manner consistent with company service and cost objectives.
- Managed over 65 direct and indirect reports including 14 transportation personnel, 8 supervisors, and 40+ warehouse teammates.
- Screened and hired all warehouse personnel.

**DHL Express, New Orleans, LA (2002-2014)**
Driver (2002-2005)
Field Service Supervisor (2005-2014)

- Supervised DHL airport operations including processing of inbound freight and loading of outbound freight.
- Directly responsible for driver production, workplace safety and the overall productivity of the New Orleans station.
- Developed relationships with local customers and handled customer service requests and complaints.
- Responsible for tracking and maintaining metrics on the performance of the overall operation and the individual drivers.
- Responsible for organizing driver routes to ensure maximum productivity.
- Adapted the personnel work schedule such that overtime was reduced and employee satisfaction was improved.
- Responsible for driver training.

## Accomplishments and Certifications

**Owens and Minor**

- Reduced DPM (Defects per million) from 4000 to 1800 in a year.
- Reduced distribution center transportation costs by $17,000 per month by moving away from LTL providers and setting up a cross dock to extend O&M delivery coverage.
- Assisted with institution of 5S.

## Education

**University of New Orleans, New Orleans, LA**
Bachelor of Arts, December 2004

**References available upon request.**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG Medline Industries, LP MDEG License # (if applicable) N/A

Physical Address 2100 Industrial Park Road

City Hammond State LA Zip 70401

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

**Section 2: Personal Information**

First Gregory Middle George Last Parke Jr.

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] Hwy 1091

City Pearl River State LA Zip 70452

Telephone [redacted] Email gparke@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of New Orleans | | 12-2004 | |
| **Address** | **City** | **State** | **Zip** |
| 2000 Lakeshore Dr | New Orleans | LA | 70148 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor of Arts | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Holy Cross High School | | 1990-1994 | |
| **Address** | **City** | **State** | **Zip** |
| 5500 Paris Ave | New Orleans | LA | 70122 |
| **Diploma/Degree obtained, if any** | | | |
| Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2/2012 - Current | [redacted] HWY 1091 | Pearl River | LA | 70452 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Medline Industries, LP | | | 9/2019 - Current |
| **Business Address** | **City** | **State** | **Zip** |
| 2100 Industrial Park Road | Hammond | LA | 70401 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 985-345-1329 | Warehouse Manager | | 40 + hours weekly |

**Description of Duties**

Responsible for coordinating and managing all warehouse activities on a daily business including receiving, shipping, and delivery of products of Rx drugs and devices.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Owens and Minor | | | 12/2014 - 9/2019 |
| **Business Address** | **City** | **State** | **Zip** |
| 310 James Dr East | St. Rose | LA | 70087 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 504 - 472 -6400 | Supervisor - Warehouse Manager - Distribution Center Manager | | 40 + hours weekly |

**Description of Duties**

Personally involved in the handling, distribution, shipping and record keeping of prescription drugs and devices. Oversees Sales and operations daily.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

**Description of Duties**

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| See Attached Resume | | | |
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | X |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | X |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

2/23/2023
Date

I, Gregory Parke Jr, **certify that as the MDEG Administrator for**

Medline Industries, LP,

**that I (initial that you have read and meet the following requirements):**

1. CB Have a high school diploma or its equivalent;
2. _____ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. _____ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. _____ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Gregory Parke Jr

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

2/23/2023

Date

| **Board Use Only** | Date Received: _____ |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 2100 Industrial Park Road

City Hammond State LA Zip 70401

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

**Section 2: Personal Information**

First Lara Middle N Last Simmons

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Wisconsin - Parkside | | 1986-1991 | |
| **Address** | **City** | **State** | **Zip** |
| 900 Wood Rd | Kenosha | WI | 53144 |
| **Diploma/Degree obtained, if any** | | | |
| BA in Economics | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Waterford Union High School | | 1982-1986 | |
| **Address** | **City** | **State** | **Zip** |
| 611 W Main St | Waterford | WI | 53185 |
| **Diploma/Degree obtained, if any** | | | |
| Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 1997 - Present | [redacted] 60th Street | Bristol | WI | 53104 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Medline Industries, LP formerly known as Medline Industries, Inc. | | | 1991 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| Three Lakes Drive | Northfield | IL | 60093 |
| **Phone** | **Title** | | |
| 847-949-5500 | President QA/RA | | |
| **Description of Duties** | | | |
| See Attached | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | | |
| | | | |
| Description of Duties | | | |
| | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | ✓ | |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | ✓ | |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | ✓ | |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** 4,5,6 **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/23
Date

Applicant's initials LS

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Lara N. Simmons

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 9/15/22

---

**Please have this section completed in the presence of a Notary Public.**

State of Illinois, ss. County of Lake

I, Lara N. Simmons, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature** — **Date:** 9/15/22

Subscribed and Sworn to before me this 19 day of September 2022

**Notary Public Signature**

OFFICIAL SEAL
MARK CALLOW
NOTARY PUBLIC, STATE OF ILLINOIS
LAKE COUNTY
MY COMMISSION EXPIRES 11/13/2024

(Seal)

Applicant's initials LS

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 2100 Industrial Park Road

City Hammond State LA Zip 70401

Mailing Address (if different from physical address) Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.Medline.com

Licensing Company Email ralicensing@medline.com

**Section 2: Personal Information**

First Charles Middle N Last Mills

Alias(es, nicknames, name changes, etc.) Charlie

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Cornell University | | 1979-1984 | |
| **Address** | **City** | **State** | **Zip** |
| 616 Thurston Avenue | Ithaca | NY | 14853 |
| **Diploma/Degree obtained, if any** | | | |
| Undergrad in 1983 and Masters in 1984 | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| New Trier West High School | | 1975-1979 | |
| **Address** | **City** | **State** | **Zip** |
| 7 Happ Road | Northfield | IL | 60093 |
| **Diploma/Degree obtained, if any** | | | |
| Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2019 - Present | [redacted] Shoreline Ct | Glencoe | IL | 60022 |
| 2017 - 2019 | [redacted] Ardsley Road | Winnetka | IL | 60093 |
| 1999 - 2017 | [redacted] South Ridge Road | Lake Forest | IL | 60045 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Medline Industries, LP formerly known as Medline Industries, Inc. | | | 1986 - Current | |
| **Business Address** | | **City** | **State** | **Zip** |
| Three Lakes Drive | | Northfield | IL | 60093 |
| **Phone** | **Title** | | | |
| 847-949-5500 | CEO | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

**Make copies of this page OR use a separate piece of paper if additional space is needed.**

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | ✓ | |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | ✓ | |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | ✓ | |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials CM

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Charles N. Mills

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Illinois, ss. County of Lake

I, Charles N. Mills, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

9/15/22

**Date**

Subscribed and Sworn to before me this 15 day of September 2022.

Mary Nelson

**Notary Public Signature**

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

**(Seal)**

Applicant's initials CM

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 2100 Industrial Park Road

City Hammond State LA Zip 70401

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

**Section 2: Personal Information**

First Michael Middle B Last Drazin

Alias(es, nicknames, name changes, etc.) Mike

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Northwestern University | | 2009-2010 | |
| **Address** | **City** | **State** | **Zip** |
| 633 Clark St | Evanston | IL | 60208 |
| **Diploma/Degree obtained, if any** | | | |
| Executive masters of Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Illinois, Urbana Champaign | | 1992 -1996 | |
| **Address** | **City** | **State** | **Zip** |
| 610 East John Street | Champaign | IL | 61820 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor of Science in Accountancy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Peoria High School | | 1988-1992 | |
| **Address** | **City** | **State** | **Zip** |
| 1615 N. North St | Peoria | IL | 61604 |
| **Diploma/Degree obtained, if any** | | | |
| Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/20 - Present | [redacted] W Kingsley Dr. | Arlington Heights | IL | 60004 |
| 06/05 - 06/20 | [redacted] W. Ashford Lane | Arlington Heights | IL | 60004 |
| | | | | |
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| | | | | |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Medline Industries, LP | | | 2018- Present |
| **Business Address** | **City** | **State** | **Zip** |
| Three Lakes Drive | Northfield | IL | 60093 |
| **Phone** | **Title** | | |
| 847-949-5500 | Chief Financial Officer | | |

**Description of Duties**

Member of Executive Team, responsible for leading the Finance organization.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Illinois Tool Works | | | 2006-2017 |
| **Business Address** | **City** | **State** | **Zip** |
| 155 Harlem Avenue | Glenview | IL | 60025 |
| **Phone** | **Title** | | |
| 224-661-8870 | Vice President Global FP&A and Invsetor Relations | | |

**Description of Duties**

Communicate with existing and prospective investors, Simplify and enhance the Investor Relations strategy and reported directly to the Chief Financial Officer

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| N/A | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

**Continue on next page if additional space is needed.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | ✓ | |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | ✓ | |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | ✓ | |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 4,5,6. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

See Attached Disciplinary History

Original Signature (electronic, copies or stamps not accepted)

9/20/22
Date

Applicant's initials MD

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Michael B. Drazin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/20/22

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of ILLINOIS, ss. County of COOK

I, Michael B. Drazin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

9/20/22

**Date**

Subscribed and Sworn to before me this 20 day of SEPT 2022.

**Notary Public Signature**

OFFICIAL SEAL
ADELWISA B DOMINGO
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/05/23

**(Seal)**

Applicant's initials MD

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler Medline Industries, LP

Pharmacy/MDEG/Wholesaler License # (if applicable) N/A

Physical Address 2100 Industrial Park Road

City Hammond State LA Zip 70401

Mailing Address (if different from physical address) Three Lakes Drive - 3D

City Northfield State IL Zip 60093

Telephone 847-949-5500 Website www.medline.com

Licensing Company Email ralicensing@medline.com

**Section 2: Personal Information**

First James Middle D Last Abrams

Alias(es, nicknames, name changes, etc.) Jimmy

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address Three Lakes Drive

City Northfield State IL Zip 60093

Telephone 847-949-5500 Email ralicensing@medline.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| The University of Chicago Law School | | 1984-1987 | |
| **Address** | **City** | **State** | **Zip** |
| 1111 E 60th St | Chicago | IL | 60637 |
| **Diploma/Degree obtained, if any** | | | |
| Law Degree | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| The University of Michigan | | 1980-1984 | |
| **Address** | **City** | **State** | **Zip** |
| 500 S State Street | Ann Arbor | MI | 48109 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor of Arts Degree | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Highland Park High School | | 1976-1980 | |
| **Address** | **City** | **State** | **Zip** |
| 433 Vine Avenue | Highland Park | IL | 60032 |
| **Diploma/Degree obtained, if any** | | | |
| Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| over 10 years | [redacted] Sheridan Rd | Highland Park | IL | 60035 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Medline Industries, LP - formerly known as Medline Industries, Inc. | | | 1992 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| Three Lakes Drive | Northfield | IL | 60093 |
| **Phone** | **Title** | | |
| 847-949-5500 | Chief Operating Officer | | |
| **Description of Duties** | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | ✓ | |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | ✓ | |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | ✓ | |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** 4,5,6 **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

See Attachment

Original Signature (electronic, copies or stamps not accepted)

9/15/22
Date

Applicant's initials JDA

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

James D. Abrams

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/15/22

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Illinois, ss. County of Lake

I, James D Abrams, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

9/15/22

**Date**

Subscribed and Sworn to before me this 15 day of September 2022

Mary Nelson

**Notary Public Signature**

MARY NELSON
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 16, 2025

**(Seal)**

Applicant's initials JDA

Continued, List of Facilities for **Nevada Surity Bond #105625536**
Page 2

Location 15: (C47)
Medline Industries, LP
239 Belvidere Road
Perryville, MD 21903

Location 16: (C50)
Medline Industries, LP
8787 W Buckeye Road
Tolleson, AZ 85353

Location 17: (C54)
Medline Industries, LP
494 St Route 416
Montgomery, NY 12549

Location 18: (C57)
Medline Industries, LP
5511 W Ten Road
Mebane, NC 27302

Location 19: (C59)
Medline Industries, LP
2100 Industrial Park Road
Hammond, LA 70401

Location 20: (C75)
Medline Industries, LP
3770 Hogum Bay Road NE
Lacey, WA 98516

Location 21: (C89)
Medline Industries, LP
251 Hilton Drive
Jeffersonville, IN 47130

Location 22: (MXC)
Medline Industries, LP
16415 Cosmos Street
Moreno Valley, CA 92551

09/21/2022

List of Facilities for **Nevada Surity Bond #105625536**

Location 1: (B01)
Medline Industries, LP
One Medline Place
Mundelein, IL 60060

Location 2: (B06)
Medline Industries Holdings, LP
1 Medline Drive
Wilmer, TX 75172

Location 3: (B49)
Medline Industries, LP
42500 Winchester Road
Temecula, CA 92590

Location 4: (B71)
Medline Industries, LP
1820 S 5200 W
Salt Lake City, UT 84104

Location 5: (C02)
Medline Industries, LP
2200 Cornerstone Parkway
Grayslake, IL 60030

Location 6: (C03)
Medline Industries, LP
1500 Medline Place
McDonough, GA 30253 ADD

Location 7: (C05)
Medline Industries, LP
1062 Old Dixie Highway
Auburndale, FL 33823 ADD

Location 8: (C09)
Medline Industries, LP
1960 W Miro Way
Rialto, CA 92376

Location 9: (C32)
Medline Industries Holdings, LP
29895 US HWY 90 BUS
Katy, TX 77494 ADD

Location 10: (C37)
Medline Industries, LP
5000 Premier Parkway
Saint Peters, MO 63376 ADD

Location 11: (C40)
Medline Industries, LP
81 Campanelli Drive
Uxbridge, MA 01569

Location 12: (C41)
Medline Industries, LP
1040 Enterprise Parkway South
West Jefferson, OH 43162

Location 13: (C42)
Medline Industries, LP
3446 Highway 51N
Southaven, MS 38672

Location 14: (C46)
Medline Industries, LP
5701 Promontory Pky, Ste 100
Tracy, CA 95377

# VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

---

**THIS IS TO CERTIFY that Bond No. 105625536 issued by Travelers Casualty and Surety Company of America dated this 20 day of July , 2011, in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, Inc. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) , covers a term which began on the 20 day of July , 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.**

**Signed, sealed and dated* (enter below)**

**Travelers Casualty and Surety Company of America**

**BY** _____

Peter S. Forker
**Attorney-in-Fact**

**09/22/2020**
***Use current or renewal date.**

---

TRAVELERS

**Travelers Casualty and Surety Company of America**
**Travelers Casualty and Surety Company**
**St. Paul Fire and Marine Insurance Company**

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS**: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S. Forker** of **Rolling Meadows, Illinois**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**IN WITNESS WHEREOF**, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February, 2017.**

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February, 2017**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

**In Witness Whereof**, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2021**

Marie C Tetreault
Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

**RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

**FURTHER RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

**FURTHER RESOLVED**, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

**FURTHER RESOLVED**, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 22nd day of September 2020

Kevin E. Hughes
Kevin E. Hughes, Assistant Secretary

***To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.***
***Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.***

# VERIFICATION CERTIFICATE FOR INDEFINITE TERM SURETY BOND

THIS IS TO CERTIFY that Bond No. 105625536, issued by Travelers Casualty and Surety Company of America, dated this 20th Day of July, 2015 , in the amount of One Hundred Thousand Dollars and 00/100 Dollars ($100,000.00), on behalf of Medline Industries, LP. (as Principal), and in favor of Nevada State Board of Pharmacy (as Obligee) for Pharmaceutical Wholesaler Surety Bond, covers a term which began on the 20th Day of July, 2015, and ends only with the cancellation of said bond or other legal termination thereof; and that the said bond remains in effect, subject to all its agreements, conditions and limitations.

Signed, sealed and dated* (enter below)

Travelers Casualty and Surety Company of America
(Name of Surety)

BY: _____
Peter S. Forker, Attorney-in-Fact

07/20/2022
*Use current or renewal date.

TRAVELERS

**Travelers Casualty and Surety Company of America**
**Travelers Casualty and Surety Company**
**St. Paul Fire and Marine Insurance Company**

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS**: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**IN WITNESS WHEREOF**, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

**IN WITNESS WHEREOF**, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

**RESOLVED,** that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

**FURTHER RESOLVED,** that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

**FURTHER RESOLVED,** that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

**FURTHER RESOLVED,** that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 20th day of July, 2022

_____
Kevin E. Hughes, Assistant Secretary

***To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.***
***Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.***

## ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 20th day of July, 2022, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

S-0230/GE 10/99

XDP

# GENERAL SURETY RIDER

To be attached and form a part of

| | |
|---|---|
| Bond No. | 105625536 |
| For | Pharmaceutical Wholesaler Surety Bond |
| Dated effective | 07/20/2015 (MONTH, DAY, YEAR) |
| Executed by | Medline Industries, LP., as Principal, (PRINCIPAL) |
| And by | Travelers Casualty and Surety Company of America, as Surety, (SURETY) |
| And in favor of | Nevada State Board of Pharmacy (OBLIGEE) |

**In consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing**

| INFORMATION | FROM | TO |
|---|---|---|
| Principal Name | Medline Industries, Inc. | Medline Industries, LP. |
| | | |

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

**This rider is effective** **12/16/2021**

**(MONTH, DAY, YEAR)**

**Signed and Sealed** **12/16/2021**

**(MONTH, DAY, YEAR)**

**Travelers Casualty and Surety Company of America**

**SURETY**

**BY**

**Peter S. Forker, ATTORNEY-IN-FACT**

TRAVELERS

**Travelers Casualty and Surety Company of America**
**Travelers Casualty and Surety Company**
**St. Paul Fire and Marine Insurance Company**

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS**: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Peter S Forker** of **ROLLING MEADOWS**, **Illinois**, their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

**IN WITNESS WHEREOF**, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, **2021**.

State of Connecticut

City of Hartford ss.

By: _____
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, **2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

**IN WITNESS WHEREOF**, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, **2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

**RESOLVED,** that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

**FURTHER RESOLVED,** that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

**FURTHER RESOLVED,** that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

**FURTHER RESOLVED,** that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 16th day of December 2021

_____
Kevin E. Hughes, Assistant Secretary

***To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.***
***Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.***

## ACKNOWLEDGMENT BY SURETY

STATE OF Illinois }
County of Lake } ss.

On this 16th day of December, 2021, before me personally appeared Peter S. Forker, known to, me to be the Attorney-in-Fact of Travelers Casualty and Surety Company of America, the corporation that executed the within instrument, and acknowledged to me that such corporation executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at my office in the aforesaid County, the day and year in this certificate first above written.

OFFICIAL SEAL
REBECCA M JOHLIE
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 9/22/24

Notary Public in the State of Illinois
County of Lake

S-0230/GE 10/99

XDP

| | | |
|---|---|---|
| LATINO,NICHOLAS J | Dir Operations | Hammond, LA C59 |
| DELANEY,BLAKE LENNON | Mgr Warehouse | Hammond, LA C59 |
| PARKE JR,GREGORY G | Mgr Warehouse | Hammond, LA C59 |
| CUTRER,GINA | OPS-Branch Administrator | Hammond, LA C59 |
| SISTRUNK BREAUX,AMANDA | OPS-Branch Administrator | Hammond, LA C59 |
| HAVARD,DARRELL LEE | OPS-Branch Trainer | Hammond, LA C59 |
| BROOKS JR JR,ROGER | OPS-Driver II | Hammond, LA C59 |
| BRYANT,JEREMY LEE | OPS-Driver II | Hammond, LA C59 |
| CHANOVE,RANDY | OPS-Driver II | Hammond, LA C59 |
| GRADY,IZARIUS | OPS-Driver II | Hammond, LA C59 |
| GREMILLION,DAVID MICHAEL | OPS-Driver II | Hammond, LA C59 |
| HARRELL,LERENTA | OPS-Driver II | Hammond, LA C59 |
| HUDSON,DEVIN | OPS-Driver II | Hammond, LA C59 |
| HULAND JR,MELVIN LOUIS | OPS-Driver II | Hammond, LA C59 |
| JOHNSON,AARON ANDRAE | OPS-Driver II | Hammond, LA C59 |
| JONES,GREGORY DALE | OPS-Driver II | Hammond, LA C59 |
| LEWIS,JAMES | OPS-Driver II | Hammond, LA C59 |
| LOTT,JASON ALAN | OPS-Driver II | Hammond, LA C59 |
| MARINO,MARK EDWARD | OPS-Driver II | Hammond, LA C59 |
| OGDEN,MICHAEL HERBST | OPS-Driver II | Hammond, LA C59 |
| RAINEY,MACKENNA HOUSTON | OPS-Driver II | Hammond, LA C59 |
| RAINEY,MARCUS G. | OPS-Driver II | Hammond, LA C59 |
| STRATE,DONALD RAY | OPS-Driver II | Hammond, LA C59 |
| TATE III,LEO | OPS-Driver II | Hammond, LA C59 |
| WHEAT,BRUCE WAYNE | OPS-Driver II | Hammond, LA C59 |
| FONTENOT,DALTON R. | OPS-Driver Ld | Hammond, LA C59 |
| KRAFT,BRYAN ANTHONY | OPS-Driver Ld | Hammond, LA C59 |
| LAMARTINIERE,MICHAEL W | OPS-Inventory Coord | Hammond, LA C59 |
| MCCOY,ELLIOTT C | OPS-Inventory Coord | Hammond, LA C59 |
| STEADMAN,SEAN MATTHEW | OPS-Inventory Coord | Hammond, LA C59 |
| DEVALL,CHRISTOPHER S | OPS-Maintenance Mechanic I | Hammond, LA C59 |
| BREAUX,DONALD | OPS-Maintenance Mechanic II | Hammond, LA C59 |
| TRAHAN,MICHAEL | OPS-Maintenance Mechanic II | Hammond, LA C59 |
| BANKSTON,ALAN C. | OPS-Maintenance Mechanic Sr | Hammond, LA C59 |
| MUNOZ,CRYSTAL ST. LUCIA | OPS-MedTrans Branch Admin | Hammond, LA C59 |
| MCKNIGHT,SCHKIRA A | OPS-Warehouse Clerk | Hammond, LA C59 |
| ADAMSON,DONNA JOY | OPS-Warehouse Operator | Hammond, LA C59 |
| ARMSTRONG,JOSHUA SHANE | OPS-Warehouse Operator | Hammond, LA C59 |
| AUSTIN,JORDAN MATTHEW | OPS-Warehouse Operator | Hammond, LA C59 |
| BAHLE,PLACIDA B | OPS-Warehouse Operator | Hammond, LA C59 |
| BEAN,SHAWN L | OPS-Warehouse Operator | Hammond, LA C59 |
| BELLOTT,ANDREW FRANCIS | OPS-Warehouse Operator | Hammond, LA C59 |
| BONDS,LONNIE EARL | OPS-Warehouse Operator | Hammond, LA C59 |
| BOUDREAUX,BRETT | OPS-Warehouse Operator | Hammond, LA C59 |
| BRANSON,BRADLEE | OPS-Warehouse Operator | Hammond, LA C59 |
| BROWN JR,TONY | OPS-Warehouse Operator | Hammond, LA C59 |
| CASNAVE,ARDREAMA | OPS-Warehouse Operator | Hammond, LA C59 |
| CHANSON,AUSTIN CADE | OPS-Warehouse Operator | Hammond, LA C59 |
| CHIASSON III,DONALD JOSEPH | OPS-Warehouse Operator | Hammond, LA C59 |
| CLEMENT,DYLAN MICHAEL | OPS-Warehouse Operator | Hammond, LA C59 |
| COLLINS,STEVEN | OPS-Warehouse Operator | Hammond, LA C59 |
| COMPAGNO,DANIEL | OPS-Warehouse Operator | Hammond, LA C59 |

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|---|---|---|
| CONNELLEY,JUSTIN SHANE | OPS-Warehouse Operator | Hammond, LA C59 |
| COOK,HUNTER TRISTAN | OPS-Warehouse Operator | Hammond, LA C59 |
| CUCCIA,LACEY MARIE | OPS-Warehouse Operator | Hammond, LA C59 |
| CYPRIAN JR,DARREL | OPS-Warehouse Operator | Hammond, LA C59 |
| DICKSON,MICHAEL T. | OPS-Warehouse Operator | Hammond, LA C59 |
| ESPADRON,BILLY | OPS-Warehouse Operator | Hammond, LA C59 |
| FLAND,MALIK | OPS-Warehouse Operator | Hammond, LA C59 |
| FOLEY,ROBERT CHRISTIAN | OPS-Warehouse Operator | Hammond, LA C59 |
| GARDNER,IAN JOSEPH | OPS-Warehouse Operator | Hammond, LA C59 |
| GORDON,ALYSE M | OPS-Warehouse Operator | Hammond, LA C59 |
| GROSS,CEDRIC L | OPS-Warehouse Operator | Hammond, LA C59 |
| GUNTERMAN,JOHN ANTHONY | OPS-Warehouse Operator | Hammond, LA C59 |
| HAM,KRIS CHEDVILLE | OPS-Warehouse Operator | Hammond, LA C59 |
| HIGGINBOTHAM,MICHAEL D | OPS-Warehouse Operator | Hammond, LA C59 |
| HOLLOWAY,IVEI ARLISA | OPS-Warehouse Operator | Hammond, LA C59 |
| JACKSON,DEEXAVIER MARCKETHU | OPS-Warehouse Operator | Hammond, LA C59 |
| JARAMILLO,ZANE ALEXANDER | OPS-Warehouse Operator | Hammond, LA C59 |
| JOHNSON,GERALD ANTHONY | OPS-Warehouse Operator | Hammond, LA C59 |
| JONES,BRAD | OPS-Warehouse Operator | Hammond, LA C59 |
| LADNER,JAMES ELLIS | OPS-Warehouse Operator | Hammond, LA C59 |
| LOOK,CHASE ALLAN | OPS-Warehouse Operator | Hammond, LA C59 |
| LOVE,JAMIE | OPS-Warehouse Operator | Hammond, LA C59 |
| MAGEE,BRANDON MONTRELL | OPS-Warehouse Operator | Hammond, LA C59 |
| MARCOTTE,BRAYDEN JOSEPH | OPS-Warehouse Operator | Hammond, LA C59 |
| MAUER,JOSEPH PATRICK | OPS-Warehouse Operator | Hammond, LA C59 |
| MAUTERER,ETHAN RAYMOND | OPS-Warehouse Operator | Hammond, LA C59 |
| MCMILLAN,RONDA | OPS-Warehouse Operator | Hammond, LA C59 |
| MCWETHY,JASON LEE | OPS-Warehouse Operator | Hammond, LA C59 |
| MIER II,MATTHEW EULIS | OPS-Warehouse Operator | Hammond, LA C59 |
| MITCHELL,OZEME J. | OPS-Warehouse Operator | Hammond, LA C59 |
| MURRAY,MICHAEL JOSEPH | OPS-Warehouse Operator | Hammond, LA C59 |
| PALMER JR,ELDRID L | OPS-Warehouse Operator | Hammond, LA C59 |
| PLAISANCE,LUCAS CHARLES | OPS-Warehouse Operator | Hammond, LA C59 |
| RENO,SAMUEL ZADOCK | OPS-Warehouse Operator | Hammond, LA C59 |
| RUSSELL,ZACHARY WILLIAM | OPS-Warehouse Operator | Hammond, LA C59 |
| STRECKER,JESSE MATTHEW | OPS-Warehouse Operator | Hammond, LA C59 |
| TATE,PRESTON | OPS-Warehouse Operator | Hammond, LA C59 |
| THORN,TORY CARDALE | OPS-Warehouse Operator | Hammond, LA C59 |
| TOWNLEY,ANDREW D. | OPS-Warehouse Operator | Hammond, LA C59 |
| TOWNLEY,ELIZABETH MARY | OPS-Warehouse Operator | Hammond, LA C59 |
| TREBUCQ JR,AUGUST JOHN | OPS-Warehouse Operator | Hammond, LA C59 |
| VAUGHN,ERNEST | OPS-Warehouse Operator | Hammond, LA C59 |
| VU,THIENVU THERESA | OPS-Warehouse Operator | Hammond, LA C59 |
| WALKER,MICHAEL L | OPS-Warehouse Operator | Hammond, LA C59 |
| WALLS,KALIN | OPS-Warehouse Operator | Hammond, LA C59 |
| WATERHOUSE,ASHMAN WILLIAM | OPS-Warehouse Operator | Hammond, LA C59 |
| RYAN,MICHAEL PATRICK | Supv MedTrans | Hammond, LA C59 |
| BOURQUE,JARED | Supv Warehouse | Hammond, LA C59 |
| FELDER,HUNTER ZEB | Supv Warehouse | Hammond, LA C59 |
| GARCIA,JULIO C | Supv Warehouse | Hammond, LA C59 |
| LAUE,KEVIN | Supv Warehouse | Hammond, LA C59 |
| RUTH,JEFFREY M | Supv Warehouse | Hammond, LA C59 |

# 4EE

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | | ☐ Nevada ☐ Out-of-State |
|---|---|---|
| **Type of Application (check applicable box)** | | **Wholesaler Business Type (check applicable box)** |
| ☑ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☑ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☐ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Septodont Inc

Physical Address: 205 Granite Run Drive, Suite 150

City: Lancaster State: PA Zip: 17601

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 717-286-0100 Website: www.septodontusa.com

Name of Designated Representative (DR): Kathy Whitaker

Licensing Company Email: lfillion@septodont.com DR Email: kwhitaker@septodont.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ☐ Pharmacies | ☐ Dangerous Drugs | ☑ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☑ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☑ Wholesalers | ☐ Others: | ☐ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:** N/A

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

August 10, 2023
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Henry Shein Inc
Address: 132 Duryea Rd City: Melville State: NY Zip: 11747
Name: Patterson Dental Supply Inc.
Address: 1031 Mendota Heights Road City: Saint Paul State: MN Zip: 55120
Name: NDC Inc.
Address: 402 BNA Drive, Suite 500 City: Nashville State: TN Zip: 37217
Name: Benco Dental
Address: 295 Centerpoint Blvd. City: Jenkins Township State: PA Zip: 18640

**Section 4: Publicly Traded Corporation**

State of Incorporation: Not Applicable
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: New York
Parent Company (if any):
Corporation/Organization Name: Septodont Inc.
Mailing Address: 205 Granite Run Drive, Suite 150
City: Lancaster State: PA Zip: 17601
Telephone: 717-286-0100 Email: lfillion@septodont.com
Contact Person Name: Leslie Fillion

**Section 6: Partnership**

Partnership Name: Not Applicable
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name: Not Applicable
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | X |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | X |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Septodont Inc.

Facility Name

Jessenia Castillo

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

July 26, 2023

Date

| Board Use Only | Date Received: 9/11/23 | Amount: $4,000 CK -01964a |
|---|---|---|

Section 9 – List of all officers and directors

| Employee Name | Job Title |
|---|---|
| CHIU, KENT | COO |
| BEECHEY, TODD | CFO |
| SCHILLER, OLIVIER | Secretary |
| MONDOCK, PAUL | Regional President of Septodont Americas |

Section 9 – List of all corporation shareholders and their percent ownership

| Name | Percent Ownership |
|---|---|
| CHIU, KENT | 33.3% |
| BEECHEY, TODD | 33.3% |
| SCHILLER, OLIVIER | 33.3% |

As for Michael Cohen (Director of Sales Latin America), please note that Michael Cohen is not part of the US director list as he is responsible for the sales in Latin America that is based on Septodont/ Importaciones Dental Universitario (IDU), Calle 13, Norte No. 3N-12, Cali, Colombia. He was mistakenly added under the list of directors for the US.

STATE OF NEW YORK

DEPARTMENT OF STATE

**Certificate of Status**

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

| | |
|---|---|
| **Entity Name:** | SEPTODONT, INC. |
| **DOS ID Number:** | 967558 |
| **Entity Type:** | DOMESTIC BUSINESS CORPORATION |
| **Entity Status:** | EXISTING |
| **Date of Initial Filing with DOS:** | 01/18/1985 |
| **Statement Status:** | CURRENT |
| **Statement Due Date:** | 01/31/2025 |

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 24, 2023 at 09:39 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State

Authentication Number: 100003986282 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov

# Certificate of Record

**Certificate No.** 9500000030

**Drug & Device Registration**

2525 North 7th Street
SUITE 210D
HARRISBURG, PA 17110
(717) 787-4779

**Category:**

Office/Corporate Location
No product onsite

SEPTODONT, INC.
205 GRANITE RUN DRIVE
SUITE 150
LANCASTER, PA 17601

The above business is recognized by the Department of Health as an entity that is doing business in the Commonwealth of Pennsylvania related to pharmaceuticals, medical devices, or cosmetics for which said entity **does not** physically handle, possess, transfer, manufacture, distribute, or retail pharmaceuticals, medical devices or cosmetics at the location on the certificate of record.

**Issuance Date: June 13, 2012**

**Expiration Date: The Last Day of June, 2024**

Jeanne Parisi
Deputy Secretary for Quality Assurance

pennsylvania
DEPARTMENT OF HEALTH

Debra L. Bogen, MD, FAAP
Acting Secretary of Health

**NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.**

1305

pennsylvania
DEPARTMENT OF HEALTH

May 19, 2023

717.787.4779

Septodont, Inc.
205 Granite Run Drive
Suite 150
Lancaster, PA 17601

Dear Sir or Madam:

The Pennsylvania Department of Health, Drug, Device & Cosmetic Program acknowledges that the company, Septodont, Inc., is an entity within the Commonwealth that is performing business activities related to the pharmaceutical, medical device, or cosmetic industry at the stated address. The company is not engaging in the physical manufacture, storage, distribution or retailing of product at this address.

The company has voluntarily provided information and has attested that no pharmaceutical product, medical device or cosmetic of any kind is physically manufactured, stored, distributed or retailed at the address stated above. This information serves only to place the company at the specified location, on file as a courtesy and does not subject it to any on-site inspection or regulatory requirements under the purview of this office. The information is recorded under record number #9500000030 and reviewed annually.

If at any time the business function changes and pharmaceutical product, medical devices or cosmetics are physically manufactured, stored, distributed or retailed at the address stated above, an application for registration/licensure will be required by Department of Health and the facility would be subject to all laws and regulations applicable to those activities. You may visit our website at https://apps.health.pa.gov/ddc/ or contact our office for additional information.

Sincerely,

Theresa A. Ritchie R.Ph.

Theresa A. Ritchie, R.Ph.
Drug & Device Program Specialist
Division of Home Health

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/19/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| **PRODUCER**<br>Haylor, Freyer & Coon, Inc.<br>PO Box 4743<br>Syracuse NY 13221 | **CONTACT NAME:** Mark Sierotnik<br>**PHONE (A/C, No, Ext):** 315-703-1323 **FAX (A/C, No):**<br>**E-MAIL ADDRESS:** certificates@haylor.com |
| | **INSURER(S) AFFORDING COVERAGE** — **NAIC #**<br>**INSURER A :** Federal Insurance Company — 20281<br>**INSURER B :** Sentinel — 11000<br>**INSURER C :** Hartford Underwriters Ins. Co. — 30104<br>**INSURER D :**<br>**INSURER E :**<br>**INSURER F :** |
| **INSURED** SEPTODONTI<br>Septodont Inc<br>205 Granite Run Drive, Suite 150<br>Lancaster, PA 17601 | |

**COVERAGES** **CERTIFICATE NUMBER:** 1390590611 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | 36055580 | 6/1/2023 | 6/1/2024 | EACH OCCURRENCE | $ 2,000,000 |
| | X CLAIMS-MADE ___ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 2,000,000 |
| | X SIR - See below* | | | | | | MED EXP (Any one person) | $ 10,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | X POLICY ___ PRO-JECT ___ LOC | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | | | | | | | | $ |
| B | AUTOMOBILE LIABILITY | | | 01UECAS4972 | 6/1/2023 | 6/1/2024 | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | ___ OWNED AUTOS ONLY ___ SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| A | X UMBRELLA LIAB X OCCUR | | | 93650022 | 6/1/2023 | 6/1/2024 | EACH OCCURRENCE | $ 4,000,000 |
| | EXCESS LIAB ___ CLAIMS-MADE | | | | | | AGGREGATE | $ 4,000,000 |
| | ___ DED X RETENTION $ 0 | | | | | | | $ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | 01WEAB9SOT | 8/30/2023 | 8/30/2024 | X PER STATUTE ___ OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) N/A | | | | | | E.L. EACH ACCIDENT | $ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*GL Self-Insured Retentions (SIR):
Premises/Operations Bodily Injury and Property Damage Self-Insured Retention- Each Event: $20,000
Products/Completed Operations Bodily Injury and Property Damage Self-Insured Retention- Each Event $150,000

Umbrella Policy as noted above excludes Products/Completed Operations Coverage

**CERTIFICATE HOLDER**

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy
Suite 206
Reno NV 89521

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

**NEVADA STATE BOARD OF PHARMACY**
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

# PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. SUR9042132*

Application/License No. _____

Septodont, Inc. (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 205 Granite Run Drive, Suite 150 Lancaster, PA 17601 (Address of Applicant/Principal), as PRINCIPAL, and Washington International Insurance Company (Surety Company), a corporation organized under the laws of the state of New Hampshire (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 707 Philadelphia Pike, Wilmington DE 19809 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 1, 2021 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

* Effective 6/1/2021 this bond replaces and supersedes all prior bonds issued under this number

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 22nd day of July, 2021.

APPLICANT/PRINCIPAL

COMPANY

Septodont, Inc.

Authorized Representative

SURETY

Washington International Insurance Company

Surety Company's Representative

Joseph T. Catania, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

Nevada Resident Agent

Posted February 20, 2020

## SWISS RE CORPORATE SOLUTIONS

NORTH AMERICAN SPECIALTY INSURANCE COMPANY
WASHINGTON INTERNATIONAL INSURANCE COMPANY

## GENERAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, THAT North American Specialty Insurance Company, a corporation duly organized and existing under laws of the State of New Hampshire, and having its principal office in the City of Kansas City, Missouri, and Washington International Insurance Company, a corporation organized and existing under the laws of the State of New Hampshire and having its principal office in the City of Kansas City, Missouri, each does hereby make, constitute and appoint:

RICHARD G. ANDERSON, JOSEPH T. CATANIA, GINA M. SEMONELLE,
DENISE A. MEDLAR AND MARY LAWRENCE

JOINTLY OR SEVERALLY

Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver, for and on its behalf and as its act and deed, bonds or other writings obligatory in the nature of a bond on behalf of each of said Companies, as surety, on contracts of suretyship as are or may be required or permitted by law, regulation, contract or otherwise, provided that no bond or undertaking or contract or suretyship executed under this authority shall exceed the amount of:

FIFTY MILLION ($50,000,000.00) DOLLARS

This Power of Attorney is granted and is signed by facsimile under and by the authority of the following Resolutions adopted by the Boards of Directors of both North American Specialty Insurance Company and Washington International Insurance Company at meetings duly called and held on the 9th of May, 2012:

"RESOLVED, that any two of the Presidents, any Managing Director, any Senior Vice President, any Vice President, any Assistant Vice President, the Secretary or any Assistant Secretary be, and each or any of them hereby is authorized to execute a Power of Attorney qualifying the attorney named in the given Power of Attorney to execute on behalf of the Company bonds, undertakings and all contracts of surety, and that each or any of them hereby is authorized to attest to the execution of any such Power of Attorney and to attach therein the seal of the Company; and it is

FURTHER RESOLVED, that the signature of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be binding upon the Company when so affixed and in the future with regard to any bond, undertaking or contract of surety to which it is attached."

By _____
Steven P. Anderson, Senior Vice President of Washington International Insurance Company & Senior Vice President of North American Specialty Insurance Company

By _____
Michael A. Ito, Senior Vice President of Washington International Insurance Company & Senior Vice President of North American Specialty Insurance Company

IN WITNESS WHEREOF, North American Specialty Insurance Company and Washington International Insurance Company have caused their official seals to be hereunto affixed, and these presents to be signed by their authorized officers this 3rd day of MAY, 2021.

**North American Specialty Insurance Company**
**Washington International Insurance Company**

State of Illinois
County of Cook ss:

On this 3rd day of MAY, 2021, before me, a Notary Public personally appeared Steven P. Anderson, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company and Michael A. Ito, Senior Vice President of Washington International Insurance Company and Senior Vice President of North American Specialty Insurance Company, personally known to me, who being by me duly sworn, acknowledged that they signed the above Power of Attorney as officers of and acknowledged said instrument to be the voluntary act and deed of their respective companies.

OFFICIAL SEAL
M. KENNY
Notary Public - State of Illinois
My Commission Expires
12/04/2021

M. Kenny, Notary Public

I, Jeffrey Goldberg, the duly elected Senior Vice President and Assistant Secretary of North American Specialty Insurance Company and Washington International Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney given by said North American Specialty Insurance Company and Washington International Insurance Company, which is still in full force and effect.

IN WITNESS WHEREOF, I have set my hand and affixed the seals of the Companies this 22nd day of July, 2021.

Jeffrey Goldberg, Senior Vice President & Assistant Secretary of
Washington International Insurance Company & North American Specialty Insurance Company

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG Septodont Inc. MDEG License # (if applicable) _____

Physical Address 205 Granite Run Drive, Suite 150

City Lancaster State PA Zip 17601

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email jcastillo@septodont.com

### Section 2: Personal Information

First Kathy Middle _____ Last Whitaker

Alias(es, nicknames, name changes, etc.) Kathy Thompson

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] South Summit Ave

City Quarryville State PA Zip 17601

Telephone [redacted] Email kwhitaker@septodont.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service [NRS 622.110] | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement [NRS 425.520, 425.540, 425.620, 425.640] | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Solanco High School | | | 09/1972-06/1976 |
| **Address** | **City** | **State** | **Zip** |
| 585 Solanco Road | Quarryville | PA | 17566 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | | From - To (MM/YY – MM/YY |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/1983-current | [redacted] South Summit Ave | Quarryville | PA | 17566 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Septodont Inc. | | | 09/09-current |
| **Business Address** | **City** | **State** | **Zip** |
| 205 Granite Run Drive, Suite 150 | Lancaster | PA | 17601 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 717-286-0100 | Executive Assistant | 30,000+ | |

Description of Duties: Answer customer inquiries on products, ship products to distributor meetings, arrange for proper product disposal, send pricing lists and promotional materials to dealers, scheduling events, managing executive calendars, designated representative for some state licenses and misc. IT activities.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |

Description of Duties

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | X |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | X |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

8/17/2023
Date

I, Kathy Whitaker, **certify that as the MDEG Administrator for**

Septodont Inc.,

**that I (initial that you have read and meet the following requirements):**

1. KW Have a high school diploma or its equivalent;
2. KW Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. KW Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. KW Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Kathy Whitaker
Print Name (~~First~~, Last)

Kathy Whitaker
Original Signature (electronic, copies or stamps not accepted)

8/17/2023
Date

| Board Use Only | Date Received: 9/1/23 |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (04/22/2021)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Septodont Inc

Physical Address 205 Granite Run Drive, Suite 150

City Lancaster State PA Zip 17601

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 717-286-0100 Website www.septodontusa.com

Licensing Company Email lfillion@septodont.com

**Section 2: Personal Information**

First Kathy Middle Ann Last Whitaker

Alias(es, nicknames, name changes, etc.) Thompson (maiden name)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address [redacted] South Summit Ave.

City Quarryville State PA Zip 17566

Telephone [redacted] Email kwhitaker@septodont.com

Are you a citizen of the United States? ■ Yes ☐ No

| **Section 3: Military Service (NRS 622.120)** | **Yes** | **No** |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

| **Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129)** | **Yes** | **No** |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |



Applicant's initials KAW

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Solanco High School | | 09/72-06/76 | |
| **Address** | **City** | **State** | **Zip** |
| 585 Solanco Rd | Quarryville | PA | 17566 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Gordon College | | 09/76-02/79 | |
| **Address** | **City** | **State** | **Zip** |
| 255 Grapevine Rd | Wenham | MA | 01984 |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 08/83-04/22(current) | [redacted] South Summit Ave | Quarryville | PA | 17566 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

Applicant's initials KAW

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Septodont, Inc. | | | 09/09-04/22(current) | |
| **Business Address** | | **City** | **State** | **Zip** |
| 205 Granite Run Dr., Suite 150 | | Lancaster | PA | 17601 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 717-286-0100 | Executive Assistant | | ~30,000 | |
| **Description of Duties** | | | | |
| Reporting on sold products, managing donated product, answering product questions, answering order questions | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

Applicant's initials KAW

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials KAW

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

Applicant's initials KAW

I, Kathy Ann Whitaker, **certify that as the designated representative for** Septodont, Inc.,

**that I am qualified as follows and will comply with the following:**

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Kathy Whitaker

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

June 9, 2022

Date

Applicant's initials KAW

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Kathy Whitaker

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

June 9, 2022

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Pennsylvania, ss. County of Lancaster

I, Gregory Montgomery, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

6/9/2022

**Date**

Subscribed and Sworn to before me this 9th day of June.

**Notary Public Signature**

Commonwealth of Pennsylvania - Notary Seal
GREGORY MARK MONTGOMERY, Notary Public
Lancaster County
My Commission Expires April 27, 2025
Commission Number 1311346

(Seal)

Applicant's initials

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler: Septodont Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 205 Granite Run Drive, Suite 150

City: Lancaster State: PA Zip: 17601

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 717-286-0100 Website: www.septodontusa.com

Licensing Company Email: lfillion@septodont.com

**Section 2: Personal Information**

First: KENT Middle: Last: CHIU

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] PRICEFIELD Rd

City: TORONTO State: ONT Zip: M4W 1Z9

Telephone: [redacted] Email: KCHIU@SEPTODONT.COM

Are you a citizen of the United States? ☐ Yes ☒ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | N/A |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| McGILL UNIVERSITY | | 1972 - 1974 |
| **Address** | **City / State / Zip** | |
| | MONTREAL / QUEBEC | |
| **Diploma/Degree obtained, if any** | | |
| CEGEP DEP. | | |

| School Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| UNIVERSITY OF BRITISH COLUMBIA | | 1974 - 1978 |
| **Address** | **City / State / Zip** | |
| | VANCOUVER / B.C. | |
| **Diploma/Degree obtained, if any** | | |
| PHARMACEUTICAL SCIENCE | | |

| School Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| | | |
| **Address** | **City / State / Zip** | |
| | | |
| **Diploma/Degree obtained, if any** | | |
| | | |

| School Name | | From - To (MM/YY – MM/YY) |
|---|---|---|
| | | |
| **Address** | **City / State / Zip** | |
| | | |
| **Diploma/Degree obtained, if any** | | |
| | | |

| School Name | | From - To (MM/YY – MM/YY |
|---|---|---|
| | | |
| **Address** | **City / State / Zip** | |
| | | |
| **Diploma/Degree obtained, if any** | | |
| | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| Aug/92 - NOW | 116 PRICEFIELD Rd | TORONTO | ONT | M4W1Z9 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| | | | |
|---|---|---|---|
| Business Name: SEPTODONT INC | | | From - To (MM/YY – MM/YY) PRESENT JAN 2022 – NOW |
| Business Address | City | State | Zip |
| Phone | Title: ADVISORY BOARD MEMBER OF SEPTODONT | | |
| Description of Duties: BOARD MEMBER AND OFFICER DUTIES | | | |

| | | | |
|---|---|---|---|
| Business Name: SEPTODONT INC | | | From - To (MM/YY – MM/YY) 2000 - 2021 |
| Business Address | City | State | Zip |
| Phone | Title: CHIEF OPERATIONS OFFICER OF SEPTODONT | | |
| Description of Duties: COO DUTIES | | | |

| | | | |
|---|---|---|---|
| Business Name: APOTEX INC | | | From - To (MM/YY – MM/YY) 1993 - 2000 |
| Business Address | City | State | Zip |
| Phone | Title: VISE PRESIDENT OF OPERATIONS | | |
| Description of Duties: VP OF OPERATIONS DUTIES | | | |

| | | | |
|---|---|---|---|
| Business Name: NOVOPHARM INC | | | From - To (MM/YY – MM/YY) 1980 - 1992 |
| Business Address | City | State | Zip |
| Phone | Title: PLANT MANAGER | | |
| Description of Duties: PLANT MANAGER DUTIES | | | |

| | | | |
|---|---|---|---|
| Business Name: STANLEY DRUGS | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title: FORMULATION PHARMACIST | | |
| Description of Duties: FORMULATION RESEARCH DEVELOPMENT | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | N/A ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

KENT CHIU

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

December 19, 2022

Date

---

**Please have this section completed in the presence of a Notary Public.**

Province State of Ontario, ss. County of Waterloo

I, Kent Chiu, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

- see signature above

**Original Signature**

December 19, 2022

**Date**

Subscribed and Sworn to before me this 19th day of December 2022.

**Notary Public Signature**

Leslie Jean Fillion, Notary Public,
Regional Municipality of Waterloo, limited to the attestation of instruments and the taking of affidavits, for Novocol Pharmaceutical of Canada, Inc.
Expires February 24, 2023.

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (04/22/2021)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Septodont Inc.

Physical Address: 205 Granite Run Drive, Suite 150

City: Lancaster State: PA Zip: 17601

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 717-286-0100 Website: www.septodontusa.com

Licensing Company Email: lfillion@septodont.com

### Section 2: Personal Information

First: Olivier Middle: Nestor Last: SCHILLER

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] rue Ancelle

City: NEUILLY-SUR-SEINE (France) State: Zip: 92200

Telephone: [redacted] Email: oschiller@septodont.com

Are you a citizen of the United States? ☐ Yes ■ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

Date of Service: From: _____ to: _____

Military Occupation/Specialty

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |



Applicant's initials: OS

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Institut Supérieur des Affaires (ISA) / MBA HEC | | From 1991 To 1992 | |
| **Address** | **City** | **State** | **Zip** |
| 1 rue de la Libération | JOUY-EN-JOSAS (France) | | 78350 |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Ecole Centrale de Lille (ECL-IDN) | | From 1981 To 1984 | |
| **Address** | **City** | **State** | **Zip** |
| Cité Scientifique | VILLENEUVE D'ASCQ (Fran | | 59650 |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| From 1994 | [redacted]rue Ancelle | NEUILLY-SUR-SEINE (Franc | | 92200 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

Applicant's initials _____

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| SEPTODONT HOLDING | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| 58 rue du Pont de Créteil | | SAINT-MAUR-DES-FOSSES | | 94100 |
| **Phone** | **Title** | | | |
| + 33 1 49 76 70 00 | President | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| SEPTODONT SAS | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| 58 rue du Pont de Créteil | | SAINT-MAUR-DES-FOSSES | | 94100 |
| **Phone** | **Title** | | | |
| + 33 1 49 76 70 00 | President | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| SEPTODONT INC | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| 205 Granite run Drive, Suite 150 | | LANCASTER | PA | 17601 |
| **Phone** | **Title** | | | |
| 717-286-0100 | President | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials ____

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

Applicant's initials _____

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

CERTIFICATION DE SIGNATURE
Me Charles FLOBERT
Notaire à ST-MAUR-DES-FOSSÉS (94)
certifie UNIQUEMENT que la signature apposée ci-contre est celle de M. Olivier Schiller
Le notaire ne certifie ni la validité ni l'efficacité du présent document, ni même la capacité juridique du signataire pour signer ce document.
Fait le : 07/10/2021

Me Charles FLOBERT, Notaire associé ★ Saint-Maur-des-Fossés (Val-de-Marne) ★ RÉPUBLIQUE FRANÇAISE

Original Signature (electronic, copies or stamps not accepted)

October 04, 2021
Date

Applicant's initials OS

certifie UNIQUEMENT que la signature apposée ci-contre est celle de M. Olivier Schiller

Le notaire ne certifie ni la validité ni l'efficacité du présent document, ni même la capacité juridique du signataire pour signer ce document. 07/10/2021

Fait à



**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Olivier SCHILLER

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

October 04, 2021

Date

Me Charles FLOBERT, Notaire associé, Saint-Maur-des-Fossés (Val-de-Marne)

---

**Please have this section completed in the presence of a Notary Public.**

State of Val de Marne, ss. County of Val de Marne

I, Maître Charles Flobert, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

07/10/2021

**Date**

Subscribed and Sworn to before me this 07 day of Octobre / 2021

**Notary Public Signature**

Me Charles FLOBERT, Notaire associé, Saint-Maur-des-Fossés (Val-de-Marne)

**(Seal)**

Applicant's initials

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler Septodont Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 205 Granite Run Drive, Suite 150

City Lancaster State PA Zip 17601

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 717-286-0100 Website www.septodontusa.com

Licensing Company Email lfillion@septodont.com

**Section 2: Personal Information**

First Todd Middle Joseph Last Beechey

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] West River Road

City Cambridge, State ONT Zip N1R5S5

Telephone [redacted] Email tbeechey@septodont.com

Are you a citizen of the United States? ☐ Yes ☑ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Septodont | | | 01/07 - today |
| **Business Address** | **City** | **State** | **Zip** |
| 25 Wolseley Court | Cambridge | Ont | N1R6X3 |
| **Phone** | **Title** | | |
| 519-497-3122 | Chief Financial Officer | | |
| **Description of Duties** | | | |
| Responsible for Finance, Legal, IT, Strategy and Risk Management | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Todd Beechey

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

DEC 16, 2022

Date

---

**Please have this section completed in the presence of a Notary Public.**

~~State~~ Province of Ontario, ss. County of Waterloo

I, TODD BEECHEY, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

DEC 16, 2022

**Date**

Subscribed and Sworn to before me this 16th day of Dec, 2022

**Notary Public Signature**

Leslie Jean Fillion, Notary Public,
Regional Municipality of Waterloo, limited to the attestation of instruments
and the taking of affidavits, for Novocol Pharmaceutical of Canada, Inc.
Expires February 24, 2023.

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler: Septodont Inc.

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 205 Granite Run Drive, Suite 150

City: Lancaster State: PA Zip: 17601

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 717-286-0100 Website: www.septodontusa.com

Licensing Company Email: lfillion@septodont.com

**Section 2: Personal Information**

First: Paul Middle: Last: Mondock, Jr.

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Archers Glen

City: Lancaster State: PA Zip: 17601

Telephone: [redacted] Email: pmondock@septodont.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Temple University | | 09/09-05/11 | |
| Address | City | State | Zip |
| 1801 N. Broad St. | Philadelphia | PA | 19122 |
| Diploma/Degree obtained, if any | | | |
| MBA | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Pittsburgh University | | 09/84-05/88 | |
| Address | City | State | Zip |
| 4200 Fifth Ave. | Pittsburgh | PA | 15260 |
| Diploma/Degree obtained, if any | | | |
| Business Management | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Westmoreland County Community College | | 09/81-05/84 | |
| Address | City | State | Zip |
| 145 Pavilion Ln | Youngwood | PA | 15697 |
| Diploma/Degree obtained, if any | | | |
| Associates Degree | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Greensburg Central Catholic High School | | 09/77-06/81 | |
| Address | City | State | Zip |
| 911 Armory Dr. | Greensburg | PA | 15601 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/99-current | [redacted] Archers Glen | Lancaster | PA | 17601 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Septodont, Inc. | | | 10/88-current |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Paul Mondock

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

March 28, 2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Pennsylvania, ss. County of Lancaster

I, Greg Montgomery, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

March 28, 2023

**Date**

Subscribed and Sworn to before me this 28th day of March.

**Notary Public Signature**

Commonwealth of Pennsylvania - Notary Seal
GREGORY MARK MONTGOMERY, Notary Public
Lancaster County
My Commission Expires April 27, 2025
Commission Number 1311346

(Seal)

**Septodont**
205 Granite Run Drive
Suite 150
Lancaster, PA 17601
Tel: 800.872.8305 • Fax: 717.560.3480
**www.septodontusa.com**

Section 9 – A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.

| Employee Name | Job Title |
|---|---|
| BARGHI, GLORIA | US Territory Manager |
| BENOVY, DAVID | Vice President Sales and Marketing North America |
| BENTON, JAMES | US Western Regional Sales Manager |
| BRETHAUER, JOANNE | US Group Practices Manager |
| CELESTINO - REID, VALERIE | US Territory Manager |
| COHEN, MICHAEL | US Director of Sales Latin America |
| DICKSON, KATIE | US Western Territory Manager |
| DORNISCH, DIANE | US International Sales Development Manager |
| ERRICK, ROSS | US Western Territory Manager |
| ESHELMAN, SUSAN | US Business Analyst |
| ESTEL, DANIELLE | US Marketing Support Specialist |
| GAMBER, JOHN R | US Inside Sales Representative |
| GIVENS, TYLER | US Product Manager |
| IRVINE, TRISTAN | US Territory Manager |
| KHADR, KARIM | President, Dental Division |
| KIMMIS, TOM | US Central Territory Manager |
| LARKIN, BRENDA | US Eastern Territory Manager |
| LATIMER, TOMOTHY | US Eastern Regional Sales Manager |
| MAILE, MICHELLE | US Data Administrator |
| McELANEY, ANDREA M | US Territory Manager |
| MONDOCK, PAUL | Regional President of Septodont Americas |
| MONTGOMERY, GREGORY | US Business Operations Manager |
| MOORE, CORY | US Sales Promotion Analyst |
| NELSON, LINDSEY | US Central Territory Manager |
| O'LEARY, SHERI | US Western Territory Manager |
| REBER, JUSTIN | US Digital Media Specialist |
| SEIJO, MIGUELINA | US Marketing Associate |
| SEVILLANOS, JENNIFER M | US Digital Marketing Specialist |
| SLOAD-WAUGH, TRACY | US Inside Sales Representative |
| SOMROCK, JEFFREY | US Central Regional Sales Manager |
| THIELK, ERIC | US Central Territory Manager |

| | |
|---|---|
| WENDT, COREY | US Inside Sales Representative |
| WHITAKER, KATHY | US Executive Assistant |
| WILLIAMS, KELLY | US Central Territory Manager |
| WINTER, JENNIFER | US Accounting Analyst |
| WORZEL, DANIELLE | US Territory Manager |

# 4FF

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (8/02/2022)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☒ Nevada | ☒ New Pharmacy | ☒ Retail/Community | ☒ Retail/Community |
| ☐ Out-of-State | ☐ Ownership Change* | ☐ Hospital (# beds _____) | ☐ Non-sterile Compounding |
| | ☐ Location Change * | ☐ Internet | ☐ Sterile Compounding |
| | ☐ Name Change* | ☐ Nuclear | ☒ Mail-Order Service |
| | | ☐ Other: | ☐ Off-site Cognitive Services |
| | * If making a change, provide license #: | | ☐ Long Term Care |
| | | | ☐ Hospital |
| | PH_____ | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☐ Saturday | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Northern Nevada HOPES

Physical Address: 1905 E. 4th St.

City: Reno State: NV Zip: 89512

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: TBD Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: TBD Contact Email: TBD

Website: TBD

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Tida Watkins

Supervising/Managing Pharmacist NV Pharmacist Registration #: 16921

**Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: TBD | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: n/a | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Northern Nevada HOPES

Mailing Address: 1905 E. 4th St.

City: Reno State: NV Zip: 89512

Telephone: 775-786-4673 Email: schamberlain@nnhopes.org

Contact Person Name: Sharon Chamberlain, CEO

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

**Statement of Responsibility**

1. I am the Chief Operations Officer (title) for Northern Nevada HOPES (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Kelly Duncan

Print Name of Authorized Person

Kelly Duncan

Original signature of Authorized Person (copies or stamps not accepted)

10/3/23

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Tida Watkins hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacy Director (title) for Northern Nevada HOPES (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Tida Watkins

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 5 day of October, 2023

Notary Public

State of Nevada
County of Washoe

TRACI ANN AHLSTEDT
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 20-2379-02 - Expires August 21, 2024

**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: Tida Watkins Pharmacist Registration #: 16921

Pharmacy Name: Northern Nevada HOPES

**Initial each statement below to indicate you have read and agree with the following:**

TW I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

TW I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

TW I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

TW I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

TW I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? | | ✔ |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state? | | ✔ |

**If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| | | | |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tida Watkins

Original signature of Managing Pharmacist (copies or stamps not accepted)

10/5/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Tida Watkins

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

10/5/23

Date

| Board Use Only | Date Received: 10.5.23 | Amount: 500 | CHECK# 70272 |
|---|---|---|---|

SECRETARY OF STATE




# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **NORTHERN NEVADA HIV OUTPATIENT PROGRAM, EDUCATION** , as a DOMESTIC NONPROFIT CORPORATION (82) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 04/08/1997, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 04/18/2023.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202304183582669
You may verify this certificate online at http://www.nvsos.gov

NORTHERN NEVADA HOPES
*your partner in health.*

## Board Members

Doug Brewer – President
Dr. Trudy Larson – Vice President
Chris Bosse – Treasurer
Cliff Scheffel – Secretary

Scott Brenneke – Director
A.G. Burnett - Director
Tom Durante – Director
Todd Felts – Director
Jane Fox - Director
Pat Gallimore – Director
Heidi Loeb - Director
Amy McCombs - Director
Theresa Navarro – Director
Par Tolles - Director

## Officers

Sharon Chamberlain – Chief Executive Officer
Debbie Devay – Chief Financial Officer
Kristen Davis-Coelho - Chief Behavioral Health Officer
Kelly Duncan - Chief Operation Officer
Mandi Larsen – Chief Development Officer
Faith Whittier – Chief Medical Officer

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Northern Nevada HOPES

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 1905 E. 4th St.

City: Reno State: NV Zip: 89512

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: TBD Website: TBD

Licensing Company Email: TBD

### Section 2: Personal Information

First: Tida Middle: Amor Last: Watkins

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Eagle Falls Way

City: Reno State: NV Zip: 89521

Telephone: [redacted] Email: twatkins@nnhopes.org

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Canyon Springs High School | | 08/93 - 06/97 | |
| **Address** | **City** | **State** | **Zip** |
| 23100 Cougar Canyon Dr. | Moreno Valley | CA | 92557 |
| **Diploma/Degree obtained, if any** | | | |
| High School | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Nevada, Reno | | 08/97 - 05/02 | |
| **Address** | **City** | **State** | **Zip** |
| 1664 N. Virginia St. | Reno | NV | 89557 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor of Science in Biology | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Roseman University (formerly known as University of Southern Nevada) | | 08/03 - 06/06 | |
| **Address** | **City** | **State** | **Zip** |
| 11 Sunset Way | Henderson | NV | 89014 |
| **Diploma/Degree obtained, if any** | | | |
| Doctor of Pharmacy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 11/10 - present | [redacted] Eagle Falls Way | Reno | NV | 89521 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Northern Nevada HOPES Pharmacy | | | 02/21 - present |
| **Business Address** | **City** | **State** | **Zip** |
| 580 W. 5th St. | Reno | NV | 89503 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 775 348-1306 | Per-diem pharmacist (2/21) to Director of Pharmacy (12/21) | | 2,928 |
| **Description of Duties** | | | |
| Oversees daily pharmacy operations. Maintains 340B compliance. Collaborates with other departments to provide quality care to patients. Maintains proper inventory to serve the needs of the community. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Raley's Pharmacy #108 | | | 08/13 - 12/21 |
| **Business Address** | **City** | **State** | **Zip** |
| 18144 Wedge Pkwy. | Reno | NV | 89511 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 775 850-8920 | Pharmacy Team Leader | | 17,593 |
| **Description of Duties** | | | |
| Provides immunizations. Counsels on OTC medications for customers. Conducts medication therapy management to increase medication adherence. Oversees daily pharmacy operations. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted) Date

I, Tida Watkins, **certify that as the designated representative for**

Northern Nevada HOPES,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. TW I am at least 21 years of age;
3. TW I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. TW I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. TW I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. TW I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. TW I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

TIDA WATKINS

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/5/23

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

TIDA WATKINS

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/5/23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Washoe

I, TIDA WATKINS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10/5/23

**Date**

Subscribed and Sworn to before me this 5 day of October 2023

**Notary Public Signature**

TRACI ANN AHLSTEDT
Notary Public - State of Nevada
Appointment Recorded in Washoe County
No: 20-2378-02 - Expires August 21, 2024

**(Seal)**

# 4GG

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (8/02/2022)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☒ Nevada | ☒ New Pharmacy | ☐ Retail/Community | ☐ Retail/Community |
| ☐ Out-of-State | ☐ Ownership Change* | ☒ Hospital (# beds 48 ) | ☒ Non-sterile Compounding |
| | ☐ Location Change * | ☐ Internet | ☒ Sterile Compounding |
| | ☐ Name Change* | ☐ Nuclear | ☐ Mail-Order Service |
| | | ☐ Other: | ☐ Off-site Cognitive Services |
| | * If making a change, provide license #: | | ☐ Long Term Care |
| | | | ☒ Hospital |
| | PH | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☐ Saturday | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: PAM Health Rehabilitation Hospital of Henderson

Physical Address: 930 N. Gibson Rd.

City: Henderson State: NV Zip: 89011

Mailing Address (if different from physical address): 1828 Good Hope Rd

City: Enola State: PA Zip: 17025

Telephone: 717-731-9660 Toll Free # (NAC 639.708, NRS 639.23286): n/a

Fax: 717-695-0318 Contact Email: ebosley@pamhealth.com

Website: https://pamhealth.com/facilities/find-facility/rehabilitation-hospitals/pam-health-rehabilitation-hospital-henderson

Nevada Business License # (if applicable) NV20151751824

Supervising/Managing Pharmacist Name (NRS 639.220): Roger Winslow

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18841

**Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: TBD | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|
| | | |

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Pennsylvania

Parent Company (if any): n/a

Corporation/Organization Name: PAM Squared at Las Vegas LLC

Mailing Address: 1828 Good Hope Rd

City: Enola State: PA Zip: 17025

Telephone: 717-731-9660 Email: ebosley@pamhealth.com

Contact Person Name: Erin Bosley

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

**Statement of Responsibility**

1. I am the President (title) for PAM Health Rehabilitation Hospital of Henderso (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Anthony Misitano

Print Name of Authorized Person

X _____

Original signature of Authorized Person (copies or stamps not accepted)

9/21/23

Date

**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: Roger Winslow Pharmacist Registration #: 18841

Pharmacy Name: PAM Health Rehabilitation Hospital of Henderson

**Initial each statement below to indicate you have read and agree with the following:**

RW I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

RW I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

RW I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

RW I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

RW I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | | ✓ |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | ✓ |

**If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| | | | |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

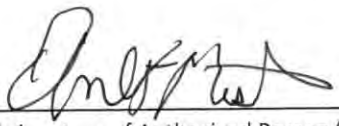
Original signature of Managing Pharmacist (copies or stamps not accepted)

9-21-2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Anthony Misitano

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

X 

Original signature of Authorized Person (copies or stamps not accepted)

9/21/23

Date

| Board Use Only | Date Received: 10/2/23 | Amount: 500-CK-390170 |
|---|---|---|

# Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

| | |
|---|---|
| **Regarding:** | PAM Squared at Las Vegas, LLC |
| **Request Type:** | Subsistence Certificate |
| **Request No.:** | 022361525 |
| **Receipt No.:** | 000692352 |
| **Filing Type:** | Domestic Limited Liability Company |
| **Filing Subtype:** | Limited Liability Company |
| **Initial Filing Date:** | July 27, 2015 |
| **Status:** | Active |

**Issuance Date:** September 19, 2023
**File No.:** 0004372742

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

PAM Squared at Las Vegas, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF STATE •

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

**Albert Schmidt**
Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

**PAM Health Rehabilitation Hospital of Henderson**

## APPLICATION FOR NEVADA PHARMACY LICENSE
## NON PUBLICLY TRADED CORPORATION

- **List all Officers and Directors.**

  Anthony F. Misitano, President
  Brittany Misitano, Vice President and Secretary
  Karick Stober, Vice President and Treasurer

- **List the top four stockholders and their percent ownership.**

  PAM Squared LLC is the sole member with 100%.

- **List all stockholders who hold 10% or more of the shares.**

  As a limited liability company, we do not have shareholders. As noted above, PAM Squared LLC holds 100% of the membership interests of the company.

- **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by:
  a. For Non-publicly traded - The top 4 shareholder/stockholders

  The applicant pharmacy is owned by a limited liability company and does not have shareholders or stockholders. As noted above, PAM Squared LLC holds 100% of the membership interests of the company.

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler PAM Health Rehabilitation Hospital of Henderson

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 930 N. Gibson Rd.

City Henderson State NV Zip 89011

Mailing Address (if different from physical address) 1828 Good Hope Rd

City Enola State PA Zip 17025

Telephone 717-731-9660 Website https://pamhealth.com/facilities/find-facility/rehabilitation-hospitals/pam-health-rehabilitation-hospital-henderson

Licensing Company Email ebosley@pamhealth.com

**Section 2: Personal Information**

First Roger Middle Douglass Last Winslow

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Moon Shadow CT

City Middleton State ID Zip 83644

Telephone [redacted] Email Roger.Winslow@CardinalHealth.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Utah | | 08/07 - 05/10 | |
| Address | City | State | Zip |
| 201 Presidents' Circle | Salt Lake City | UT | 84112 |
| Diploma/Degree obtained, if any | | | |
| Master of Science in Pharmacotherapy, emphasis Pharmacy Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Roseman University of Health Sciences | | 08/04 - 06/07 | |
| Address | City | State | Zip |
| 11 Sunset Way | Henderson | NV | 89014 |
| Diploma/Degree obtained, if any | | | |
| Doctor of Pharmacy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Weber State University | | 09/98 - 06/04 | |
| Address | City | State | Zip |
| 3848 Harrison Blvd | Ogden | UT | 84408 |
| Diploma/Degree obtained, if any | | | |
| Associate of Arts | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Davis High School | | 08/95 - 06/98 | |
| Address | City | State | Zip |
| 325 South Main St | Kaysville | UT | 84037 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 11/18 - 09/23 | [redacted] Moon Shadow CT | Middleton | ID | 83644 |
| 09/14 - 11/18 | [redacted] Coral Glow CT | Las Vegas | NV | 89149 |
| 11/10 - 09/14 | [redacted] S 500 E | Kaysville | UT | 84037 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| MountainView Hospital | | | 09/14 - 09/16 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 3100 North Tenaya Way | | Las Vegas | NV | 89128 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 702-962-5000 | Director of Pharmacy | | 4,160 | |
| **Description of Duties** | | | | |
| Administrative oversight of all aspects of inpatient pharmacy services, including medication procurement, dispensing, compounding, diversion prevention, and quality improvement. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Davis Hospital and Medical Center (now CommonSpirit Holy Cross Hospital-Davis) | | | 05/10 - 09/14 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1600 W Antelope Dr | | Layton | UT | 84041 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 801-874-3429 | Director of Pharmacy | | 9,100 | |
| **Description of Duties** | | | | |
| Administrative oversight of all aspects of inpatient pharmacy services, including medication procurement, dispensing, compounding, diversion prevention, and quality improvement. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

9-21-2023
Date

I, Roger Winslow, **certify that as the designated representative for**

PAM Health Rehabilitation Hospital of Henderson,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. ____ I am at least 21 years of age;
3. ____ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. ____ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. ____ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. ____ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. ____ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Roger Winslow

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-21-2023

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Roger Winslow

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9-21-2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Idaho, ss. County of Ada

I, Roger Winslow, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

9-21-2023

**Date**

Subscribed and Sworn to before me this 21 day of September 2023

Annette Chambers

**Notary Public Signature**

Annette Chambers
Commission Number: 59283
Notary Public
State of Idaho
My Commission Expires: 03/16/2026

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

### Section 1: General Information

Pharmacy Name: PAM Health Rehabilitation Hospital of Henderson

NV Pharmacy or Outsourcing facility license # (if applicable):

Physical Address: 930 N. Gibson Rd.

City: Henderson State: NV Zip: 89011

Mailing Address (if different from physical address): [redacted]Good Hope Rd

City: Enola State: PA Zip: 17025

Telephone: 717-731-9660 Toll Free # (NAC 639.708, NRS 639.23286): n/a

Fax: 717-695-0318 Contact Email: ebosley@pamhealth.com

Website: https://pamhealth.com/facilities/find-facility/rehabilitation-hospitals/pam-health-rehabilitation-hospital-henderson

Nevada Business License # (if applicable) NV20151751824

Supervising/Managing Pharmacist Name (NRS 639.220): Roger Winslow

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18841

Name of Person with direct knowledge of compounding procedures: Roger Winslow

Email of Person with direct knowledge of compounding procedures: roger.winslow@cardinalhealth.com

Telephone of Person with direct knowledge of compounding procedures: 801-682-6291

**Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)**

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☑ Low ☑ Medium ☐ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☐ Yes ☑ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:
Ampicillin/Sulbactam (Unasyn), Clinimix, Daptomycin, Furosemide, Levetiracetam, Meropenem, Pantoprazole (Protonix), Penicillin G, Vancomycin, and any other non-regular IV sterile compounded products

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ☑ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:
N/A

6. What laboratory performs this additional testing?
Name: N/A
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?
The pharmacist or technician will compound the medication in the IV room. The pharmacist or technician will conduct a visual inspection of the vials prior to compounding for container closure defects, outside visual defects, possible foreign material(s) in the vial powder or solution, and verify dilution strength of the medication. If inspection is satisfactory, the compound will be made and an additional inspection will be done of the final compounded product looking for foreign material(s) or any defects in the final product. Once the inspection is complete, the pharmacist will either approve the compounded product for distribution, or any defects found will be recorded and the product will be disposed of appropriately and this process will be repeated to compound a new product.

8. How often do you perform glove fingertip and medial fill testing?

Upon hire or employee transfer to new site, and every 6 months thereafter to be in compliance the USP 797 update beginning November 1, 2023

9. What is your policy if an employee fails a glove fingertip or media-fill test?

If an employee fails either of these tests, they are retrained on proper procedures and then retested until they pass.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

All pharmacists and technicians must take and pass an electronic educational course specific to USP 797 compounding upon hire and annually thereafter. In addition, all pharmacists and technicians will undergo an observed assessment to ensure proper garbing and hand hygiene, ascetic technique, and cleaning and disinfecting procedures upon initial training and annually thereafter. All pharmacists and technicians also must pass a written assessment for sterile product preparation competency upon initial training and annually thereafter. Lastly, all pharmacists and technicians must perform 3 separate gloved fingertip and media fill tests for the initial training and every 6 months thereafter to be in compliance the USP 797 update beginning November 1, 2023

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Daily: Inspect, wipedown, and clean all materials and tools entering the cleanroom with a 70% isopropyl alcohol solution. Clean and wipe down the IV hood with sterile water, wiping from top down, inside to outside, to ensure any material is removed. Then, Preempt wipes are used to wipe down the hood, from top to the bottom, inside to outside, and left to dry for 3 minutes. Then, 70% sterile isopropyl alcohol is applied to the hood and left to air dry. Once the hood is completely dry, then compounding can begin. This process is repeated at the end of each shift. In addition, the floors of the IV and ante rooms are cleaned at the end of each shift with Peridox RTU and the sink in the ante room is cleaned with Preempt wipes, also at the end of each shift. Batch compounding does not regularly occur at this facility - if it did, cleaning procedures would be repeated after 30 minutes of batch compounding. Also, any spills would be cleaned as above.
Monthly: Once each month the same cleaning procedures outlined above are followed for the IV hood, IV and ante room floors and the ante room sink. In addition, the ceiling, walls, shelving, bins, etc. are all also cleaned. The product used for the monthly cleaning is the Peridox RTU.

12. Who performs the sterile compounding process at your facility?

The pharmacist or technician staffing for the day will perform the sterile compounding process for the day.

13. Who is responsible and accountable for the sterile compounding process at your facility?

The managing pharmacist (pharmacist in charge)

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

N/A

| Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.) | | |
|---|---|---|
| 1. What type of primary engineering controls will you be using in your facility?<br>N/A | | |
| 2. Is your BSC or CACI vented 100% to the outside? | ☐ Yes | ☐ No |
| 3. Do you have a negative pressure buffer room at your facility? | ☐ Yes | ☐ No |
| 4. Will you be compounding with antineoplastic HDs or HD API? | ☐ Yes | ☐ No |
| 5. If yes, are the drugs stored in an externally ventilated, negative pressure room? | ☐ Yes | ☐ No |
| 6. Will you be utilizing a closed system transfer device? | ☐ Yes | ☐ No |
| 7. If yes, list the name of the device: | | |
| 8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers? | | |
| 9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs? | | |

**Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)**

1. List the specific high risk sterile products that your facility compounds:

N/A

2. What sterilization methods are utilized at your facility?

3. Does your facility utilize biological indicators? ☐ Yes ☐ No

4. If yes, describe how they are utilized:

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Roger Winslow

Name of Person who Completed the Form

Pharmacy Manager

Title

Signature (copies or stamps not accepted)

9-21-2025

Date

| **Board Use Only** | Date Received:_____ Date Approved: _____ Approved By: _____ |
|---|---|

# 4HH

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application

**Non-Refundable $500.00 Fee**

Rev (8/25/2023)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ■ Nevada | ■ New Pharmacy | ■ Retail/Community | ■ Retail/Community |
| ☐ Out-of-Nevada | ☐ Ownership Change* | ☐ Hospital (# beds _____) | ■ Dangerous drugs |
| | ☐ Location Change * | ☐ Internet | ■ Controlled substances |
| | ☐ Service Modification* | ☐ Nuclear | DEA #: pending |
| | ☐ Name Change* (if only a Name Change occurred, submit a $50.00 fee with the application.) | ☐ Other: | ☐ Non-sterile Compounding |
| | | | ☐ Sterile Compounding |
| | | | ☐ Mail-Order Service |
| | | | ☐ Off-site Cognitive Services |
| | | | ☐ Long Term Care |
| | * Current license #: | | ☐ Hospital |
| | PH_____ | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ■ Monday | ■ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ■ Tuesday | ■ Saturday | ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ■ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ■ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: 986 Pharmacy #8021

Physical Address: 4750 W Sahara Ave. Suite 30

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (626) 252-2736 Toll Free # (NAC 639.708, NRS 639.23286): N/A

Fax: pending Contact Email: robert.ojeda@986pharmacy.com

Website: www.986pharmacy.com

Nevada Business License # (if applicable) NV20232674169

Supervising/Managing Pharmacist Name (NRS 639.220): Lin, Yeh-Tang

Supervising/Managing Pharmacist NV Pharmacist Registration # (if applicable): 19997

**Section 2: List the name(s) of at least one registered pharmacist who practices at the pharmacy, who may be the managing pharmacist or another pharmacist, who will be responsible for any prescriptions dispensed to a patient located in Nevada and responsible for any acts or omissions of pharmacy personnel who are not registered with the Board. NRS 639.2328. (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Lin, Yeh-Tang | NV Pharmacist Registration #: 19997 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: N/A | %: N/A |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: N/A

Parent Company (if any): N/A

Corporation Name: N/A

Mailing Address: N/A

City: N/A State: Zip:

Telephone: N/A Email:

Contact Person Name: N/A

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Nevada

Parent Company (if any): N/A

Corporation/Organization Name: Apollo Pharmacy Inc

Mailing Address: 115 Major Bowling Place

City: Henderson State: NV Zip: 89011

Telephone: (626) 252-2736 Email: robert.ojeda@986pharmacy.com

Contact Person Name: Robert Ojeda

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: N/A

Mailing Address: N/A

City: N/A State: Zip:

Telephone: N/A Email:

Contact Person Name: N/A

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: N/A

Business Name: N/A

Business Address: N/A

City: N/A State: Zip:

Telephone: N/A Email:

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the Owner/CEO (title) for 986 Pharmacy #8021 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Robert John Ojeda

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

10/24/23

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Robert John Ojeda hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Owner/CEO (title) for 986 Pharmacy #8021 (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 24th day of October, 2023

Notary Public

MICHAEL VALENZUELA
Notary Public - California
San Bernardino County
Commission # 2351058
My Comm. Expires Apr 8, 2025

**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: Yeh-Tang Lin Pharmacist Registration #: 19997

Pharmacy Name: 986 Pharmacy #8021

**Initial each statement below to indicate you have read and agree with the following:**

YL I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

YL I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

YL I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

YL I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

YL I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? | | ✔ |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state? | | ✔ |

**If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| | | | |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

10/11/23
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Robert John Ojeda

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

10/24/23

Date

| Board Use Only | Date Received: 10/30/23 | Amount: $500-cc |
|---|---|---|

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Apollo Pharmacy Inc**, as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 01/16/2023, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/16/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202310164039355
You may verify this certificate online at http://www.nvsos.gov

**List of all Officers and Directors**

Apollo Pharmacy Inc
DBA 986 Pharmacy #8021
4750 W. Sahara Ave Suite 30
Las Vegas, NV 89102

**Robert John Ojeda – owner, CEO, CFO, Secretary, Director**

**List of Stockholders**

Apollo Pharmacy Inc
DBA 986 Pharmacy #8021
4750 W. Sahara Ave Suite 30
Las Vegas, NV 89102

**Robert John Ojeda – 100% stockholder**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler 986 Pharmacy #8021

Pharmacy/Wholesaler License # (if applicable) pending

Physical Address 4750 W Sahara Ave Suite 30

City Las Vegas State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 626-252-2736 Website www.986pharmacy.com

Licensing Company Email robert.ojeda@986pharmacy.com

### Section 2: Personal Information

First Yeh-Tang Middle _____ Last Lin

Alias(es, nicknames, name changes, etc.) Elton

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Planting Fields Pl

City Las Vegas State NV Zip 89117

Telephone [redacted] Email elton.lin@986pharmacy.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Roseman University of Health Sciences | | 08/15 - 05/18 | |
| **Address** | **City** | **State** | **Zip** |
| 11 Sunset Way | Henderson | NV | 89014 |
| Diploma/Degree obtained, if any | | | |
| PharmD | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| College of Southern Nevada | | 2011 - 2014 | |
| **Address** | **City** | **State** | **Zip** |
| 6375 W Charleston Blvd | Las Vegas | NV | 89146 |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| ITT Technical Institute | | 2006 - 2008 | |
| **Address** | **City** | **State** | **Zip** |
| 2300 Corporate Cir #150 | Henderson | NV | 89074 |
| Diploma/Degree obtained, if any | | | |
| Computer Electronics Engineering Technology Associate's Degree | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Palo Verde High School | | 2002-2005 | |
| **Address** | **City** | **State** | **Zip** |
| 333 S Pavilion Center Dr | Las Vegas | NV | 89144 |
| Diploma/Degree obtained, if any | | | |
| Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/23 - Present | [redacted] Honeysuckle Ridge St | Las Vegas | NV | 89148 |
| 07/23 - 09/23 | [redacted] Silverstream Ave #2120 | Las Vegas | NV | 89107 |
| 09/22 - 7/23 | [redacted] Honeysuckle Ridge St | Las Vegas | NV | 89148 |
| 2006 - 09/22 | [redacted] Planting Fields Pl | Las Vegas | NV | 89117 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| 986 Specialty Pharmacy #2 Inc. | | | 08/18 - 10/23 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 321 N Buffalo Dr Suite 120 | | Las Vegas | NV | 89145 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 702-909-4072 | Pharmacist | | 10400 | |
| **Description of Duties** | | | | |
| Pharmacist, Technician, Clerk, IT duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

Date

I, Yeh-Tang Lin, **certify that as the designated representative for**

986 Pharmacy #8021,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. YL I am at least 21 years of age;
3. YL I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. YL I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. YL I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. YL I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. YL I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Yeh-Tang Lin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/11/23

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Yeh-Tang Lin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/11/23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Yeh-Tang Lin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10/11/23

**Date**

Subscribed and Sworn to before me this 11th day of October 2023.

Tano Guy

**Notary Public Signature**

TANO GUY
Notary Public, State of Nevada
Appointment No. 16-3560-1
My Appt. Expires Aug 30, 2024

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site 986 Pharmacy #8021

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) N/A

Physical Address 4750 W Sahara Ave. Suite 30

City Las Vegas State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (626) 252-2736 Website N/A

Licensing Company Email robert.ojeda@986pharmacy.com

**Section 2: Personal Information**

First Robert Middle John Last Ojeda

Alias(es, nicknames, name changes, etc.) N/A

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Major Bowling Place

City Henderson State NV Zip 89011

Telephone [redacted] Email robert.ojeda@986pharmacy.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| California State University, Fullerton | | 08/97 - 05/00 | |
| **Address** | **City** | **State** | **Zip** |
| 800 N. State College Blvd. | Fullerton | CA | 92831 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science, Kinesiology | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Pioneer High School | | 08/89 - 06/92 | |
| **Address** | **City** | **State** | **Zip** |
| 10800 Benavon Street | Whittier | CA | 90606 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| N/A | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| K&B Pharmacy Associates Inc | | | 07/19 - 10/23 |
| **Business Address** | **City** | **State** | **Zip** |
| 2491 Huntington Dr. | San Marino | CA | 91108 |
| **Phone** | **Title** | | |
| (626) 616-1100 | President | | |

Description of Duties

Managing all operations, existing pharmacy members, vendors, and wholesaler relations.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Smart-Fill Management Group | | | 10/15 - 07/19 |
| **Business Address** | **City** | **State** | **Zip** |
| 905 N. Main Street | Austin | MN | 55912 |
| **Phone** | **Title** | | |
| (507) 434-7426 | Business Consultant | | |

Description of Duties

Managing all existing Managed Pharmacy Care (MPC) clients while managing previous responsibilities from MPC and United Pharmacy Network, Inc.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Managed Pharmacy Care | | | 09/13 - 07/19 |
| **Business Address** | **City** | **State** | **Zip** |
| 28200 Highway 189, Building R-110 | Lake Arrowhead | CA | 92352 |
| **Phone** | **Title** | | |
| (800) 582-5889 | VP of Sales and Marketing | | |

Description of Duties

Managed all aspects of pharmacy operations and vendor relations for over 125 independently owned pharmacies throughout California.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| 986 Specialty Pharmacy 3 Inc | | | 02/20 - 05/23 |
| **Business Address** | **City** | **State** | **Zip** |
| 6205 Coit Rd | Plano | TX | 75024 |
| **Phone** | **Title** | | |
| (469) 543-0199 | Shareholder | | |

Description of Duties

Shareholder and Management of Operations

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| ARK Infusion Management, LLC | | | 05/20 - 10/23 |
| **Business Address** | **City** | **State** | **Zip** |
| 2521 Huntington Dr. | San Marino | CA | 91108 |
| **Phone** | **Title** | | |
| (626) 399-0421 | Shareholder | | |

Description of Duties

None

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| American Pharmacy Consultants, Inc | | | 04/12 - 10/23 | |
| Business Address | | City | State | Zip |
| 2475 Hillsborough Lane | | Chino Hills | CA | 91709 |
| Phone | Title | | | |
| (626) 252-2736 | Shareholder, CEO | | | |
| Description of Duties | | | | |
| Consulting for independent pharmacy regarding business operations and workflow. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Helios Healthcare Inc | | | 06/23 - 10/23 | |
| Business Address | | City | State | Zip |
| 321 N. Buffalo Dr. #110 | | Las Vegas | NV | 89145 |
| Phone | Title | | | |
| (702) 818-8182 | Shareholder, CEO | | | |
| Description of Duties | | | | |
| Shareholder and Management of Operations | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| N/A | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| **Reason/Charge** | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| **Name of Business/Industry/Entity** | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

10/24/2023
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Robert John Ojeda
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/24/23
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of California, ss. County of San Bernardino

I, ROBERT J. OJEDA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10/24/23
**Date**

Subscribed and Sworn to before me this 24th day of October, 2023.

**Notary Public Signature**

MICHAEL VALENZUELA
Notary Public - California
San Bernardino County
Commission # 2351058
My Comm. Expires Apr 8, 2025

**(Seal)**

# 411

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

**Non-Refundable $500 fee**

Rev (05/12/2022)

**Where is the facility located?** ☒ Nevada ☐ Out-of-State

**[a]Is the business also a wholesaler? (NRS 639.016)** ☐ Yes ☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

| Type of Application (check applicable box) | | MDEG Business Type (check applicable box) |
|---|---|---|
| ☒ New MDEG | * If making a change, provide current license number: | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) |
| ☐ Ownership Change* | | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, **6**, 9) |
| ☐ Name Change* | | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) |
| ☐ Location Change* | M _____ | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9) |

### Section 1: General Information

Facility Name: Alliance for Childhood Diseases dba Cure 4 The Kids Foundation

MDEG Physical Address: 4425 South Pecos Road Suite 6

City: Las Vegas State: NV Zip: 89135

Mailing Address (if different from physical address): 10170 West Tropicana Ave. Suite 156-252

City: Las Vegas State: NV Zip: 89147

Telephone: 702-732-1493 Website: www.cure4thekids.org

Email: tsaldana@cure4thekids.org

Name of MDEG Administrator (NAC 639.694): David G. Stewart, Jr. MD

| Entities the MDEG will Serve | Type of MDEG products that will be sold (check all applicable) |
|---|---|
| ☒ Patients by prescriptions | ☐ Medical Gases** |
| ☐ Pharmacies[a] | ☐ Respiratory Equipment** |
| ☐ Practitioners[a] | ☐ Life-sustaining equipment** |
| ☐ Hospitals/Clinics[a] | ☐ Parenteral and Enteral Equipment** |
| ☐ Clinics[a] | ☒ Assistive Equipment |
| ☐ Wholesalers[a] | ☐ Diabetic Supplies |
| ☐ Other business entities (specify)[a]: | ☒ Orthotics and Prosthetics |
| | ☐ Others: |
| This application is ONLY required if MDEG products will be sold to patients by prescription. | **These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): |
| [a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov) | Name: _____ |
| | Telephone: _____ |

| Check the Days the Business will be Opened and provide the Hours of Operation | | | | |
|---|---|---|---|---|
| ☑ Mon: 8am- 5pm | ☑ Tue: 8am- 5pm | ☑ Wed: 8am- 5pm | ☑ Thurs: 8am- 5pm | ☑ Fri: 8am- 5pm |
| ☐ Sat: | ☐ Sun: | ☐ Holidays: | | |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(l))**

Medicare: V107829

NV Medicaid: 100526304

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)**

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: NV/Domestic Nonprofit Corporation (82)

Parent Company (if any): _____

Corporation/Organization Name: Alliance for Childhood Diseases dba Cure 4 The Kids Foundation

Mailing Address: 10170 W. Tropicana Ave. Suite 156-252

City: Las Vegas State: NV Zip: 89135

Telephone: 702-732-1493 Email: tsaldana@cure4thekids.org

Contact Person Name: Tamara Saldana

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List of all general and limited partner names and their percent ownership (NAC 639.6942).** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Medical products provider located** outside of this State **must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Christine Tonn

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

9/25/2023

Date

| Board Use Only | Date Received: 10/16/23 | Amount: 500-CC |
|---|---|---|

## Jessette Phaynarikone

**From:** Tishira Thomas <tishira@thomascredentialing.com>
**Sent:** Monday, February 6, 2023 9:11 AM
**To:** Jessette Phaynarikone
**Cc:** credentialing@cure4kids.org; dstewart@cure4thekids.org
**Subject:** Re: MDEG Application - Cure 4 The Kids Foundation - Las Vegas, NV
**Attachments:** MDEG App- C4K 3.pdf; Untitled attachment 00025.htm; Alliance for Childhood Diseases - NV State Secretary Certificate Good Standing 2-28-2022.pdf; Untitled attachment 00028.htm

Good morning Jessette,

Per my conversation with Mark, no personal history applications are required because the entity is a nonprofit therefore there are owners, stockholders, shareholders, etc.

The certificate was in the package sent but I have included another copy along with the correction on page 3, section 4.

If you are in need of any additional information, please don't hesitate.

Warm Regards,

TiShira Thomas
Credentialing Specialist

Thomas Credentialing & Consulting
Phone: (702) 701-2490
Fax: (702) 537-8787

## Cure 4 The Kids Foundation Board Members 2023

| Name | Email | Home Address |
|---|---|---|
| Renee Coffman | [redacted] | [redacted]Anthem Creek Circle, Henderson, NV 89052 |
| Cory Frey | [redacted] | [redacted]S Pioneer Way, Las Vegas, NV 89113 |
| David Leake | [redacted] | [redacted]French Daisy Street, Las Vegas, NV 89135 |
| Annette Logan-Parker | alogan@cure4thekids.org | [redacted]Haywood Drive, Las Vegas, NV 89135 |
| Farhan Naqvi | [redacted] | [redacted]Midnight Ridge Drive, Las Vegas, NV 89135 |

## Cure 4 The Kids Chiefs and Directors 2023

| Name | Title | Email |
|---|---|---|
| Annette Logan-Parker | Chief Executive Officer | alogan@cure4thekids.org |
| Christine Tonn | President | ctonn@cure4thekids.org |
| Doyne Pickett | Chief Financial Officer | dpickett@cure4thekids.org |
| James Felsing | Vice President of Operations | jfelsing@cure4thekids.org |
| Joseph Lasky | Medical Director | jlasky@cure4thekids.org |
| Tamara Saldana | Interim Vice President of Clinical Operations and Compliance | tsaldana@cure4thekids.org |

ALLIFOR-03 TYLERT

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/4/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER License # 0E67768<br>Insurance Office of America<br>8337 W. Sunset Road<br>Suite 290<br>Las Vegas, NV 89113 | CONTACT NAME: Toni Tyler<br>PHONE (A/C, No, Ext): (805) 364-6178 FAX (A/C, No):<br>E-MAIL ADDRESS: Toni.Tyler@ioausa.com |
| INSURED<br>Alliance for Childhood Diseases dba Cure 4 The Kids Foundation<br>1 Breakthrough Way<br>Las Vegas, NV 89135 | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A : Philadelphia Indemnity Insurance Company — 18058<br>INSURER B : Sequoia Insurance Company — 22985<br>INSURER C : National Fire & Marine Insurance Company — 20079<br>INSURER D :<br>INSURER E :<br>INSURER F : |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | | |
| | CLAIMS-MADE X OCCUR | X | | PHPK2481634 | 11/19/2022 | 11/19/2023 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | OTHER: | | | | | | | $ |
| A | AUTOMOBILE LIABILITY | | | | | | | |
| | ANY AUTO | | | PHPK2481634 | 11/19/2022 | 11/19/2023 | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per person) | $ |
| | X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| A | X UMBRELLA LIAB X OCCUR | | | PHUB838219 | 11/19/2022 | 11/19/2023 | EACH OCCURRENCE | $ 5,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ 5,000,000 |
| | DED X RETENTION $ 10,000 | | | | | | | $ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N | | | QWC1246913 | 11/19/2022 | 11/19/2023 | X PER STATUTE OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N / A | | | | | | E.L. EACH ACCIDENT | $ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 1,000,000 |
| C | Malpractice | | | HN031497 | 11/19/2022 | 11/19/2023 | Each Occurrence | 1,000,000 |
| C | Malpractice | | | HN031497 | 11/19/2022 | 11/19/2023 | Aggregate | 3,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 4425 S. Pecos Rd., Ste. 6, Las Vegas, NV 89121
Dr. David Stewart is Additional Insured with respect to General Liability when required by written contract.
30 Days' Notice of Cancellation /10 Days Non-Payment of Premium in accordance with the policy provisions

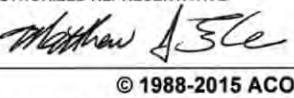
**CERTIFICATE HOLDER**

Dr. David Stewart
4425 S. Pecos Rd., Ste. 6
Las Vegas, NV 89121

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALLIANCE FOR CHILDHOOD DISEASES**, as a DOMESTIC NONPROFIT CORPORATION (82) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 04/12/2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/10/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202310104025982
You may verify this certificate online at http://www.nvsos.gov

**FRANCISCO V. AGUILAR**
*Secretary of State*

**GABRIEL DI CHIARA**
*Chief Deputy*

**STATE OF NEVADA**

**OFFICE OF THE SECRETARY OF STATE**

*Commercial Recordings Division*
*202 N. Carson Street*
*Carson City, NV 89701*
*Telephone (775) 684-5708*
*Fax (775) 684-7138*

*North Las Vegas City Hall*
*2250 Las Vegas Blvd North, Suite 400*
*North Las Vegas, NV 89030*
*Telephone (702) 486-2880*
*Fax (702) 486-2888*

## Business Entity - Filing Acknowledgement

03/28/2023

| | |
|---|---|
| **Work Order Item Number:** | W2023032802036 - 2797456 |
| **Filing Number:** | 20233058888 |
| **Filing Type:** | Annual List |
| **Filing Date/Time:** | 03/28/2023 15:37:59 PM |
| **Filing Page(s):** | 3 |

**Indexed Entity Information:**

**Entity ID:** E0263332007-7

**Entity Name:** ALLIANCE FOR CHILDHOOD DISEASES

**Entity Status:** Active

**Expiration Date:** None

Non-Commercial Registered Agent
ALLIANCE FOR CHILDHOOD DISEASES c/o CHIEF EXECUTIVE OFFICER
1 BREAKTHROUGH WAY, LAS VEGAS, NV 89135, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

FRANCISCO V. AGUILAR
Secretary of State

FRANCISCO V. AGUILAR
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Annual or Amended List and State Business License Application

☑ ANNUAL ☐ AMENDED (check one)

**List of Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:**

**ALLIANCE FOR CHILDHOOD DISEASES**
NAME OF ENTITY

**NV20071501700**
Entity or Nevada Business Identification Number (NVID)

**TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT**

***IMPORTANT:*** *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation
☐ This corporation is publicly traded, the Central Index Key number is:

☑ Nonprofit Corporation (see nonprofit sections below)

☐ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership

☐ Business Trust

☐ Corporation Sole

| Filed in the Office of | Business Number |
|---|---|
| FVAguilar | **E0263332007-7** |
| | Filing Number |
| | **20233058888** |
| Secretary of State | Filed On |
| State Of Nevada | **03/28/2023 15:37:59 PM** |
| | Number of Pages |
| | **3** |

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

**CHECK ONLY IF APPLICABLE**

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity
☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

**For nonprofit entities formed under NRS chapter 80:** entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption Code 002

**For nonprofit entities formed under NRS Chapter 81:** entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

**For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required
☑ Yes - the "Charitable Solicitation Registration Statement" is required.
☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

FRANCISCO V. AGUILAR
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Annual or Amended List and State Business License Application - Continued

**Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:**

CORPORATION, INDICATE THE VICE PRESIDENT AND SECRETARY:

| Name | Country |
|---|---|
| RENEE COFFMAN | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 1 BREAKTHROUGH WAY | Las Vegas | NV | 89135 |

CORPORATION, INDICATE THE TREASURER:

| Name | Country |
|---|---|
| DAVID LEAKE | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 1 BREAKTHROUGH WAY | LAS VEGAS | NV | 89135 |

CORPORATION, INDICATE THE DIRECTOR:

| Name | Country |
|---|---|
| FARHAN NAQVI | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 1 BREAKTHROUGH WAY | LAS VEGAS | NV | 89135 |

CORPORATION, INDICATE THE DIRECTOR:

| Name | Country |
|---|---|
| CORY FREY | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 1 BREAKTHROUGH WAY | LAS VEGAS | NV | 89135 |

CORPORATION, INDICATE THE PRESIDENT OF THE BOARD:

| Name | Country |
|---|---|
| Annette L Logan-Parker | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 1 Breakthrough Way | Las Vegas | NV | 89135 |

CORPORATION, INDICATE THE PRESIDENT OF THE ORGANIZATION:

| Name | Country |
|---|---|
| Christine Tonn | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| 1 Breakthrough Way | Las Vegas | NV | 89135 |

**None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.**

**I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.**

X Christine Tonn

**Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer** *FORM WILL BE RETURNED IF UNSIGNED*

| President of the Organization | 03/28/2023 |
|---|---|
| Title | Date |

**FRANCISCO V. AGUILAR**
**Secretary of State**
**202 North Carson Street**
**Carson City, Nevada 89701-4201**
**(775) 684-5708**
**Website: www.nvsos.gov**
**www.nvsilverflume.gov**

| Filed in the Office of | Business Number |
|---|---|
| FVAguilar | **E0263332007-7** |
| | Filing Number |
| | **20233058889** |
| Secretary of State | Filed On |
| State Of Nevada | **03/28/2023 15:38:00 PM** |
| | Number of Pages |
| | **1** |

# Charitable Solicitation Registration Statement

(PURSUANT TO NRS CHAPTER 82)

*Required for any corporation that intends to solicit charitable/tax deductible contributions. To be filed with Initial/Annual List Forms.*

**1. Names of Charitable Organization:** (please complete items a thru c; attach additional page(s) if necessary)

a) Name of charitable organization as state in its Articles of Incorporation or other governing document:
**Alliance for Childhood Diseases**

b) Exact name of charitable organization as registered with the Internal Revenue Service:
**Alliance for Childhood Diseases**

c) Name or names under which charitable organization may, or intends to, solicit charitable contributions in Nevada:
**Cure 4 The Kids Foundation**

**2. Web Address:** (optional*)

**https://cure4thekids.org** *will be listed on public entity search

**3. USA PATRIOT ACT certification:** (optional )

☑ Check here to accept the following certification.
In compliance with the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001 and other counterterrorism laws, I hereby certify on behalf of the herein named entity that all funds and donations will be used in compliance with all United States of America anti-terrorist financing and asset control laws, statutes and executive orders.

**4. Places of Business:** (please complete items a, b; attach additional page(s) if necessary)

a) Address and telephone number of the principal place of business of the charitable organization: **7027321493** Telephone Number

| **1 Breakthrough Way** | **Las Vegas** | **NV** | **89135** | **USA** |
|---|---|---|---|---|
| Address | City | State | Zip Code | Country |

b) Address and telephone number of any office in this state OR if none, name, address and telephone number of custodian of its financial records:

**Christine Tonn** **7026915703**
Name of Custodian Telephone Number

| **1 Breakthrough Way** | **Las Vegas** | **NV** | **89135** | **USA** |
|---|---|---|---|---|
| Address | City | State | Zip Code | Country |

**5. Exempt Status and Federal Tax ID:**

Federal tax exempt status: **1** EIN - Federal Tax ID: **26-0286469**

**6. Names and Addresses of Executive Personnel:** (attach additional page(s) if necessary)

| **Christine Tonn** | **EXECUTIVE PERSONNEL** | | | |
|---|---|---|---|---|
| Name | Title | | | |
| **1 Breakthrough Way** | **Las Vegas** | **NV** | **89135** | **USA** |
| Address | City | State | Zip Code | Country |

**7. Fiscal Year:**

Day and month of end of fiscal year of the charitable organization: Day **31** Month **12**

**8. Financial Information from IRS Form 990, 990EZ or if no Form 990, a good faith estimate for most recent fiscal year:**

☑ Check here if you file Form 990N or have not filed a Form 990 or 990EZ. If checked, please provide a good faith estimate for its current fiscal year. All others please provide the information from the most recently filed Form 990 , Part I or 990EZ, Parts I and II.

| | |
|---|---|
| Total Revenue (line 12, Form 990; line 9, Form 990EZ) | **42049478.0** |
| Total Expenses (line 18, Form 990; line 17, Form 990EZ) | **40254291.0** |
| Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ) | **1795187.0** |
| Total Assets (line 20, Form 990; line 25, Form 990EZ) | **25984169.0** |
| Total Liabilities (line 21, Form 990; line 26, Form 990EZ) | **16159807.0** |
| Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ) | **9824362.0** |

**9. Signature:** (must be signed by an officer, or if a trust, by a trustee)

**I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.**

**X** **Christine Tonn** — **Authorized Signature**

**President of the Organization** — Title

**03/28/2023** — Date

CURE 4 THE KIDS FOUNDATION
A Division of Roseman University of Health Sciences

**Group Name: Alliance for Childhood Disease dba Cure 4 The Kids Foundation**
**Group TIN: 26-0286469**
**Group PTAN: V107829**

| Main Office: 1 Breakthrough Way, Las Vegas, NV 89135 | | | | Breakthrough NPI: 1013292689 | Breakthrough Phone: (702) 732-1493 | Breakthrough Fax: (702) 732-1080 | Breakthrough Medicaid: 100526304 | |
|---|---|---|---|---|---|---|---|---|
| Ortho Office: 4425 S Pecos Rd. Ste 6, Las Vegas, NV 89121 | | | | Pecos NPI: 1033820980 | Pecos Phone: (702) 333-7000 | Pecos Fax: (702) 732-1080 | Pecos Medicaid: 250023915 | |
| NAME | DEGREE | SPECIALTY | NPI | STATE LICENSE | DEA | NV STATE PHARMACY | MEDICARE | MEDICAID |
| Alhushki, Waseem | MD | Pediatric Hematology-Oncology | 1578740874 | 14936, EXP 6/30/2025 | FA3112808, EXP 6/30/2024 | CS21323, EXP 10/31/2024 | V108027 | 100535662 |
| Berg, Angela Jo | APRN | Pediatric Nurse Practitioner | 1568845998 | APRN001950, EXP 03/26/2025 | MB3557204, EXP 07/31/2024 | CS23733, EXP 10/31/2024 | V112550 | 100542401 |
| | | | | RN38362, EXP 03/26/2025 | | | | |
| Bello, Danielle | PhD | Clinical Neuropsychology | 1164434445 | PY0613, EXP 12/31/2024 | N/A | N/A | V109900 | 100525890 |
| Casey, Jessica | DNP | Pediatric Hematology-Oncology | 1174250013 | APRN856206, EXP 12/15/2024 | MC7570371, EXP 08/31/2025 | CS34470, EXP 10/31/2024 | V76636 | 250022307 |
| | | | | RN91761, EXP 12/15/2024 | | | | |
| Fong, Taylor | PA-C | Physician Assistant | 1689399289 | PA2787, EXP 6/30/2025 | MF7922037, EXP 9/30/2025 | CS35187, EXP 10/31/2024 | V78253 | 250024354 |
| | | | | | *Pecos* MF7965796, EXP 9/30/2025 | *Pecos* CS35301, EXP 10/31/2024 | | |
| Foord, Aimee Malesky | DO | Pediatric Hematology-Oncology | 1821312844 | DO2981, EXP 12/31/2023 | FF0781763, EXP 9/30/2024 | CS32316, EXP 10/31/2024 | V71004 | 250015486 |
| Gupta, Sumit | MD | Pediatric Hematology-Oncology | 1548644883 | 20421, EXP 6/30/2025 | FG9913585, EXP 9/30/2026 | CS31224, EXP 10/31/2024 | V67962 | 250012787 |
| Kempert, Pamela | MD | Pediatric Hematology-Oncology | 1124035266 | 19585, EXP 6/30/2025 | FK2522919, EXP 12/31/2025 | CS35041, EXP 10/31/2024 | V64197 | 100522958 |
| Lasky, Joseph | MD | Pediatric Hematology-Oncology | 1386680718 | 17125, EXP 6/30/2025 | BL8525149, EXP 03/31/2024 | CS25948, EXP 10/31/2024 | V51354 | 100551950 |
| | | | | *A82345 (CA), EXP 8/31/2024* | | | | |
| Longo, Nicola | MD, PhD | Medical Genetics | 1275612749 | 12808, EXP 6/30/2025 | FL5013747, EXP 3/31/2024 | CS22842, EXP 10/31/2024 | V112863 | 2082501 |
| | | | | *4916705-1205 (UT), EXP 1/31/2024* | *BL4639413 (UT), EXP 03/31/2025* | | | |
| Montiel-Esparza, Raul | MD | Pediatric Hematology-Oncology | 1518315779 | 23425, EXP 06/30/2025 | FM2592574, EXP 01/31/2026 | CS35128, EXP 10/31/2024 | V73846 | 250024753 |
| | | | | *A160997 (CA), EXP 02/28/2025* | *FM8697089 (CA), EXP 01/31/2025* | | | |
| Shaver, Zach | DPT | Physical Therapy | 1063073609 | 4697, EXP 09/28/2023 | N/A | N/A | V72687 | 250017317 |
| Stewart, David | MD | Orthopedic Surgery | 1285602896 | 11337, EXP 6/30/2025 | BS8878110, EXP 02/28/2025 | CS13231, EXP 10/31/2024 | V73846 | 100504413 |
| | | | | | *Pecos* FS2619849, EXP 02/28/2026 | *Pecos* CS35169, EXP 10/31/2024 | | |

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG: Alliance for Childhood Diseases dba Cure 4 The Kids  MDEG License # (if applicable): 

Physical Address: 4225 South Pecos Road Suite 6

City: Las Vegas  State: NV  Zip: 89121

Mailing Address (if different from physical address): 10170 West Tropicana Ave Suite 156-252

City: Las Vegas  State: NV  Zip: 89147

Telephone: 702-732-1493  Website: www.cure4thekids.org

Licensing Company Email: tsaldana@cure4thekids.org

**Section 2: Personal Information**

First: David  Middle: Grant  Last: Stewart, Jr.

Alias(es, nicknames, name changes, etc.): 

Date of Birth: [redacted]  SSN or ITIN: [redacted]  Sex: ☒ M ☐ F ☐ X

Mailing Address: 10170 West Tropicana Ave. Suite 156-252

City: Las Vegas  State: NV  Zip: 89147

Telephone: 702-732-1493  Email: dstewart@cure4thekids.org

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Texas Medical Branch Hospital | | 07/00-06/04 | |
| **Address** | **City** | **State** | **Zip** |
| 301 University Blvd. | Galveston | TX | 77555 |
| **Diploma/Degree obtained, if any** | | | |
| Orthopedic Surgery Residency | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| University of Colorado School of Medicine | | 08/95-05/99 | |
| **Address** | **City** | **State** | **Zip** |
| 1321 E. 17th Place | Aurora | CO | 80045 |
| **Diploma/Degree obtained, if any** | | | |
| Medical Doctor | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Brigham Young University | | 08/91-04-95 | |
| **Address** | **City** | **State** | **Zip** |
| BYU Records Office B-150ASB | Provo | UT | 84602 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor's of Science | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Old Mill High School | | 09/86-06/90 | |
| **Address** | **City** | **State** | **Zip** |
| 600 Patriot Lane | Meillersville | MD | 21108 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 02/12-present | [redacted] Belfast St. | Henderson | NV | 89015 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Alliance for Childhood Diseases dba Cure 4 The Kids Foundation | | | 05/22-present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1 Breakthrough Way | | Las Vegas | NV | 89135 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 702-732-1493 | Medical Doctor | | 1700 | |
| **Description of Duties** | | | | |
| To diagnose and treat orthopedic diseases and disorders in children by splinting, casting, and/or surgical interventions and to provide follow up care that may include but is not limited to orthotic device placement. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | City | | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | City | | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | City | | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | City | | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | City | | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✓ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>**

**This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted) Date

I, David G. Stewart, Jr. MD, **certify that as the MDEG Administrator for**

Alliance for Childhood Diseases dba Cure 4 The Kids Foundation,

**that I (initial that you have read and meet the following requirements):**

1. GS Have a high school diploma or its equivalent;
2. GS Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. GS Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. GS Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

David G. Stewart, Jr.
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/27/2023
Date

| Board Use Only | Date Received: |
|---|---|

# 4JJ

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

Non-Refundable $500 fee

Rev (05/12/2022)

| | | |
|---|---|---|
| **Where is the facility located?** | ☑ Nevada | ☐ Out-of-State |
| [a]**Is the business also a wholesaler? (NRS 639.016)** | ☐ Yes | ☑ No |

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

| **Type of Application (check applicable box)** | | **MDEG Business Type (check applicable box)** |
|---|---|---|
| ☐ New MDEG | * If making a change, provide current license number: | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) |
| ☑ Ownership Change* | | ☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) |
| ☐ Name Change* | M P00321 | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) |
| ☐ Location Change* | | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9) |

### Section 1: General Information

Facility Name: OrthoPro of Carson City, Inc

MDEG Physical Address: 415 W Sophia Street

City: Carson City State: NV Zip: 89703

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 775-841-0660 Website: www.orthoprocarson.com

Email: lesleigh@orthoprocarson.com

Name of MDEG Administrator (NAC 639.694): Rodney Miller

| **Entities the MDEG will Serve** | **Type of MDEG products that will be sold (check all applicable)** |
|---|---|
| ☑ Patients by prescriptions | ☐ Medical Gases** |
| ☐ Pharmacies[a] | ☐ Respiratory Equipment** |
| ☐ Practitioners[a] | ☐ Life-sustaining equipment** |
| ☐ Hospitals/Clinics[a] | ☐ Parenteral and Enteral Equipment** |
| ☐ Clinics[a] | ☐ Assistive Equipment |
| ☐ Wholesalers[a] | ☐ Diabetic Supplies |
| ☐ Other business entities (specify)[a]: | ☑ Orthotics and Prosthetics |
| | ☐ Others: |
| This application is ONLY required if MDEG products will be sold to patients by prescription. | **These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): |
| [a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov) | Name: _____ |
| | Telephone: _____ |

| Check the Days the Business will be Opened and provide the Hours of Operation | | | | |
|---|---|---|---|---|
| ☑ Mon: 8:30 - 4:00 | ☑ Tue: 8:30 - 4:00 | ☑ Wed: 8:30 - 4:00 | ☑ Thurs: 8:30 - 4:00 | ☑ Fri: 8:30 - 4:00 |
| ☐ Sat: | ☐ Sun: | ☐ Holidays: | | |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |
| **If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.** | | |

| Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i)) |
|---|
| Medicare 4990070001 Medicaid 1285632304 |
| |
| |
| |

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)**

Name: N/A _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

* verified w/ Rodney Miller on 10/19/23

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: OrthoPro of Carson City, Inc

Mailing Address: 415 W Sophia Street Suite 200

City: Carson City State: NV Zip: 89704

Telephone: 775-841-0660 Email: Lesleigh@orthoprocarson.com

Contact Person Name: Lesleigh Sisson

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List of all general and limited partner names and their percent ownership (NAC 639.6942).** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **MDEG Administrator Application (NAC 639.694).** Find form at | ✓ | ✓ | ✓ | ✓ |
| • [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Lesleigh Sisson

Print Name of Authorized Person Submitting Application

LesleighBSisson

Original signature of Authorized Person (copies or stamps not accepted)

9/24/2023

Date

| Board Use Only | Date Received: 10.18.23 | Amount: 500 | CHK # 6925 ✓ PROCESSED |
|---|---|---|---|

SECRETARY OF STATE

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ORTHOPRO OF CARSON CITY, INC.**, as a DOMESTIC CORPORATION (78) duly organized or formed and existing, or duly qualified or registered, as applicable, under and by virtue of the laws of the State of Nevada since 12/10/2003, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/17/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202310174044013
You may verify this certificate online at http://www.nvsos.gov

ACORD

ORTHOFC-01 DWELSH

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/18/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Cailor Fleming Insurance
4610 Market Street
P.O. Box 3989
Youngstown, OH 44513-3989

CONTACT NAME: Terie Cosma
PHONE (A/C, No, Ext): (330) 222-3423 763 FAX (A/C, No): (330) 782-0458
E-MAIL ADDRESS: teriecosma@worldinsurance.com

INSURER(S) AFFORDING COVERAGE — NAIC #
INSURER A : United Specialty Insurance Company — 12537
INSURER B :
INSURER C :
INSURER D :
INSURER E :
INSURER F :

INSURED
Orthopro of Carson City, Inc.
415 W. Sophia St., #200
Carson City, NV 89703

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | | |
| | CLAIMS-MADE X OCCUR | | | VGM11812362022-3 | 3/27/2023 | 3/27/2024 | EACH OCCURRENCE | $ 1,000,000 |
| | X Professional Liab | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 300,000 |
| | | | | | | | MED EXP (Any one person) | $ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 3,000,000 |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER STATUTE / OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N N/A | | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
*Location Covered: 415 W. Sophia Street #200, Carson City, NV 89703.;

**CERTIFICATE HOLDER**

Palmetto GBA NPWest
P.O. Box 100142
Columbia, SC 29202-3142

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE


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## Carson City Business License Division

108 E. Proctor Street
Carson City, NV 89701
(775) 887-2105 - Hearing Impaired: 711
buslic@carson.org

## BUSINESS LICENSE CERTIFICATE

**Business Name:** ORTHOPRO OF CARSON CITY, INC.

**Business Location:** 415 W SOPHIA ST
CARSON CITY, NV 89703

**Owner:**

**License Number:** BL-006334-2021

**Issued Date:** 1/1/2023

**Expiration Date:** 12/31/2023

**Business Type(s):** 621399 Offices of All Other Miscellaneous Healt

**Mailing Address:** 415 W SOPHIA ST #200
CARSON CITY, NV 89703

**License Type:** Business License

**Classification:** Commerical Location

**Fees Paid:** $114.55

Thank you for choosing to operate your business in Carson City.
Please provide any changes to the business information to the Business License Division. Licenses are not transferable.
If you have any questions concerning your business license, contact the Business License Division.

TO BE POSTED IN A CONSPICUOUS PLACE

---

**NEVADA**

## STATE BOARD OF PHARMACY

### Medical Devices, Equipment, Gas

Expires: 10/31/2024
STATUS: Active

Permit Type: Medical Devices, Equipment, Gas
Permit #: MP00321
Effective Date: 11/01/2022

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

ORTHOPRO OF CARSON CITY
415 W SOPHIA ST #200
CARSON CITY NV 89703

**NONTRANSFERABLE**

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

SECRETARY OF STATE

# NEVADA STATE BUSINESS LICENSE

**ORTHOPRO OF CARSON CITY, INC.**

**Nevada Business Identification # NV20031538730**
**Expiration Date: 12/31/2023**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/05/2022.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202210053063309
You may verify this certificate online at http://www.nvsos.gov

**OrthoPro of Carson City, Inc.**

**Officers and Directors**

Lesleigh Sisson – President, Treasurer, Director

Curt Bertram – Secretary, Director

Taylor Sisson - Director

MP00321

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: OrthoPro of Carson City, Inc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MP00321 (current)

Physical Address: 415 W Sophia St #200

City: Carson City State: NV Zip: 89703

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 775-841-0660 Website: www.orthoprocarson.com

Licensing Company Email: lesleigh@oandpinsight.com

**Section 2: Personal Information**

First: Lesleigh Middle: Beth Last: Sisson

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Sea Voyage Ave

City: Las Vegas State: NV Zip: 89138

Telephone: [redacted] Email: lesleigh@oandpinsight.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Arizona | | 08/83 - 05/86 | |
| **Address** | **City** | **State** | **Zip** |
| 1401 E University | Tucson | AZ | 85721 |
| Diploma/Degree obtained, if any: None | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Sabino High School | | | |
| **Address** | **City** | **State** | **Zip** |
| 5000 N Boes Rd | Tucson | AZ | 85749 |
| Diploma/Degree obtained, if any: High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Righetti High School | | | |
| **Address** | **City** | **State** | **Zip** |
| 941 E Foster Rd | Santa Maria | CA | 93455 |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Valhalla High School | | | |
| **Address** | **City** | **State** | **Zip** |
| 1725 Hillsdale Rd | El Cajon | CA | 92019 |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/15 - 08/23 | [redacted] Sea Voyage Ave | Las Vegas | NV | 89138 |
| 08/14 - 07/15 | [redacted] Bay Ginger | Las Vegas | NV | 89135 |
| 09/11 - 08/14 | [redacted] Hollis Hill Dr | Paradise | CA | 95969 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| OrthoPro of Carson City, Inc | | | 08/23-present |
| **Business Address** | **City** | **State** | **Zip** |
| 415 W Sophia Street Suite 200 | Carson City | NV | 89703 |
| **Phone** | **Title** | | |
| 775-841-0660 | President | | |
| **Description of Duties** | | | |
| President and co-owner/Business manager | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Prosthetic Center of Excellence, A Nevada Corporation | | | 08/15-present |
| **Business Address** | **City** | **State** | **Zip** |
| 2047 W Charleston Blvd Suite 100 | Las Vegas | NV | 89102 |
| **Phone** | **Title** | | |
| 702-384-1410 | President | | |
| **Description of Duties** | | | |
| President and co-owner/Business manager | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| O and P Insight, LLC | | | 01/16-present |
| **Business Address** | **City** | **State** | **Zip** |
| 12236 Sea Voyage Ave | Las Vegas | NV | 89138 |
| **Phone** | **Title** | | |
| 702-400-1661 | CEO/President | | |
| **Description of Duties** | | | |
| Orthotic and prosthetic business advisor - co-owner/business manager | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Capstone Orthopedic Inc | | | 08/10-07/14 |
| **Business Address** | **City** | **State** | **Zip** |
| 19845 Lake Chabot Rd Suite 302 | Castro Valley | CA | 94546 |
| **Phone** | **Title** | | |
| 510-537-1210 | Director of Administration | | |
| **Description of Duties** | | | |
| I oversaw the adminstrative, billing and complilance functions | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Leslie B Sm

Original Signature (electronic, copies or stamps not accepted)

8/22/2023

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Lesleigh Sisson

Print Name (First, Last)

Lesleigh B Sisson

Original Signature (electronic, copies or stamps not accepted)

8/22/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Lesleigh Sisson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Lesleigh B Sisson

**Original Signature**

8/22/2023

**Date**

Subscribed and Sworn to before me this 22 day of August.

Nicole Flores

**Notary Public Signature**

NICOLE FLORES
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 01-13-25
Certificate No: 21-8595-01

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: OrthoPro of Carson City, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MP00321

Physical Address: 415 W. Sophia St., Ste 200

City: Carson City State: NV Zip: 89703

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 775-841-0660 Website: http://www.orthoprocarson.com

Licensing Company Email:

### Section 2: Personal Information

First: Curt Middle: Alan Last: Bertram

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Red Cedar Ct

City: Hartland State: NV Zip: 5302[redacted]

Telephone: [redacted] Email: curt@oandpinsight.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Hartford | | 01/23 - 05/23 | |
| Address | City | State | Zip |
| 200 Bloomfield Ave. | West Hartford | CT | 06117 |
| Diploma/Degree obtained, if any | | | |
| Post Graduate Cerficate in O & P Management | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Hartford | | 01/13 - 06/13 | |
| Address | City | State | Zip |
| 200 Bloomfield Ave | West Hartford | CT | 06117 |
| Diploma/Degree obtained, if any | | | |
| Post Graduate Cerficate in Prosthetics | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Northwestern University - Feinberg School of Medicine | | 08/92 - 12/92 | |
| Address | City | State | Zip |
| 420 E. Superior St. | Chicago | IL | 60611 |
| Diploma/Degree obtained, if any | | | |
| Post Graduate Certificate in Orthotics | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Northern Arizona University | | 08/83 - 05/88 | |
| Address | City | State | Zip |
| 1050 S. Knoles Dr. | Flagstaff | AZ | 86011 |
| Diploma/Degree obtained, if any | | | |
| BS Engineering | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| Peoria High School | | 08/79 - 05/83 | |
| Address | City | State | Zip |
| 11200 N. 83rd Ave. | Peoria | AZ | 85345 |
| Diploma/Degree obtained, if any | | | |
| Diploma | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 08/19 - Present | [redacted]Red Cedar Ct. | Hartland | WI | 53029 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 10/17 - 08/19 | [redacted]Hummingbird Ln. | Niles | MI | 49120 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 09/09 - 10/17 | [redacted] Dorm Rd. | Hartland | WI | 53029 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| | | | |
|---|---|---|---|
| Business Name: O and P Insight, LLC | | | From - To (MM/YY – MM/YY): 9/22 - present |
| Business Address: 12236 Sea Voyage Ave. | City: Las Vegas | State: NV | Zip: 89138 |
| Phone: 574-309-6005 | Title: President - Partner | | |
| Description of Duties: Professional Consulting (Clinical & Admininstrative) in the Orthotics and Prosthetics Industry. Executive Governance. Remote | | | |

| | | | |
|---|---|---|---|
| Business Name: Avail O&P, LLC | | | From - To (MM/YY – MM/YY): 05/21 - present |
| Business Address: W275N7316 Red Cedar Ct. | City: Hartland | State: WI | Zip: 53029 |
| Phone: 574-309-6005 | Title: Owner | | |
| Description of Duties: Professional Independent Consulting (Clinical) in the Orthotics and Prosthetics Industry. | | | |

| | | | |
|---|---|---|---|
| Business Name: Prosthetic Center of Excellence, LLC | | | From - To (MM/YY – MM/YY): 01/22 - 08/22 |
| Business Address: 2047 West Chrleston Blvd., #100 | City: Las Vegas | State: NV | Zip: 89102 |
| Phone: 702-384-1410 | Title: VP of Operations | | |
| Description of Duties: Executive Governance of Operations for Orthtoics & Prosthetics Practice. Remote | | | |

| | | | |
|---|---|---|---|
| Business Name: Trancend O&P, LLC | | | From - To (MM/YY – MM/YY): 05/17 - 12/21 |
| Business Address: 17530 Dugdlae Dr. | City: South Bend | State: IN | Zip: 46635 |
| Phone: 574-233-3352 | Title: Cheif Operating Officer | | |
| Description of Duties: Executive Governance of Operations for Orthtoics & Prosthetics practices in several states. | | | |

| | | | |
|---|---|---|---|
| Business Name: Hanger, Inc. | | | From - To (MM/YY – MM/YY): 01/11 - 4/17 |
| Business Address: 10910 Domain Dr., suite 300 | City: Austin | State: TX | Zip: 78758 |
| Phone: 512-777-3800 | Title: National Orthotics Specialist & National Residency Director | | |
| Description of Duties: Supervised orthotic training, product development, and education. Recruited graduate sutdents, directed residency programs. | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

8/21/2023
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Curt Bertram

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

08/18/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of WISCONSIN, ss. County of WAUKESHA

I, CURT A. BERTRAM, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

8/21/2023

**Date**

Subscribed and Sworn to before me this 21st day of August, 2023

**Notary Public Signature**

NOTARY PUBLIC
TYLER OELHAFEN
STATE OF WISCONSIN

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: OrthoPro of Carson City, Inc

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): MP00321 (current)

Physical Address: 415 W Sophia St #200

City: Carson City State: NV Zip: 89703

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 775-841-0660 Website: www.orthoprocarson.com

Licensing Company Email: lesleigh@oandpinsight.com

**Section 2: Personal Information**

First: Taylor Middle: Borum Last: Sisson

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Garamound Ave

City: Las Vegas State: NV Zip: 89117

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Cal State Dominguez Hills | | 06/12 - 05/13 | |
| **Address** | **City** | **State** | **Zip** |
| 1641 Calle Lee Suite 185 | Los Alamitos | CA | 90720 |
| Diploma/Degree obtained, if any | | | |
| Certificate in Orthotics and Prosthetics | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| UNLV | | 01/09 - 12/11 | |
| **Address** | **City** | **State** | **Zip** |
| 4505 S Marland Pkwy | Las Vegas | NV | 89154 |
| Diploma/Degree obtained, if any | | | |
| Bachelor's Degree in Kiniesology | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| CSN High School | | 08/06-05/08 | |
| **Address** | **City** | **State** | **Zip** |
| 6375 W Charleston Blvd | Las Vegas | NV | 89146 |
| Diploma/Degree obtained, if any | | | |
| HS Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| A-Tech High School (Advance Technologies Academy) | | 08/04-05/006 | |
| **Address** | **City** | **State** | **Zip** |
| 1411 Robin Street | Las Vegas | NV | 89106 |
| Diploma/Degree obtained, if any | | | |
| transferred to CSN | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/16 - present | [redacted] Garamound Ave | Las Vegas | NV | 89117 |
| 07/15 - 05/16 | [redacted] Sea Voyage | Las Vegas | NV | 89138 |
| 08/14 - 07/15 | [redacted] Bay Ginger | Las Vegas | NV | 89135 |
| 02/14 - 8/14 | [redacted] West Nees | Fresno | CA | 93711 |
| 08/13 - 2/14 | [redacted] East Herndon Ave | Fresno | CA | 93720 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| | | | | |
|---|---|---|---|---|
| Business Name: OrthoPro of Carson City, Inc | | | | From - To (MM/YY – MM/YY): 08/23-present |
| Business Address: 415 W Sophia Street Suite 200 | | City: Carson City | State: NV | Zip: 89703 |
| Phone: 775-841-0660 | Title: co-owner | | | |
| Description of Duties: co-owner | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Prosthetic Center of Excellence, A Nevada Corporation | | | | From - To (MM/YY – MM/YY): 08/15-present |
| Business Address: 2047 W Charleston Blvd Suite 100 | | City: Las Vegas | State: NV | Zip: 89102 |
| Phone: 702-384-1410 | Title: Certified Prosthetist Orthotist | | | |
| Description of Duties: I evaluate patients for and fabricate orthotics and prosthetics | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Orthopedic Motion | | | | From - To (MM/YY – MM/YY): 08/14-05/16 |
| Business Address: 3233 West Charleston Blvd Suite 111 | | City: Las Vegas | State: NV | Zip: 89102 |
| Phone: 702-697-7070 | Title: Prosthetist and Resident Orthotist | | | |
| Description of Duties: Prosthetist and resident orthotist - evaluated patients for and fabricated orthotics and prosthetics | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Capstone Orthopedic Inc (Advanced Prostheic Design) | | | | From - To (MM/YY – MM/YY): 08/14 - 08/15 |
| Business Address: 1247 E Alluvial Ave Suite 103 | | City: Fresno | State: CA | Zip: 93720 |
| Phone: 510-537-1210 | Title: Resident | | | |
| Description of Duties: I was a prosthetic resident | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Orthopedic Motion | | | | From - To (MM/YY – MM/YY): 08/10 - 08/12 |
| Business Address: 3233 West Charleston Blvd Suite 111 | | City: Las Vegas | State: NV | Zip: 89102 |
| Phone: 702-697-7070 | Title: Certified Orthotic Fitter/Fabrication Technician | | | |
| Description of Duties: I fabircated orthotics and prosthetics and fit patients with off the shelf orthoses | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | City | | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | City | | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | City | | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | City | | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | City | | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

8/22/2023
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Taylor Sisson

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/22/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Taylor Sisson, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

8/22/2023

**Date**

Subscribed and Sworn to before me this 22 day of August.

Nicole Flores

**Notary Public Signature**

NICOLE FLORES
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 01-13-25
Certificate No: 21-8595-01

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

4

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG OrthoPro of Carson City Inc MDEG License # (if applicable) MP00321

Physical Address 415 W Sophia Street #2000

City Carson City State NV Zip 89703

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 775-841-0660 Website ~~orthopro@juno.com~~ www.orthoprocarson.com

Licensing Company Email orthoprocarsonoffice@gmail.com

**Section 2: Personal Information**

First Rodney Middle Dale Last Miller

Alias(es, nicknames, name changes, etc.) Rod

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Hasbita Lane

City Minden State NV Zip 89423

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Northwestern University Prosthetic/Orthotic Center | | Jan 90 - June 91 | |
| **Address** | **City** | **State** | **Zip** |
| 680 N Lake Shore Dr UNIT 1100 | Chicago | IL | 60611 |
| Diploma/Degree obtained, if any | | | |
| Post Graduate Certificate in Orthotics | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Northwester University Prosthetic/Orthotic Center | | Sept 90-Dec 90 | |
| **Address** | **City** | **State** | **Zip** |
| 680 N Lake Shore Dr UNIT 1100 | Chicago | IL | 60611 |
| Diploma/Degree obtained, if any | | | |
| Post Graduate Certificate in Prosthetics | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Cal State University, Fresno | | Aug 88-June 90 | |
| **Address** | **City** | **State** | **Zip** |
| 5241 N Maple Ave | Fresno | CA | 93740 |
| Diploma/Degree obtained, if any | | | |
| BS in Community Health | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Monterey Peninsula Community College | | Aug 84-June 86 | |
| **Address** | **City** | **State** | **Zip** |
| 980 Fremont St | Monterey | CA | 93940 |
| Diploma/Degree obtained, if any | | | |
| Associates in General Studies | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| Vallejo High School | | Sept/1983-May/1984 | |
| **Address** | **City** | **State** | **Zip** |
| 840 Nebraska St | Vallejo | CA | 94590 |
| Diploma/Degree obtained, if any | | | |
| Graduation Deploma | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| Oct/2002-Present | [redacted] Hasbita Lane | Minden | NV | 89423 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| | | | | |
|---|---|---|---|---|
| Business Name: Orthopro of Carson City, Inc. | | | | From - To (MM/YY – MM/YY): Sept/2002 to Present |
| Business Address: 415 W. Sophia Street #200 | City: Carson City | | State: NV | Zip: 89703 |
| Phone: 775-841-0660 | Title: Owner | | | Number of Employed Hours: 43,120.00 |
| Description of Duties: Certified Prosthetist/Orthotist, casting, fabricating, fitting, adjusting, modifying, orthotic/prosthetic devices, custom and off the shelf. Following up with individuals for years after initial fit and delivery. Running the office, bills, billing, taxes, payroll | | | | |
| Business Name: Tidewater Prosthetic Center | | | | From - To (MM/YY – MM/YY): Sept/1997-July/2001 |
| Business Address: 5809 W Norfolk Rd | City: Portsmouth | | State: VA | Zip: 23703 |
| Phone: 757-925-4844 | Title: Prosthetic/Orthotic Practitioner | | | Number of Employed Hours: 7,800.00 |
| Description of Duties: Certified Prosthetist/Orthotist, casting, fabrication, fitting, adjusting, modifying, orthotic/prosthtic devices, custom and off the shelf. Following up with individuals for years after initial fit and delivery. | | | | |
| Business Name | | | | From - To (MM/YY – MM/YY) |
| Business Address | City | | State | Zip |
| Phone | Title | | | Number of Employed Hours |
| Description of Duties | | | | |
| Business Name | | | | From - To (MM/YY – MM/YY) |
| Business Address | City | | State | Zip |
| Phone | Title | | | Number of Employed Hours |
| Description of Duties | | | | |
| Business Name | | | | From - To (MM/YY – MM/YY) |
| Business Address | City | | State | Zip |
| Phone | Title | | | Number of Employed Hours |
| Description of Duties | | | | |

Continue on next page if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | ✔ | |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✔ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 2 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Summer 1996? | a month later | CA | Monterey | Monterey |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| Don't know | | Monterey County Courts | | |
| **Reason/Charge** | | | | |
| Misdemeanor, assault, with a deadly weapon, not a firearm. | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| Plaintiff:County of Monterey Defendant:Rodney Miller | | | Probation served | |
| **Name of Business/Industry/Entity** | | | | |
| NA | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

7/4/2023
Date

I, Rodney Dale Miller, **certify that as the MDEG Administrator for**

Orthopro of Carson City, Inc.,

**that I (initial that you have read and meet the following requirements):**

1. RM Have a high school diploma or its equivalent;
2. RM Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. RM Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. RM Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Rodney Miller

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/4/2023

Date

| Board Use Only | Date Received: 10/19/23 |
|---|---|

## Jessette Phaynarikone

**From:** Rod Miller <orthopro@juno.com>
**Sent:** Thursday, October 19, 2023 4:22 PM
**To:** Jessette Phaynarikone
**Subject:** Re: MDEG Application - MP00321 OrthoPro Carson City, Inc

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Jessette,

I have had this question by the NNCC prison application and I contacted Monterey County Courts and was informed that the Paperwork was not retrievable as so much time has lapsed and it was never computerized/scanned. I requested at that time for a statement of such and was denied. I have been a provider and business owner in Nevada since 2005, working with the Board of Pharmacy and this is the first time that this question has been requested. Let me know if you need anything else from me.

Rodney Miller
Orthopro of Carson City.
775-841-0660

Enjoy life. Live life.

Please note: message attached

From: Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov>
To: "orthopro@juno.com" <orthopro@juno.com>
Cc: "lesleigh@orthoprocarson.com" <lesleigh@orthoprocarson.com>
Subject: MDEG Application - MP00321 OrthoPro Carson City, Inc
Date: Wed, 18 Oct 2023 23:16:07 +0000

# 4KK

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

**Non-Refundable $500 fee**

Rev (05/12/2022)

**Where is the facility located?** ■ Nevada ☐ Out-of-State

**[a]Is the business also a wholesaler? (NRS 639.016)** ☐ Yes ■ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

| Type of Application (check applicable box) | | MDEG Business Type (check applicable box) |
|---|---|---|
| ☐ New MDEG | * If making a change, provide current license number: | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) |
| ■ Ownership Change* | | ■ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) |
| ☐ Name Change* | M P00496 | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) |
| ☐ Location Change* | | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9) |

### Section 1: General Information

Facility Name: PURE MEDICAL EQUIPMENT

MDEG Physical Address: 3750 S JONES BLVD STE 190

City: LAS VEGAS State: NV Zip: 89103

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-736-8170 Website: _____

Email: puremedicallasvegas@gmail.com

Name of MDEG Administrator (NAC 639.694): Jennifer Menrije

| Entities the MDEG will Serve | Type of MDEG products that will be sold (check all applicable) |
|---|---|
| ■ Patients by prescriptions | ■ Medical Gases** |
| ☐ Pharmacies[a] | ■ Respiratory Equipment** |
| ☐ Practitioners[a] | ☐ Life-sustaining equipment** |
| ☐ Hospitals/Clinics[a] | ☐ Parenteral and Enteral Equipment** |
| ☐ Clinics[a] | ■ Assistive Equipment |
| ☐ Wholesalers[a] | ☐ Diabetic Supplies |
| ☐ Other business entities (specify)[a]: | ■ Orthotics and Prosthetics |
| | ■ Others: |
| This application is ONLY required if MDEG products will be sold to patients by prescription. | **These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): |
| [a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov) | Name: JOSEPH CHRISTIAN BUBAN |
| | Telephone: 702-736-8170 |

| Check the Days the Business will be Opened and provide the Hours of Operation | | | | |
|---|---|---|---|---|
| ▣ Mon: 9 AM- 5 PM | ▣ Tue: 9 AM- 5 PM | ▣ Wed: 9 AM- 5 PM | ▣ Thurs: 9 AM- 5 PM | ▣ Fri: 9 AM- 5 PM |
| ☐ Sat: | ☐ Sun: | ☐ Holidays: | | |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |
| **If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.** | | |

| Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(i)) |
|---|
| NPI 1831371848 |
| |
| |
| |

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)**

Name: N/A Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

## Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

## Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: NEVADA

Parent Company (if any): _____

Corporation/Organization Name: MEDICAL INVESTMENT INC

Mailing Address: 3750 S JONES BLVD STE 190

City: LAS VEGAS State: NV Zip: 89103

Telephone: 702-736-8170 Email: puremedicallasvegas@gmail.com

Contact Person Name: JOSEPH CHRISTIAN BUBAN

## Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

## Section 8: Sole Owner

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List of all general and limited partner names and their percent ownership (NAC 639.6942).** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

JOSEPH CHRISTIAN BUBAN

Print Name of Authorized Person Submitting Application

Joe Buban

Original signature of Authorized Person (copies or stamps not accepted)

09/18/2023

Date

| Board Use Only | Date Received: 9/25/23 | Amount: 500-00 |
|---|---|---|

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/28/2023

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

**PRODUCER**

Perlas Insurance Services
1489 W. Warm Springs Rd. , #110
Henderson NV 89014

**CONTACT NAME:** Patrick Perlas
**PHONE (A/C, No, Ext):** (818) 543-1403 **FAX (A/C, No):** (818) 543-1134
**E-MAIL ADDRESS:** jpatrick@perlasinsurance.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Western World Insurance Company | |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

**INSURED**

PURE MEDICAL
3750 S. Jones Blvd., #190
Las Vegas NV 89103

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>X POLICY PRO-JECT LOC<br>OTHER: | | | NPP8780143 | 08/03/2023 | 08/03/2024 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br> | $ 1,000,000<br>$ 100,000<br>$ 5,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 1,000,000<br>$ |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>OWNED AUTOS ONLY<br>HIRED AUTOS ONLY<br>SCHEDULED AUTOS<br>NON-OWNED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br> | $<br>$<br>$<br>$<br>$ |
| | UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED RETENTION $ | | | | | | EACH OCCURRENCE<br>AGGREGATE<br> | $<br>$<br>$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N N / A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | PER STATUTE OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$<br>$<br>$ |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

** CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED **

**CERTIFICATE HOLDER**

NEVADA STATE BOARD OF PHARMACY
431 W. PLUMB LANE
RENO NV 89509-3766

**CANCELLATION**

**SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.**

**AUTHORIZED REPRESENTATIVE**

Patrick Perlas

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The ACORD name and logo are registered marks of ACORD

FRANCISCO V. AGUILAR
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Annual or Amended List and State Business License Application - Continued

**Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:**

CORPORATION, INDICATE THE PRESIDENT:

| Name | Country |
|---|---|
| Joseph Christian Buban | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| [redacted] Rainford Street | Las Vegas | NV | 89148 |

CORPORATION, INDICATE THE TREASURER:

| Name | Country |
|---|---|
| Joseph Christian Buban | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| [redacted] Rainford Street | Las Vegas | NV | 89148 |

CORPORATION, INDICATE THE SECRETARY:

| Name | Country |
|---|---|
| Jennifer M Menrije | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| [redacted] Fortress Course Ct | Las Vegas | NV | 89148 |

CORPORATION, INDICATE THE DIRECTOR:

| Name | Country |
|---|---|
| Charisma Ela | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| [redacted] Grassy Weep Court | Las Vegas | NV | 89178 |

CORPORATION, INDICATE THE DIRECTOR:

| Name | Country |
|---|---|
| Samuel S Buban | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| [redacted] Rainford St | Las Vegas | NV | 89148 |

**None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.**

**I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.**

**X JOSEPH CHRISTIAN BUBAN**
**Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Subscriber, Member, Owner of Business, Partner or Authorized Signer** *FORM WILL BE RETURNED IF UNSIGNED*

**President**
Title

**09/15/2023**
Date

EXCERPTS from the Minutes of the Board Meeting of **Medical Investment, Inc.** on September 30, 2020, at the Corporate Office, Las Vegas, Nevada.

**Present:** Fatima Magallanes, President
Fatima Magallanes, Treasurer
Fatima Magallanes, Corporate Secretary
Joseph Christian Buban, Director

**BOARD RESOLUTION No. 2, S. 2020**

**IN THE MATTER OF EXECUITVE SUCCESSION at MEDICAL INVESTMENT, INC. dba PURE MEDICAL EQUIPMENT—**

WHEREAS, Medical Investment, Inc. is a privately-held Nevada Corporation ( a C-Corporation), and a duly licensed Nevada business entity;

WHEREAS, Fatima M. Magallanes owns Ninety-seven percent (97.00%) of the total outstanding shares, and holds all the Titles of Corporate Officers, as President, Treasurer, and Corporate Secretary;

WHEREAS, Joseph Christian Buban, owns Three percent (3.00%) of the total outstanding shares, and is a Board Director of this corporation;

WHEREAS, for reason of operational continuity, the corporation has to have in place a written order of executive succession in the event of death, or when President & Chief Executive is incapacitated by either physical or mental health; or prohibition by judicial act;

NOW THEREFORE, based on the necessity to establish an order of Executive Succession,

RESOLVED, that **Joseph Christian Buban,** a Board Director and shareholder of this corporation, be designated Successor as Corporate Officers and Chief Executive of Medical Investment, Inc., dba Pure Medical Equipment if and when Fatima M. Magallanes is incapacitated;

RESOLVED FURTHER, that the entire Executive decision-making, continuity of the business operations, financial management, and as an authorized signatory to the business bank account at Bank of America, shall be transferred to Joseph Christian Buban.

RESOLVED FURTHERMORE, that in the event of Sale of the business, after the Executive Succession, to an individual or business entity, that **Joseph Christian Buban** shall distribute the 97% value of the Net Proceeds from the Sale, to the legal heirs of Fatima M. Magallanes.

RESOLVED FINALLY, that a separate Resolution be immediately adopted, naming Joseph Christian Buban, as the **main signatory** or additional authorized signatory to the business Checking Account at Bank of America.

ATTESTATION:

FATIMA . MAGALLANES, Corporate Secretary

CONCUR:

JOSEPH CHRISTIAN BUBAN, Director

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MEDICAL INVESTMENT, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/13/2007, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/28/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202308283909540
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

# NEVADA STATE BUSINESS LICENSE

**MEDICAL INVESTMENT, INC.**

**Nevada Business Identification # NV20071534993**
**Expiration Date: 09/30/2024**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 09/15/2023.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202309153951897
You may verify this certificate online at http://www.nvsos.gov

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site PURE MEDICAL EQUIPMENT

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) MP00496

Physical Address 3750 S JONES BLVD STE 190

City LAS VEGAS State NV Zip 89103

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-736-8170 Website _____

Licensing Company Email puremedicallasvegas@gmail.com

### Section 2: Personal Information

First JOSEPH Middle CHRISTIAN Last BUBAN

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] RAINFORD ST

City LAS VEGAS State NV Zip 89148

Telephone [redacted] Email puremedicallasvegas@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| PHILIPPINE CHRISTIAN UNIVERSITY | 06/13 TO 12/18 | | |
| **Address** | **City** | **State** | **Zip** |
| 1648 TAFT AVE | MANILA PHILIPPINES | | |
| **Diploma/Degree obtained, if any** | | | |
| B.A IN POLITICAL SCIENCE | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| DESERT OASIS HIGH SCHOOL | 08/08 to 06/12 | | |
| **Address** | **City** | **State** | **Zip** |
| 6600 ERIE AVENUE | LAS VEGAS | NV | 89141 |
| **Diploma/Degree obtained, if any** | | | |
| HIGH SCHOOL | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | From - To (MM/YY – MM/YY | | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 10/2007 – 2/2010 | [redacted] VILLEROY AVE | LAS VEGAS | NV | 89141 |
| 2/2010 – 5/2017 | [redacted] S. LAS VEGAS BLVD #112 | LAS VEGAS | NV | 89123 |
| 5/2017 – PRESENT | [redacted] RAINFORD ST | LAS VEGAS | NV | 89148 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| | | | |
|---|---|---|---|
| Business Name: PURE MEDICAL EQUIPMENT | | | From - To (MM/YY – MM/YY): 02/23 to Present |
| Business Address: 3750 S JONES BLVD STE 190 | City: LAS VEGAS | State: NV | Zip: 89103 |
| Phone: 702-736-8170 | Title: PRESIDENT | | |
| Description of Duties: OVERALL SUPERVISION OF COMPANY OPERATION | | | |

| | | | |
|---|---|---|---|
| Business Name: PURE MEDICAL EQUIPMENT | | | From - To (MM/YY – MM/YY): 01/19 to 01/23 |
| Business Address: 3750 S JONES BLVD STE 190 | City: LAS VEGAS | State: NV | Zip: 89103 |
| Phone: 702-736-8170 | Title: WAREHOUSE MANAGER | | |
| Description of Duties: IN CHARGE OF THE SHIPPING AND RECEIVING OF EQUIPMENTS AND SUPPLIES | | | |

| | | | |
|---|---|---|---|
| Business Name: PURE MEDICAL EQUIPMENT | | | From - To (MM/YY – MM/YY): 01/17to 12/19 |
| Business Address: 3750 S JONES BLVD STE 190 | City: LAS VEGAS | State: NV | Zip: 89103 |
| Phone: 702-736-8170 | Title: HOSPITAL BED INSTALLER | | |
| Description of Duties: DELIVERY AND INSTALLATION OF HOME MEDICAL BEDS -PART TIME (During Schoolbreak) | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

09/18/2023
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

JOSEPH CHRISTIAN BUBAN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

09/18/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of NEVADA, ss. County of CLARK

I, JOSEPH CHRISTIAN BUBAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

09/18/2023

**Date**

Subscribed and Sworn to before me this 18TH day of SEPTEMBER, 2023

**Notary Public Signature**

CYNTHIA LANDEROS
Notary Public-State of Nevada
APPT. NO. 17-4086-1
My Appt. Expires 11-13-2025

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of MDEG: MEDICAL INVESTMENT INC  MDEG License # (if applicable): MP00496

Physical Address: 3750 S JONES BLVD STE 190

City: LAS VEGAS  State: NEVADA  Zip: 89103

Mailing Address (if different from physical address):

City:  State:  Zip:

Telephone: 702-736-8170  Website:

Licensing Company Email: puremedicallasvegas@gmail.com

### Section 2: Personal Information

First: JENNIFER  Middle: MANLAPIG  Last: MENRIJE

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted]  SSN or ITIN: [redacted]  Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]S JONES BLVD STE 190

City: LAS VEGAS  State: NEVAC  Zip: 89103

Telephone: [redacted]  Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| GLENDALE COLLEGE | | | 1995-1996 | |
| Address | City | | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| BUSINESS ADMINISTRATOR | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| VICTOR VILLE COLLEGE | | | 1992-1993 | |
| Address | City | | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| CERTIFIED NURSING ASSISTANT | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| VICTOR VILLE HIGH SCHOOL | | | 1991-1993 | |
| Address | City | | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| GRADUATE | | | | |

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Address | City | | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

| School Name | | | From - To (MM/YY – MM/YY | |
|---|---|---|---|---|
| | | | | |
| Address | City | | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 2019-CURRENT | [redacted]FORTRESS COURSE CT | LAS VEGAS | NV | 89148 |
| 2013-2019 | [redacted]EVERLASTING AVE | LAS VEGAS | NV | 89178 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7:** An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)

| | | | |
|---|---|---|---|
| Business Name: PURE MEDICAL EQUIPMENT | | | From - To (MM/YY – MM/YY): PRESENT |
| Business Address: 3750 S JONES BLVD STE 190 | City: LAS VEGAS | State: NV | Zip: 89103 |
| Phone: 702-736-8170 | Title: ADMINISTRATOR | | Number of Employed Hours: 286 HOURS |
| Description of Duties: ENSURING COMPLIANCE WITH CURRENT HEALTHCARE REGULATIONS. DEVELOPING AND CREATING BUDGETS & EFFICIENCY OF OFFICE OPERATIONS. | | | |
| Business Name: AEGEUS HOME HEALTH | | | From - To (MM/YY – MM/YY): 2019-2023 |
| Business Address: 3824 S JONES BLVD STE F | City: LAS VEGAS | State: NV | Zip: 89103 |
| Phone: 702-857-7707 | Title: BILLING MANAGER | | Number of Employed Hours: 10,400 HOURS |
| Description of Duties: HANDLING ADMINISTRATIVE TASKS, IMPLEMENTING BUSINESS STRATEGY. RESPONSIBLE FOR BILLING CASH FLOW, OVERSEEING DAY TO DAY OPERATION | | | |
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✔ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.</u>**

**This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

9/27/2023

Date

I, JENNIFER MENRIJE, certify that as the MDEG Administrator for

PURE MEDICAL EQUIPMENT,

that I (initial that you have read and meet the following requirements):

1. ___ Have a high school diploma or its equivalent;
2. ___ Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. ___ Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. ___ Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

JENNIFER MENRIJE
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

9/27/2023
Date

| Board Use Only | Date Received: |
|---|---|

# PURE Medical Equipment

3750 S. Jones Blvd., Suite 190 * Las Vegas, NV 89103 * Tel. (702) 736-8170 Fax: 736-8190
*Email:* puremedicallasvegas@gmail.com

March 3, 2023

**The Nevada Board of Pharmacy**
**985 Damonte Ranch Pkwy., Suite 206**
**Reno, NV 89521**

**Re: Permit # MP00496**
**NPI 1831371848**

Thru: **Dave Wuest, Executive Director**

Dear Administrator,

Medical Investment, Inc. DBA Pure Medical Equipment has just lost its leader.
**Fatima Magallanes, the President, had suddenly passed away on February 8, 2023.**

Fatima M. Magallanes was my mother. As the Sole Heir, and designated Vice President during her term, and by virtue of a Board Resolution of this corporation, dated September 20, 2020, adopted during the COVID-19 Pandemic, which provides for Executive Succession and continuity, appointing me as the next chief executive --- I have therefore assumed the responsibility as the new President and CEO of Pure Medical Equipment.

I have been an employee of Pure Medical Equipment since 2018, as the Supply & Warehouse Operations Supervisor.

I assumed as President of the company on February 9, 2023.

I am still new at this job, and have plenty to learn including Licenses and Administrative compliance. I will therefore require the guidance and assistance from your able personnel what steps to take during the transition, in matters of NV State Board of Pharmacy compliance.

Thank you for your assistance.

Sincerely,

Joseph Christian Buban
President & CEO

# MEDICAL INVESTMENT, INC

**DBA *Pure Medical Equipment***

3750 S. Jones Blvd., Suite 190 * Las Vegas, NV 89103 * Tel. (702) 736-8170 Fax: 736-8190
*Email: puremedicallasvegas@gmail.com*

September 20,2023

State of Nevda
Nevada Board of Pharmacy
Dave Wuest, Executive Director
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

RE: Permit # MP00496

Attn: DME Licensing Unit

Dear Administrator,

We sent a letter on March 3, 2023 informing your office that this company's president, Fatima Magallanes has suddenly passed away, and we were requesting for guidance on appropriate steps to undertake. (A copy of our mailing is enclosed). We did not get a response. However, we obtained some guidance from Dr. Leo Basch who came to our office last month for annual inspection of our business.

We are therefore submitting this New Application, and have attached the required documents on the checklist.

The undersigned, JOSEPH CHRISTIAN BUBAN, assumed as the new President of Medical Investment, Inc. upon the death of Fatima Magallanes on February 8, 2023, **by virtue of a Board Resolution** in the year 2020 (during the COVID Pandemic) on the issue of succession; and as the only legal heir of Fatima Magallanes, as her only child and inheritor. **No Sale had taken place,** as the business was inherited by me from my mother, who worked tirelessly for 15 years to stay in business and serve Nevada's Medicare and Medicaid beneficiaries.

Thank you for your assistance in this matter.

Sincerely,

Joseph Christian Buban
President & CEO

# 4LL

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (8/02/2022)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada | ☑ New Pharmacy | ☑ Retail/Community | ☑ Retail/Community |
| ☑ Out-of-State | ☐ Ownership Change* | ☐ Hospital (# beds _____) | ☐ Non-sterile Compounding |
| | ☐ Location Change * | ☐ Internet | ☐ Sterile Compounding |
| | ☐ Name Change* | ☐ Nuclear | ☐ Mail-Order Service |
| | | ☐ Other: | ☐ Off-site Cognitive Services |
| | * If making a change, provide license #: | | ☐ Long Term Care |
| | | | ☐ Hospital |
| | PH_____ | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☑ Monday | ☑ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☑ Tuesday | ☐ Saturday | ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☑ Wednesday | ☐ Sunday | ☑ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☑ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Angel's Pharmacy

Physical Address: 7455 US-1, Ste A

City: Titusville State: FL Zip: 32780

Mailing Address (if different from physical address): 7455 US-1, Ste A

City: Titusville State: FL Zip: 32780

Telephone: 321-225-4833 Toll Free # (NAC 639.708, NRS 639.23286): 888-963-8433

Fax: 321-225-4559 Contact Email: angelspharmacy.3@gmail.com

Website: —N/A—

Nevada Business License # (if applicable) —N/A—

Supervising/Managing Pharmacist Name (NRS 639.220): ~~Betsy H Patel~~ Jaysukhbhai Hirani

Supervising/Managing Pharmacist NV Pharmacist Registration #: — 18802

**Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Jaysukhbhai Hisani | NV Pharmacist Registration #: 18802 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: – NA – | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: — NA —

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: — NA —

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 7: Partnership**

Partnership Name: Angels Pharmacy III LLC

Mailing Address: 7455 US-1, Ste A

City: Titusville State: FL Zip: 32780

Telephone: 321-225-4833 Email: angelspharmacy3@gmail.com

Contact Person Name: Pasang Patel

Please check type of partnership (NAC 639.214) ☐ General ☑ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☑ No

**Section 8: Sole Owner**

Owner's Name: — NA —

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

## Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

### Statement of Responsibility

1. I am the Pharmacist. Pharmacy Manager (title) for Parag H Patel (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Parag H Patel

Print Name of Authorized Person

P.H.

Original signature of Authorized Person (copies or stamps not accepted)

8/22/2023.

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

**Affidavit for Pharmacy License**

I, Parag H Patel hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Pharmacist & Pharmacy Manager (title) for Angel's Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

P.H.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 21 day of August, 2023

Amanda Cunningham

Notary Public

AMANDA M. CUNNINGHAM
MY COMMISSION # HH 417611
EXPIRES: July 5, 2027

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Parag H Patel

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

P.H. Patel

Original signature of Authorized Person (copies or stamps not accepted)

8/22/2023

Date

| Board Use Only | Date Received: 9/14/23 | Amount: 1000-CK-1588 |
|---|---|---|

Angel's Pharmacy

7455 S US Highway 1, Suite A, Titusville, FL 32780
Phone: 321-225-4833 Fax: 321-225-4559
Email: angelspharmacy3@gmail.com

Angels Pharmacy III LLC Ownership Detail:

Business Address: 7455 S US Hwy 1, Suite A, Titusville, FL 32780

1) Virat Patel – 50%
   Title: Owner
   DOB: [redacted]
   [redacted] Lake Olivia Lane, Windermere, FL-34786
   Phone # [redacted]
   SSN : [redacted]
   Liability: Limited

2) Hardik Shah – 25%
   Title: Owner
   DOB: [redacted]
   [redacted] Dusty Pine Dr, Apopka, FL-32703
   Phone # [redacted]
   SSN: [redacted]
   Liability: Limited

3) Parag Patel – 20%
   Title: Owner, Pharmacist-In-Charge
   DOB: [redacted]
   State Pharmacist Lic # FL - PS57572
   [redacted] Dusty Pine Dr, Apopka, FL-32703
   Phone # [redacted]
   SSN: [redacted]
   Liability: Limited

4) Rajendra Patel – 5%
   Title: Owner
   DOB: [redacted]
   [redacted] Grand Avenue, Apt 202, Pinellas Park, FL-33782
   Phone # [redacted]
   SSN : [redacted]
   Liability: Limited

# *State of Florida*
## *Department of State*

I certify from the records of this office that ANGELS PHARMACY III LLC is a limited liability company organized under the laws of the State of Florida, filed on May 4, 2016.

The document number of this limited liability company is L16000088402.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on April 28, 2023, and that its status is active.

*Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twelfth day of July, 2023*



*Secretary of State*

**Tracking Number: 4374667570CU**

**To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.**

**https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication**

# STATE OF FLORIDA
# DEPARTMENT OF HEALTH
# INVESTIGATIVE SERVICES
## INV359 - Community Requirements

www.FloridaHealth.gov

File # 24579
Insp # 180822

| NAME | PERMIT NUMBER | DATE OF INSPECTION | |
|---|---|---|---|
| ANGELS PHARMACY III LLC | 31025 | 08/21/2023 | |
| **DOING BUSINESS AS** | | | |
| ANGEL'S PHARMACY | | | |
| **STREET ADDRESS** | | **TELEPHONE #** | **EXT** |
| 7455 US-1 SUITE A | | 352-272-5944 | |
| **CITY** | **COUNTY** | **STATE/ZIP** | |
| TITUSVILLE | BREVARD | FL/32780 | |

**Additional Information**

**Business Operation Hours**

| | |
|---|---|
| M-T-W-TH-F N | Weekly Hours 9:00 AM-5:00PM |
| Monday N | Monday Hours 9:00 AM-5:00PM |
| Tuesday N | Tuesday Hours 9:00 AM-5:00PM |
| Wednesday N | Wednesday Hours 9:00 AM-5:00PM |
| Thursday N | Thursday Hours 9:00 AM-5:00PM |
| Friday N | Friday Hours 9:00 AM-5:00PM |
| Saturday N | Saturday Hours CLOSED |
| Sunday N | Sunday Hours CLOSED |

**Registered Pharmacist / Intern / Tech**

| | |
|---|---|
| License # 57572 | Licensee Name Parag Patel |
| License Type Registered Pharmacists | |
| License # 86473 | Licensee Name Cassandra Roberts |
| License Type Pharmacy Tech | |

**ACS Manager**

| | |
|---|---|
| | |

**Optional Information**

| | |
|---|---|
| | |

**Basic License Data - PSD**

| | |
|---|---|
| DEA Reg # FA7356214 | |

**License Relations**

**Pharmacy Affiliate**

| | |
|---|---|
| PATEL, RAJENDRA | License # |
| PATEL, VIRAT | License # |
| SHAH, HARDIK | License # |

**RX DPT MGR/COR/POR**

| | |
|---|---|
| PATEL, PARAG H | License # 57572 |

## INV 359 - Community Requirements

**Signage Requirements Section**

| | |
|---|---|
| Signage stating the hours the pharmacy department is open. [64B16-28.1081 (2) F.A.C.] | Yes |
| A sign with bold letters not less than 2 inches in width and height is displayed in a prominent place where it is easily read by patrons stating, "Prescription Department Closed". [64B16-28.109 F.A.C.] | N/A |
| Patient Consultation Area sign is posted. [64B16-30.003, F.A.C] | Yes |

**Community Requirements General Section**

# INV359 - Community Requirements

Insp # 180822 — ANGELS PHARMACY III LLC — File # 24579

| | |
|---|---|
| Expired medications removed from the shelves. [64B16-28.110 F.A.C.]; [64B16-28.1191 F.A.C.] | Yes |
| Rx Department is open for a minimum of 20 hours per week. [64B16-28.1081 (1) F.A.C.] | Yes |
| All controlled substance prescriptions (electronic, faxed, verbal and written) contain required information. [893.04(a)(b)(c) F.S.]; [21CFR1306.05] | Yes |
| Certified daily log or signed printout maintained. [21CFR1306.22(f)(3)]; [64B16-28.140(3)(d) & F.A.C]<br>*The pharmacist had not completed dates 8-7,9,10,11,15 & 18, 2023. He attempted to complete during the inspection. Reminded him that this is a requirement.* | No |
| Prescription department has current copy of laws and rules, references and equipment necessary to the professional practice of pharmacy. [64B16-28.102 F.A.C.] | Yes |
| Pharmacy technicians and interns properly identified and supervised [64B16-27.100 (2) F.A.C.]; [64B16-27.4001 F.A.C.]; [64B16-27.410 F.A.C.]; [64B16-27.420 F.A.C.]. | Yes |
| Legend drugs properly stored. [64B16-28.118 F.A.C.]; [64B16-28.120 F.A.C.] | Yes |
| Documentation of destruction of controlled substances. [64B16-28.303, F.A.C.]<br>*Uses Rx Reverse.* | Yes |
| Generic equivalent sign is posted. [465.025(7), F.S] | Yes |

**Additional Community Requirements**

| | |
|---|---|
| Prescription department is clean and safe, has a sink with running water convenient to the prescription department. [64B16-28.102 F.A.C.]<br>*The pharmacy had 27 ceiling tiles that were water stained throughout the pharmacy. Discussed this issue with the pharmacist.* | No |
| Pharmacist on duty when Rx department open. [64B16-28.109, F.A.C.] | Yes |
| When a pharmacist is not on duty, the prescription department is securely locked, and no other personnel remain in the department. [64B16-28.109 F.A.C.] | Yes |
| Written policy and procedure manual regarding the number of technician positions and their utilization. [64B16-27.410(2) (a), F.A.C.] | Yes |
| Documentation signed by Pharmacy technician acknowledging review of the Policy and Procedure manual within 90 days of hire. [64B16-27.410(2) (b), F.A.C.] | Yes |
| Documentation that Pharmacy technician has been trained in the established job description. [64B16-27.410(2)(c), F.A.C.] | Yes |
| Pharmacy licenses are current. [465.015(1)(a) F.S.] | Yes |
| Private consultation area available [6416-28.1035 F.A.C.] | Yes |
| Upon receipt of a new or refill prescription, a verbal and printed offer to counsel is made to the patient or the patient's agent. [64B16-27.820(1), F.A.C.]<br>*No patients in pharmacy during inspection. Has printed directions and instructing for contacting the pharmacy with any questions.* | Yes |
| Medication properly labeled. [499 F.S.]; [64B16-28.108 F.A.C.]; [893.04(1)(e) F.S.] [21CFR1306.24]; [21CFR1306.14] | Yes |
| Continuous Quality Improvement Program described in the Pharmacy policy and procedure manual and summarization of Quality -Related Events which have been reviewed by the CQI committee quarterly are available for inspection. [64B16-27.300 F.A.C.]; [766.101(1)(a)(l) F.S.] | Yes |
| Policy and Procedure available and implemented to prevent the fraudulent dispensing of controlled substances. [465.022(4), F.S.] | Yes |
| Pharmacy maintains patient profile records. [64B16-27.800, F.A.C.] | Yes |
| Written prescriptions for controlled substances are on counterfeit-proof pads from Department-approved vendors. [893.065 F.S.]; [456.42(2) F.S.] | Yes |
| Controlled substance inventory taken on a biennial basis and available for inspection. [893.07(1)(a) F.S.]; [21CFR1304.11]<br>*Reviewed last inspections dated 4/14/2022 taken at the end of the day.* | Yes |
| DEA 222 forms properly completed or records of CSOS orders electronically completed, linked to the original order, archived and retrievable. [893.07(2) F.S.]; 21CFR 1305.13(e)]; [21CFR1305.22(g)]<br>*Pharmacy orders from IPA, Key Source & McKesson.* | Yes |
| Controlled substance records and Rx information in computer system are retrievable. [21CFR1304.04]; [465.022(12) (a) F.S.]; [21CFR1306.22]; [64B16-28.140 F.A.C.] | Yes |
| Controlled substance records are maintained for 4 years [465.022(12) (b) F.S.] [64B16-28.140 F.A.C.] | Yes |
| Pharmacy is reporting to law enforcement any instance of fraudulent prescriptions within 24 hours or close of business on next business day of learning of instance. Reports include all required information. [465.015(3), F.S.] | N/A |
| Record of theft or significant loss of all controlled substances is being maintained and reported to the sheriff and board within 24 hours of discovery. [893.07(5)(b) F.S.]; [465.022(11) (b) F.A.C.] | N/A |
| Pharmacy is reporting to the PDMP within 24 hours of dispensing controlled substance. [893.055(4) (3)(a), F.S.] | Yes |
| Compounding records properly maintained. [64B16-28.140(4), F.A.C.]<br>*Last compounded completed in 2022. Pharmacist stated he is no longer doing any compounding.* | Yes |
| The pharmacy maintains an audit trail for all drugs from receipt or acquisition to sale or disposition [499.005 F.S.] [61N-1.012 F.A.C.] | Yes |
| Invoices for medications purchased from a Florida licensed wholesaler/distributor are retrievable for inspection. [499.005 (14) F.S.] | Yes |
| Administration begins not later than 1 hour following start of immediate use CSPs preparation. [64B16-27.797 F.A.C.] | N/A |
| Facility engaged in non-sterile office use compounding for human use is registered with FDA as an outsourcing facility [F.A.C 64B16-27.700(3)(g)] | N/A |
| Signage indicating that any patient receiving testing, screening, or treatment services is advised to seek followup care from his or her primary care physician. [465.1895 (9) F.S.] | N/A |
| Pharmacist has a written collaborative practice agreement. [465.1865, F.S.] | Yes |
| Human Trafficking signage is posted in a conspicuous place accessible to employees that is at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type which gives instructions in English and Spanish on how to report to the National Human Trafficking Resource Center. [456.0341, F.S] | Yes |

**Pharmacy Ships Medicinal Drugs to Patients [ 64B16-28.10801, F.A.C]**

| | |
|---|---|
| Pharmacy has policies and procedures in place to ensure that medicinal drugs are not adulterated at the time of receipt by the patient or their agent. | |

# INV359 - Community Requirements

Insp # 180822 | ANGELS PHARMACY III LLC | File # 24579

| | |
|---|---|
| Pharmacy has policies and procedures in place to provide instructions to the patient on reporting concerns with delivery and storage of medicinal drugs. | |

**Pharmacy engages in Centralized Prescription Filling? [64B16-28.450, F.A.C.]**

| | |
|---|---|
| Pharmacies have the same owner or have a written contract specifying the services to be provided by each pharmacy. | |
| Current P&P Manual available for inspection designating at minimum: types of medications that may be filled, procedures for communicating orders, procedures for securely transporting the filled prescriptions. | |
| The originating pharmacy is identified with pharmacy name and address on the prescription container label. | |
| The central fill pharmacy is identified by name and address or a by a code available at the originating pharmacy. | |
| If a controlled substance, the word "central fill" appears on the face of the original prescription. | |
| The originating pharmacy keeps a record of receipt of the filled prescription, including the date of receipt, method of delivery and the name of the originating pharmacy's employee accepting delivery. | |

**Automated Pharmacy System [465.0235, F.S.]**

| | |
|---|---|
| Pharmacy maintains a record of the medicinal drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling. | |
| Pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the automated pharmacy system for a minimum of 4 years. | |

**Internet Pharmacy**

| | |
|---|---|
| A toll-free telephone number is provided to facilitate communication between patients in this state and a pharmacist at the pharmacy who has access to the patient's records. [465.0197 (3)(e), F.S.] | |
| Toll free number is disclosed on the label affixed to each container of dispensed medicinal drugs. [465.0197 (3)(e), F.S.] | |
| Documentation of a valid, unexpired pharmacy license, permit or registration in the state in which the dispensing facility is located and from which the medicinal drugs shall be dispensed. [465.0197(3)(a) F.S] | |

## Remarks:

This pharmacy delivers medications to patients.
Inspection reviewed with pharmacist Patel.

I have read and have hed this inspection report and the laws and regulations concerned herein explained, and do affirm that the information given herein is true and correct to the best of my knowledge.

Inspector Signeture

BLAKE, ELLEN

Date:8/21/2023

Representative:

parag patel

Date:8/21/2023

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FA7356214 | 06-30-2026 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 05-05-2023 |

ANGELS PHARMACY III LLC
7455 US-1 SUITE A
TITUSVILLE, FL 32780

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
**UNITED STATES DEPARTMENT OF JUSTICE**
**DRUG ENFORCEMENT ADMINISTRATION**
**WASHINGTON D.C. 20537**

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FA7356214 | 06-30-2026 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 05-05-2023 |

ANGELS PHARMACY III LLC
7455 US-1 SUITE A
TITUSVILLE, FL 32780

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Department of Health

# ANGELS PHARMACY III LLC ANGEL'S PHARMACY

## License Number: PH31025

*Data As Of 9/19/2023*

| | | |
|---|---|---|
| **Profession** | Pharmacy | |
| **License** | PH31025 | |
| **License Status** | CLEAR/ | |
| **Qualifications** | Schedule II & III | Community Pharmacy |
| **License Expiration Date** | 2/28/2025 | |
| **License Original Issue Date** | 11/07/2017 | |
| **Address of Record** | 7455 US-1<br>SUITE A<br>TITUSVILLE, FL 32780 | |
| **Discipline on File** | No | |
| **Public Complaint** | No | |

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

**Mission:**
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

Florida HEALTH

**Ron DeSantis**
Governor

**Joseph A. Ladapo, MD, PhD**
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

August 9, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

RE: License Certification for Angels Pharmacy Iii Llc

To Whom It May Concern:

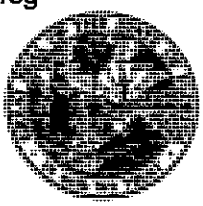
This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

| | |
|---|---|
| PROFESSION: | Pharmacy |
| LICENSE NUMBER: | PH31025 |
| ORIGINAL CERTIFICATION: | 11/07/2017 |
| EXPIRATION DATE: | 02/28/2025 |
| CURRENT STATUS OF LICENSE: | CLEAR, |
| AGENCY ACTION: | No |
| OTHER CERTIFICATIONS: | Community Pharmacy, Schedule Ii & Iii |

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,
Schnetrice Gaines
Regulatory Specialist II

/sg



**Florida Department of Health**
Division of Medical Quality Assurance• Bureau of Operations
4052 Bald Cypress Way, Bin C10 • Tallahassee, FL 32399-3251
PHONE: (850) 488-0595 • FAX : (850) 245-4791

PHAB Accredited Health Department
Public Health Accreditation Board

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Angel's Pharmacy

Pharmacy/Wholesaler License # (if applicable) PH31025

Physical Address 7455 US-1, Ste A

City Titusville State FL Zip 32780

Mailing Address (if different from physical address) – SAME AS Above –

City State Zip

Telephone Website

Licensing Company Email angelspharmacy3@gmail.com

### Section 2: Personal Information

First Parag Middle H Last Patel

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Dusty Pine Dr

City Apopka State FL Zip 32703

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Fairleigh Dickinson University School of Pharmacy | | 08/12 - 05/16 | |
| **Address** | **City** | **State** | **Zip** |
| 230 Park Ave | Florham Park | NJ | 07932 |
| **Diploma/Degree obtained, if any** | | | |
| Doctorate of Pharmacy | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Hemchandracharya North Gujarat University (India) | | 07/03 - 05/07 | |
| **Address** | **City** | **State** | **Zip** |
| Matasvadi Past | Patan | Gujarat | 384265 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor of Pharmacy | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Vijaynagar Higher Secondary School | | 07/01 - 05/03 | |
| **Address** | **City** | **State** | **Zip** |
| Vijaynagar high school Rd, Vivek Nagar | Vijay Nagar, Ahmedabad | Guj | 380013 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma. | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| — | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/18 - Now | [redacted] Dusty Pine Dr | Apopka | FL | 32703 |
| 08/17 - 06/18 | [redacted] Route 10 East, Bldg 27-3B | Morris Plains | NJ | 07950 |
| 10/14 - 08/17 | [redacted]A Grace Road | Lake Hiawatha | NJ | 07034 |
| 10/12 - 10/14 | [redacted] Parsippany Blvd, APT. 213 | Parsippany | NJ | 07054 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Angel's Pharmacy | | | 04/18 – Now |
| **Business Address** | **City** | **State** | **Zip** |
| 7455 US-1, Ste A. | Titusville | FL | 32780 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 321-225-4833 | Pharmacist / Pharmacy Manager | | >10000 hrs |
| **Description of Duties** | | | |
| Manage pharmacy duties, hiring, Record keeping. Prescription Filling. Verify, Customer service. Responsible of whole pharmacy Operation. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| – | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| – | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| – | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| – | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | – | – |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # —. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| — | — | — | — | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| **Reason/Charge** | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| **Name of Business/Industry/Entity** | | | | |

**Provide explanation below:**

— N/A —

Original Signature (electronic, copies or stamps not accepted)

Date

I, Parag H Patel, **certify that as the designated representative for** Angel's Pharmacy,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. php. I am at least 21 years of age;
3. php. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. php. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. php I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. php. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. php. I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Parag Patel.

Print Name (First, Last)

P.H. Patel

Original Signature (electronic, copies or stamps not accepted)

8/22/2023.

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Pascay Patel
Print Name (First, Last)

P.H. Patel
Original Signature (electronic, copies or stamps not accepted)

8/23/2023.
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Florida, ss. County of Brevard

I, Amanda Cunningham, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Amanda Cunningham
**Original Signature**

8/23/23
**Date**

Subscribed and Sworn to before me this 23 day of August.

Amanda Cunningham
**Notary Public Signature**

AMANDA M. CUNNINGHAM
MY COMMISSION # HH 417611
EXPIRES: July 5, 2027

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Angel's Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH31025

Physical Address 7455 US-1, Ste A

City Titusville State FL Zip 32780

Mailing Address (if different from physical address) – SAME AS Above –

City _____ State _____ Zip _____

Telephone 321-225-4833 Website –

Licensing Company Email angelspharmacy3@gmail.com

**Section 2: Personal Information**

First Vilut Middle C Last Patel

Alias(es, nicknames, name changes, etc.) –

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Lake Olivia Lane

City Windermere State FL Zip 34786

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☑ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Stevens Institute of Technology | | 08/07 – 05/09 | |
| **Address** | **City** | **State** | **Zip** |
| 1 Castle Point Terrace | Hoboken | NJ | 07030 |
| Diploma/Degree obtained, if any | | | |
| Master of Science in Pharmaceutical Manufacturing Practices | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Rajiv Gandhi University | | 11/02 – 11/06 | |
| **Address** | **City** | **State** | **Zip** |
| 12,30th Cross Rd. Off Sagar Hospital | Bengaluru. IND | Karnataka | 560041 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Pharmacy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| – | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 04/22 – Now | [redacted] Lake Olivia Ln | Windermere | FL | 34786 |
| 01/16 – 04/22 | [redacted] Solar Dr | Winter Garden | FL | 34787 |
| 04/14 – 01/16 | [redacted] Lake Debra Dr, APT 2228 | Orlando | FL | 32835 |
| 04/13 – 04/14 | [redacted] Highway 466, APT 23104 | Lady Lake | FL | 32159 |
| – | | | | |
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| | | | | |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| | | | |
|---|---|---|---|
| Business Name: Angel's Pharmacy I Inc | | | From - To (MM/YY – MM/YY): 01/14 - Current |
| Business Address: 259 E Michigan St | City: Orlando | State: FL | Zip: 32806 |
| Phone: 407-426-7000 | Title: Pharmacy Operational Analyst | | |
| Description of Duties: Training staff, Monitor & Maintaing Pharmacy compliances according to board of pharmacy, DEA, Oversee Day-to-day workload of Pharmacy | | | |

| | | | |
|---|---|---|---|
| Business Name: Angel's Pharmacy - II | | | From - To (MM/YY – MM/YY): 07/16 - Current |
| Business Address: 610 Douglas Dr | City: Palatka | State: FL | Zip: 32177 |
| Phone: 386-325-9300 | Title: Owner | | |
| Description of Duties: Pharmacy Owner - Training staff & hiring Process. Pharmacy Management | | | |

| | | | |
|---|---|---|---|
| Business Name: Angel's Pharmacy - III | | | From - To (MM/YY – MM/YY): 04/18 - Current |
| Business Address: 7455 S US-1, Ste A | City: Titusville | State: FL | Zip: 32780 |
| Phone: 321-225-4833 | Title: Owner | | |
| Description of Duties: Pharmacy Owner. Training staff & hiring Process, Pharmacy Management. | | | |

| | | | |
|---|---|---|---|
| Business Name: — | | | From - To (MM/YY – MM/YY): |
| Business Address: | City: | State: | Zip: |
| Phone: | Title: | | |
| Description of Duties: | | | |

| | | | |
|---|---|---|---|
| Business Name: | | | From - To (MM/YY – MM/YY): |
| Business Address: | City: | State: | Zip: |
| Phone: | Title: | | |
| Description of Duties: | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | – | – |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # __—__. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| — | — | — | — | — |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| — | — |

| Reason/Charge |
|---|
| — |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| — | — |

| Name of Business/Industry/Entity |
|---|
| — |

**Provide explanation below:**

— N/A —

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

**I certify under penalty of perjury that the information contained in this application is accurate, ~~true~~ and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Vipul Patel
Print Name (First, Last)

V.C. Pat
Original Signature (electronic, copies or stamps not accepted)

8/23/23'
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Florida, ss. County of Brevard

I, Amanda Cunningham, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Amanda Cunningham
**Original Signature**

8/23/23'
**Date**

Subscribed and Sworn to before me this 23 day of August.

Amanda Cun
**Notary Public Signature**

AMANDA M. CUNNINGHAM
MY COMMISSION # HH 417611
EXPIRES: July 5, 2027

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Angel's Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH31025

Physical Address 7455 US-1, Ste A

City Titusville State FL Zip 32780

Mailing Address (if different from physical address) – SAME As Above –

City – State Zip

Telephone 321-225-4833 Website –

Licensing Company Email angelspharmacy3@gmail.com

**Section 2: Personal Information**

First Hardik Middle G Last Shah

Alias(es, nicknames, name changes, etc.)

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Dusty Pine Drive

City Apopka State FL Zip 32703

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☑ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Scranton | | 08/07 - 05/11 | |
| **Address** | **City** | **State** | **Zip** |
| 800 Linden Street | Scranton | PA | 18510 |
| **Diploma/Degree obtained, if any** | | | |
| masteers in health administration | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| SK Patel college of Pharmacy | | 08/03 - 05/07 | |
| **Address** | **City** | **State** | **Zip** |
| | Mehsana | Gujarat | |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor of Pharmacy | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| — | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 04/17 - 08/23 | [redacted] Dusty Pine Dr | Apopka | FL | 32703 |
| 03/13 - 04/17 | [redacted] Lake Debra Dr, Apt 724 | Orlando | FL | 32835 |
| — | | | | |
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**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Angel's Pharmacy | | | 02/13 – Current |
| **Business Address** | **City** | **State** | **Zip** |
| 259 E. Michigan St | Orlando | FL | 32806 |
| **Phone** | **Title** | | |
| 407-426-7000 | Pharmaceutical Operations Analyst | | |
| **Description of Duties** | | | |
| Market Research, Prepare Financial documents & SOPs. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Angel's Pharmacy - III | | | 04/18 - Current |
| **Business Address** | **City** | **State** | **Zip** |
| 7455 S US-1, Ste A | Titusville | FL | 32780. |
| **Phone** | **Title** | | |
| 321-225-4833 | Owner. | | |
| **Description of Duties** | | | |
| Market Research, Financial documents. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Lake Sumter Landing Pharmacy | | | 08/18 - Current. |
| **Business Address** | **City** | **State** | **Zip** |
| 910 Old Camp Rd | The Villages | FL | 32162 |
| **Phone** | **Title** | | |
| 352-268-3454 | Owner | | |
| **Description of Duties** | | | |
| Market Research. Financial document. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| – | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| – | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # —. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| — | — | — | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:** — N/A —

Original Signature (electronic, copies or stamps not accepted)

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Hardik Shah
Print Name (First, Last)

H. Shah
Original Signature (electronic, copies or stamps not accepted)

8/23/23
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Florida, ss. County of Brevard

I, Amanda Cunningham, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Amanda Cunningham
**Original Signature**

8/23/23
**Date**

Subscribed and Sworn to before me this 23 day of August.

Amanda Cunningham
**Notary Public Signature**

AMANDA M. CUNNINGHAM
MY COMMISSION # HH 417611
EXPIRES: July 5, 2027

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Angel's Pharmacy

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) PH31025

Physical Address 7455 US-1, Ste A

City Titusville State FL Zip 32780

Mailing Address (if different from physical address) – SAME AS Above –

City _____ State _____ Zip _____

Telephone 321-225-4833 Website –

Licensing Company Email angelspharmacy3@gmail.com

### Section 2: Personal Information

First Parag Middle H Last Patel

Alias(es, nicknames, name changes, etc.) –

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Dusty Pine Dr

City Apopka State FL Zip 32703

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | From - To (MM/YY – MM/YY) |
|---|---|
| Fairleigh Dickinson University, School of Pharmacy | 08/12 - 05/16 |
| **Address** | **City** / **State** / **Zip** |
| 230 Park Ave. | Florham Park / NJ / 07932 |
| **Diploma/Degree obtained, if any** | |
| Doctorate of Pharmacy | |

| School Name | From - To (MM/YY – MM/YY) |
|---|---|
| Hemchandracharya North Gujarate University (India) | 07/03 - 05/07 |
| **Address** | **City** / **State** / **Zip** |
| Matasvadi Patan | Patan / Gujarat / 364265 |
| **Diploma/Degree obtained, if any** | |
| Bachelor of Pharmacy | |

| School Name | From - To (MM/YY – MM/YY) |
|---|---|
| Vijaynagar Higher Secondary School | 07/01 - 05/03 |
| **Address** | **City** / **State** / **Zip** |
| Vijaynagar high School Rd, Vivek Nagar | Vijaynagar, Ahmedabad / Gujarat / 380013 |
| **Diploma/Degree obtained, if any** | |
| High School Diploma. | |

| School Name | From - To (MM/YY – MM/YY) |
|---|---|
| — | |
| **Address** | **City** / **State** / **Zip** |
| | |
| **Diploma/Degree obtained, if any** | |
| | |

| School Name | From - To (MM/YY – MM/YY |
|---|---|
| — | |
| **Address** | **City** / **State** / **Zip** |
| | |
| **Diploma/Degree obtained, if any** | |
| | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/18 - Now | [redacted] Dusty Pine Dr | Apopka | FL | 32703 |
| 08/17 - 06/18 | [redacted] Route 10 East. Bldg 27-3B | Morris Plains | NJ | 07950 |
| 10/14 - 08/17 | [redacted]4 Grace Road | Lake Hiawatha | NJ | 07034 |
| 10/12 - 10/14 | [redacted] Parsippany Blvd. APT 213 | Parsippany | NJ | 07054. |
| — | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| | | | |
|---|---|---|---|
| Business Name: Angel's Pharmacy | | | From - To (MM/YY – MM/YY): 04/18 - Now |
| Business Address: 7455 US-1, Ste A | City: Titusville | State: FL | Zip: 32780 |
| Phone: 321-225-4833 | Title: Pharmacist / Pharmacy Manager | | |
| Description of Duties: Manage Pharmacy duties, hiring. Record keeping, Prescription Filling, Verify, Customer Service. Responsible for Pharmacy Op- | | | |

| | | | |
|---|---|---|---|
| Business Name: CVS Pharmacy | | | From - To (MM/YY – MM/YY): 08/16 - 04/18 |
| Business Address: 514 Park Ave | City: Scotch Plains | State: NJ | Zip: 07076 |
| Phone: 908-322-7455 | Title: Pharmacist. | | |
| Description of Duties: Record keeping. Prescription Filling. Q.A., Responsible for Pharmacist duties. | | | |

| | | | |
|---|---|---|---|
| Business Name: CVS Pharmacy | | | From - To (MM/YY – MM/YY): 01/13 - 07/16 |
| Business Address: 167 Columbia Turnpike | City: Florham Park | State: NJ | Zip: 07932 |
| Phone: 973-377-2420 | Title: Pharmacy Intern. | | |
| Description of Duties: Filling Prescription. Helping pharmacist in daily operations. | | | |

| | | | |
|---|---|---|---|
| Business Name: Medicap Pharmacy | | | From - To (MM/YY – MM/YY): 09/11 - 08/12 |
| Business Address: 602 S Atwood Road | City: Belair | State: MD | Zip: 21014 |
| Phone: 410-638-2730 | Title: Pharmacy Tech. | | |
| Description of Duties: Filling. Typing Prescription. Count Medication. Inventory Mngt. | | | |

| | | | |
|---|---|---|---|
| Business Name: Greenbay Specialty Pharmacy | | | From - To (MM/YY – MM/YY): 03/22 - Now. |
| Business Address: 3483 S Eastern Ave Ste 100 | City: Las Vegas | State: NV | Zip: 89169 |
| Phone: 725-254-3210 | Title: Owner | | |
| Description of Duties: Pharmacy Owner | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | — | — |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # —. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| — | — | — | — | — |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| — | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

— N/A —

Original Signature (electronic, copies or stamps not accepted)

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Parag Patel
Print Name (First, Last)

P.H. Patel
Original Signature (electronic, copies or stamps not accepted)

8/23/2023
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Florida, ss. County of Brevard

I, Amanda Cunningham, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Amanda Cunningham
**Original Signature**

8/23/23
**Date**

Subscribed and Sworn to before me this 23 day of August.

Amanda Cunningham
**Notary Public Signature**

AMANDA M. CUNNINGHAM
MY COMMISSION # HH 417611
EXPIRES: July 5, 2027

**(Seal)**

# 4MM

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application

## Non-Refundable $500.00 Fee

Rev (8/02/2022)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada | ☑ New Pharmacy | ☑ Retail/Community | ☑ Retail/Community |
| ☑ Out-of-State | ☐ Ownership Change* | ☐ Hospital (# beds _____) | ☐ Non-sterile Compounding |
| | ☐ Location Change * | ☐ Internet | ☐ Sterile Compounding |
| | ☐ Name Change* | ☐ Nuclear | ☑ Mail-Order Service |
| | | ☑ Other:Specialty Pharmacy | ☐ Off-site Cognitive Services |
| | * If making a change, provide license #: | | ☐ Long Term Care |
| | | | ☐ Hospital |
| | PH_____ | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☑ Monday | ☑ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☑ Tuesday | ☐ Saturday | ☑ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☑ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☑ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: BioPlus Specialty Pharmacy Services, LLC

Physical Address: 145 S 79th St. Suite 70

City: Chandler State: Arizona Zip: 85226

Mailing Address (if different from physical address): P.O. Box 162088

City: Altamonte Springs State: Florida Zip: 32716

Telephone: 888-292-0744 Toll Free # (NAC 639.708, NRS 639.23286): 888-292-0744

Fax: 800-269-5493 Contact Email: License@bioplusrx.com

Website: bioplusrx.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Marshall De Groot

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22834

**Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services In/Into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Marshall De Groot | NV Pharmacist Registration #: 22834 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Florida

Parent Company (if any): BioPlus Parent, LLC

Corporation/Organization Name: BioPlus Specialty Pharmacy Services, LLC

Mailing Address: 220 Virginia Ave

City: Indianapolis State: Indiana Zip: 46204

Telephone: 317-488-6000 Email: License@bioplusrx.com

Contact Person Name: Kimberly Bourcier

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☑ No

**Section 7: Partnership**

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

**Statement of Responsibility**

1. I am the President (title) for BioPlus Specialty Pharmacy Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Mark Montgomery

Print Name of Authorized Person

Mark Montgomery

Original signature of Authorized Person (copies or stamps not accepted)

8/7/23

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Mark Montgomery hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the President (title) for BioPlus Specialty Pharmacy Services, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Mark Montgomery

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 7th day of August, 2023

Marsha Sue Brown

Notary Public

MARSHA SUE BROWN
Notary Public - State of Florida
Commission # HH 304419
My Comm. Expires Dec 18, 2026
Bonded through National Notary Assn.

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Montgomery - President/CEO

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

Date 8/7/23

| Board Use Only | Date Received: 10/30/23 | Amount: $500 check 63116374 |
|---|---|---|

# State of Florida
## Department of State

I certify from the records of this office that BIOPLUS SPECIALTY PHARMACY SERVICES, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 6, 2020, effective December 28, 1988.

The document number of this limited liability company is L20000120596.

I further certify that said limited liability company has paid all fees due this office through December 31, 2023, that its most recent annual report was filed on April 27, 2023, and that its status is active.

*Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the First day of June, 2023*




*Secretary of State*

**Tracking Number: 1167757507CU**

**To authenticate this certificate,visit the following site,enter this number, and then follow the instructions displayed.**

**https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication**

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 7, 2020

COGENCY GLOBAL

Re: Document Number L20000120596

The Articles of Conversion, and Articles of Organization were filed May 6, 2020, with an organizational date deemed effective December 28, 1988, for BIOPLUS SPECIALTY PHARMACY SERVICES, LLC, the resulting Florida Limited Liability Company.

The certification you requested is enclosed.

To maintain "active" status with the Division of Corporations, an annual report must be filed yearly between January 1st and May 1st beginning in the year following the file date or effective date indicated above. If the annual report is not filed by May 1st, a $400 late fee will be added. **It is your responsibility to remember to file your annual report in a timely manner.**

A Federal Employer Identification Number (FEI/EIN) will be required when this report is filed. Contact the IRS at 1-800-829-4933 for an SS-4 form or go to www.irs.gov.

Should you have any further questions concerning this matter, please feel free to call (850) 245-6051, the Registration Filing Section.

KYLE D BRUMBLEY
Regulatory Specialist II
Division of Corporations

Letter Number: 020A00009419

Account number: I20000000088

Amount charged: 155.00

# State of Florida

## Department of State

I certify from the records of this office that BIOPLUS SPECIALTY PHARMACY SERVICES, LLC, is a limited liability company organized under the laws of the State of Florida, filed on May 6, 2020, with an organizational date deemed effective December 28, 1988.

The document number of this company is L20000120596.

I further certify that said company has paid all fees due this office through December 31, 2020, and its status is active.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Seventh day of May, 2020

Laurel M. Lee
Secretary of State

CR2E022 (01-11)

**Articles of Conversion**
For
**"Other Business Entity"**
Into
**Florida Limited Liability Company**

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:
BioPlus Specialty Pharmacy Services, Inc.
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a corporation
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida
(Enter state, or if a non-U.S. entity, the name of the country)

on December 28, 1988.
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization:**
BioPlus Specialty Pharmacy Services, LLC.
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date:_____.
**(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)**
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

FILED
2020 MAY -6 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signed this 6th day of May, 2020.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative: _____
Printed Name: Stephen C. Vogt Title: President

**Signature(s) on behalf of Other Business Entity:** **[See below for required signature(s)]**

Signature: _____
Printed Name: Stephen C. Vogt Title: President

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

**If Florida Corporation:**
Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**
Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**
Signatures of **ALL** General Partners.

**All others:**
Signature of an authorized person.

Fees:

| | |
|---|---|
| Articles of Conversion: | $25.00 |
| Fees for Florida Articles of Organization: | $125.00 |
| Certified Copy: | $30.00 (Optional) |
| Certificate of Status: | $5.00 (Optional) |

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

BioPlus Specialty Pharmacy Services, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

**ARTICLE II - Address:**
The mailing address and street address of the principal office of the Limited Liability Company is:

| **Principal Office Address:** | **Mailing Address:** |
|---|---|
| 376 Northlake Blvd. | 376 Northlake Blvd. |
| Altamonte Springs, FL 32701 | Altamonte Springs, FL 32701 |

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Stephen C. Vogt
Name

376 Northlake Blvd.
Florida street address (P.O. Box **NOT** acceptable)

Altamonte Springs FL 32701
City Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..*

Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

**ARTICLE IV-**
The name and address of each person authorized to manage and control the Limited Liability Company:

| **Title:** "AMBR" = Authorized Member "MGR" = Manager | **Name and Address:** |
|---|---|
| AMBR | BioPlus Specialty Pharmacy Services Holdings, Inc. 376 Northlake Blvd. Altamonte Springs, FL 32701 |
| MGR | Stephen C. Vogt, President 376 Northlake Blvd. Altamonte Springs, FL 32701 |
| MGR | H. Stephen Garner, Vice President 376 Northlake Blvd. Altamonte Springs, FL 32701 |
| | |

(Use attachment if necessary)

**ARTICLE V:** Other provisions, if any.

**REQUIRED SIGNATURE:** SCVogt

**Signature of a member or an authorized representative of a member**
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Stephen C. Vogt
Typed or printed name of signee

**Filing Fees**

**$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**
**$ 30.00 Certified Copy (Optional)** **$ 5.00 Certificate of Status (Optional)**

S = SATISFACTORY C/P = NEED TO COMPLETE OR PROVIDE U = UNSATISFACTORY N/A = NOT APPLICABLE

# DEMOGRAPHICS

AZ permit# : Y009596

AZ Permit Exp.Date : 10/31/2024

Business Name : BioPlus Specialty Pharmacy Services, LLC

Address : 145 S 79th Street

Zip : 85226

City : Chandler

State : AZ

Phone : (888) 292-0744

Fax : (833) 670-2942

Email : license@bioplusrx.com

Inspection Date : 08/24/2023

PIC : William J. Chauvin, JR

DEA # : FB3202443

DEA # Exp. date : 07/31/2026

DEA Inventory Opening Date : 01/01/2024

Inspection Reviewed With : PIC

Reviewers License# : S019649

Inspection type : Opening

Inspection Conducted By : Steve Haiber

# ACTIVITIES

| | | |
|---|---|---|
| 1 | Nonsterile Compounding | ○ YES ◉ NO |
| 2 | Nonsterile Hazardous Compounding | ○ YES ◉ NO |
| 3 | Sterile Compounding | ○ YES ◉ NO |
| 4 | Sterile Hazardous Compounding | ○ YES ◉ NO |

# Hospital Facility Data

# Licensed Beds

DHS License #

# PHARMACY DEPARTMENT

| | | |
|---|---|---|
| 1 | Size/Personnel<br>18,131 sq ft / closed door pharmacy performed fulfillment operations for specialty medication prescriptions | ◉ S ○ C/P ○ U ○ N/A<br>R4-23-609(A); R4-23-655(B)(C); R4-23-670 to 675 |

2 Shelves — ○ S ◉ C/P ○ U ○ N/A
R4-23-609(A); R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Shelving racks not installed / facility PIC will not order or stock drug product until installation of shelving complete

3 Design-efficient, safe pharmacy practice — ◉ S ○ C/P ○ U ○ N/A
R4-22-609(A); R4-23-655(C); R4-23-672(A); R4-23-673(A)(B); R4-23-674(A)(3); R4-23-675(A)

4 Counter — ○ S ◉ C/P ○ U ○ N/A
R4-23-609(B); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Work counters not installed / facility PIC will not order or stock drug product until installation of work counters complete

5 Aisles — ◉ S ○ C/P ○ U ○ N/A
R4-23-609(C); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Minimum 36 inch spacing

6 Consultation area — ○ S ○ C/P ○ U ◉ N/A
R4-23-609(D)
Closed door facility - completed prescription orders delivered to patient via common carrier / pharmacist available via phone for consultation purp oses

7 Enclosed (barrier) — ◉ S ○ C/P ○ U ○ N/A
R4-23-609(F); R4-23-655(D); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675
Solid walls - all exterior sides of permitted space

8 Entry doors — ◉ S ○ C/P ○ U ○ N/A
R4-23-609(F); R4-23-610(B); R4-23-655(D); R4-23-657(A)(2); R4-23-672(A)(F)(2); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Secured with magnetic lock and keyed hardlocks / pharmacist access to key only / Dual RFID badge readers with pharmacist access only reader to co ntrol second reader access to pharmacy when pharmacist present

9 Lighting — ◉ S ○ C/P ○ U ○ N/A
R4-23-609(G); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Adequate - all areas

10 Temperature controlled/Ventilation — ◉ S ○ C/P ○ U ○ N/A
R4-23-609(G); R4-23-655(E); R4-23-656(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
HVAC

11 Working counter barrier — ○ S ○ C/P ○ U ◉ N/A
R4-23-609(H)
No face to face patient contact

12 Receiving/checking area — ◉ S ○ C/P ○ U ○ N/A
R4-23-610(E); R4-23-655(E); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

13 Opening for Rx receipt when closed — ○ S ○ C/P ○ U ● N/A
R4-23-610(F)
Not used

14 Walls — ● S ○ C/P ○ U ○ N/A
R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Solid - floor to roof deck

15 Ceilings — ● S ○ C/P ○ U ○ N/A
R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Solid or drop tile

16 Windows — ● S ○ C/P ○ U ○ N/A
R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Fixed exterior windows

17 Floors — ● S ○ C/P ○ U ○ N/A
R4-23-611(A)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Tile / poured cement

18 Restroom — ● S ○ C/P ○ U ○ N/A
R4-23-611(A)(4)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Available within permitted space

19 Sink (hot and cold running water) — ● S ○ C/P ○ U ○ N/A
R4-23-611(A)(9); R4-23-656(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Available

20 Nonsterile compounding area — ○ S ○ C/P ○ U ● N/A
R4-23-410(E)
Pharmacy will not perform compounding activity

## SECURITY

1 Controlled substances — ○ S ○ C/P ○ U ● N/A
R4-23-609(E); R4-23-657(A)(1); R4-23-658(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
No CS drugs handled at this time / facility maintains DEA registration / PIC advised to perform zero inventories at open and May 1 and maintain records for inspection

2 Pharmacist access — (•) S ( ) C/P ( ) U ( ) N/A
R4-23-609(F); R4-23-610(B); R4-23-657(A)(1); R4-23-671(B)(1); R4-23-672(A)(B)(F); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
RFID badge / key for opening keyed hardlocks

3 Additional pharmacy drug storage areas — ( ) S ( ) C/P ( ) U (•) N/A
R4-23-609(G)(2); R4-23-655(E); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
None

4 Filled Rx medication storage — (•) S ( ) C/P ( ) U ( ) N/A
R4-23-610(G); R4-23-673(E); R4-23-674(C); R4-23-675(C)
Single piece workflow / completed prescriptions held in totes under appropriate temperature pending loading onto delivery trailers

5 Remote drug storage (hospitals) — ( ) S ( ) C/P ( ) U (•) N/A
R4-23-654(D); R4-23-672(C)

## PHARMACY LIBRARY

1 Pharmacology or Toxicology reference — (•) S ( ) C/P ( ) U ( ) N/A
R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
On line Clinical Pharmacology suite provided to staff for reference needs

2 Therapeutics reference — (•) S ( ) C/P ( ) U ( ) N/A
R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
On line Clinical Pharmacology suite provided to staff for reference needs

3 Drug compatibility reference — (•) S ( ) C/P ( ) U ( ) N/A
R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
On line Clinical Pharmacology suite provided to staff for reference needs

4 Drug product equivalency reference — (•) S ( ) C/P ( ) U ( ) N/A
R4-23-612(A)(9); R4-23-656(1); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
FDA Orange book

5 Sterile products reference — ( ) S ( ) C/P ( ) U (•) N/A
R4-23-612(A)(9); R4-23-656(1); R4-23-670(B)(6); R4-23-672(A); R4-23-673(C); R4-23-675(A)
Facility does not perform sterile compounding activity

6 Policy and procedure manual-pharmacy operations — (•) S ( ) C/P ( ) U ( ) N/A
R4-23-610(A); R4-23-653(A); R4-23-658(A); R4-23-671(E); R4-23-672(A)(G); R4-23-673(G); R4-23-674(F); R4-23-675(D)
Maintained on line / reviewed annually

| | | | |
|---|---|---|---|
| 7 | Policy and procedure manual-technicians<br>Maintained on line / reviewed annually | ◉ S ○ C/P ○ U ○ N/A | R4-23-610(A); R4-23-653; R4-23-672(A)(G); R4-23-673(C); R4-23-674(F); R4-23-675(D) |
| 8 | Policy and procedure manual-automation<br>Facility does not utilize automation | ○ S ○ C/P ○ U ◉ N/A | R4-23-614; R4-23-615; R4-23-616; R4-23-654(D); R4-23-701.02; R4-23-701.04 |
| 9 | Policy and procedure manual-compounding<br>Facility does not perform compounding activity | ○ S ○ C/P ○ U ◉ N/A | R4-23-410; R4-23-670 |
| 10 | Arizona statutes/rules<br>On line | ○ S ○ C/P ○ U ◉ N/A | R4-23-612(A)(8); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A) |
| 11 | Current antidote/drug interaction information<br>On line | ○ S ○ C/P ○ U ◉ N/A | R4-23-612(A)(12); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A) |
| 12 | Poison Control # displayed<br>Posted | ◉ S ○ C/P ○ U ○ N/A | R4-23-612(A)(13); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A) |

## PHARMACY EQUIPMENT/FORMS

| | | | |
|---|---|---|---|
| 1 | Refrigerator<br>Facility will stock refrigerated product | ◉ S ○ C/P ○ U ○ N/A | R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670; R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A) |
| 2 | Freezer<br>Facility does not stock frozen product / freezer unit will be used for gel brick cooling | ◉ S ○ C/P ○ U ○ N/A | R4-23-609(G)(1); R4-23-612(A)(1); R4-23-656(4); R4-23-670(B)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A) |
| 3 | Computer-security/data storage<br>CPR plus system | ◉ S ○ C/P ○ U ○ N/A | R4-23-408 |

4 Computer-patient profiles — (•) S ( ) C/P ( ) U ( ) N/A
R4-23-408(B)(3)
CPR plus system / facility will be updated system end of October 2023 to Enterprise Rx (front end use) and Parata Core-Flex system (fulfillment use)

5 Computer-single drug usage report — (•) S ( ) C/P ( ) U ( ) N/A
R4-23-408(B)(4)
CPR plus system / facility will be updated system end of October 2023 to Enterprise Rx (front end use) and Parata Core-Flex system (fulfillment use )

6 Computer-pharmacist log book/hard copy print out — ( ) S (•) C/P ( ) U ( ) N/A
R4-23-408(C)(4)
Firm undecided on documentation process - PIC would like to utilize an electronic documentation process / CO advised PIC to provide process detai l and if not compliant firm will maintain paper documentation compliant with AAC R4-23-408.

7 Prescription label — (•) S ( ) C/P ( ) U ( ) N/A
ARS 32-1963.01; ARS 32-1968; R4-23-612(A)(10); R4-23-658(D)(1)(2); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)(D); R4-23-701.01(2); R4-23-703(C)
Sample provided

8 Federal transfer labels — (•) S ( ) C/P ( ) U ( ) N/A
R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
CPR plus generated

9 Warning labels — (•) S ( ) C/P ( ) U ( ) N/A
R4-23-612(A)(10); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A); R4-23-701.01(2)
CPR plus generated

10 Written patient information — (•) S ( ) C/P ( ) U ( ) N/A
R4-23-402(C)(4); R4-23-402(I)
Sample provided

11 Consultation log — (•) S ( ) C/P ( ) U ( ) N/A
R4-23-402(G)
Closed door facility / Pharmacist available via toll free number for consultation

12 Federal medication guides — (•) S ( ) C/P ( ) U ( ) N/A
21 CFR part 208
CPR plus

13 Hospital IV label — ( ) S ( ) C/P ( ) U (•) N/A
R4-23-658

14 Generic Rx blanks — ○ S ○ C/P ○ U ◉ N/A
R4-23-402(A); R4-23-407(D)
Verbal prescription blanks maintained by front end pharmacy operation / all verbal orders routed to BioPlus Specialty Pharmacy (Y008336) located a t 376 Northlake Blvd, Altamonte Springs, FL

15 Immunization administration recordkeeping — ○ S ○ C/P ○ U ◉ N/A
R4-23-411(F)
Facility will not perform this activity

16 Schedule V register — ○ S ○ C/P ○ U ◉ N/A
R4-23-612(A)(2)
No OTC sales of exempt narcotics

17 Methamphetamine precursor sales log — ○ S ○ C/P ○ U ◉ N/A
ARS 32-1977
No OTC sales of PSE products

18 Red C stamp — ○ S ○ C/P ○ U ◉ N/A
R4-23-612(A)(11); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Not required / legend fulfillment only

19 CSPMP reporting — ◉ S ○ C/P ○ U ○ N/A
R4-23-502
PIC reminded to provide zero reporting as the firm maintains an active DEA registration

20 Graduates — ○ S ○ C/P ○ U ◉ N/A
R4-23-612(A)(3); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Facility will not perform compounding activity

21 Mortar & Pestle — ○ S ○ C/P ○ U ◉ N/A
R4-23-612(A)(4); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Facility will not perform compounding activity

22 Steel spatulas — ◉ S ○ C/P ○ U ○ N/A
R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)

23 Rubber (nonmetallic) spatula — ○ S ○ C/P ○ U ◉ N/A
R4-23-612(A)(5); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Facility will not perform compounding activity

24 Approved Rx balance — ○ S ○ C/P ○ U ◉ N/A
R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Facility will not perform compounding activity

25 Weights for Rx balance — ○ S ○ C/P ○ U ◉ N/A
R4-23-612(A)(6); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Facility will not perform compounding activity

26 Ointment tile — ○ S ○ C/P ○ U ◉ N/A
R4-23-612(A)(7); R4-23-672(A); R4-23-673(C); R4-23-674(A)(3); R4-23-675(A)
Facility will not perform compounding activity

27 Automated storage and distribution system (patient access) — ○ S ○ C/P ○ U ◉ N/A
R4-23-614(A)(B)(1)(2)
Not utilized

28 Automated storage and distribution system (hospital) — ○ S ○ C/P ○ U ◉ N/A
R4-23-614(A)(B)(1)(3); R4-23-654(D)
Not utilized

29 Mechanical storage and counting device — ○ S ○ C/P ○ U ◉ N/A
R4-23-615
Not utilized

30 Mechanical counting device — ○ S ○ C/P ○ U ◉ N/A
R4-23-616
Not utilized

31 Emergency drug supply units (LTC) — ○ S ○ C/P ○ U ◉ N/A
R4-23-701.02
Not utilized

32 Automated emergency drug supply units (LTC) — ○ S ○ C/P ○ U ◉ N/A
R4-23-701.02(E)
Not utilized

33 Automated dispensing system (LTC) — ○ S ○ C/P ○ U ◉ N/A
R4-23-701.04
Not utilized

## STERILE PRODUCT COMPOUNDING AREA/EQUIPMENT:

| | | | |
|---|---|---|---|
| 1 | Size<br>Pharmacy will not support or perform this activity | ○ S ○ C/P ○ U ◉ N/A | R4-23-670(A) |
| 2 | Dedicated to compounding sterile products | ○ S ○ C/P ○ U ◉ N/A | R4-23-670(A)(1); R4-23-656(5) |
| 3 | Isolated from other pharmacy functions | ○ S ○ C/P ○ U ◉ N/A | R4-23-670(A)(2) |
| 4 | Restricts entry/access | ○ S ○ C/P ○ U ◉ N/A | R4-23-670(A)(3) |
| 5 | Free from unnecessary disturbances airflow | ○ S ○ C/P ○ U ◉ N/A | R4-23-670(A)(4) |
| 6 | Nonporous and cleanable floor | ○ S ○ C/P ○ U ◉ N/A | R4-23-670(A)(5) |
| 7 | Nonporous and cleanable walls | ○ S ○ C/P ○ U ◉ N/A | R4-23-670(A)(5) |
| 8 | Nonporous and cleanable ceiling | ○ S ○ C/P ○ U ◉ N/A | R4-23-670(A)(5) |
| 9 | Environment ISO 7 | ○ S ○ C/P ○ U ◉ N/A | R4-23-670(A)(6) |
| 10 | Hood ISO 5 | ○ S ○ C/P ○ U ◉ N/A | R4-23-670(B) |
| 11 | Prep area ISO 7/ISO 8 | ○ S ○ C/P ○ U ◉ N/A | R4-23-110; R4-23-670(E)(F) |

## NOTES

Opening inspection - BioPlus Specialty Pharmacy Services, LLC (Y009596) located at 145 S. 79th Street, Suite 70, Chandler, A 85226

Facility to install shelving and work counters prior to ordering / stocking drug product.

Facility opening date - 01/01/2024

Open permit Y009596 issued to PIC

**ARIZONA STATE BOARD OF PHARMACY**
**P.O. Box 18520 Phoenix, AZ 85005**
**602-771-ASBP (2727)**
**FAX: 602-771-2749**
**http://www.azpharmacy.gov**

Receipt Date: 04/03/2023
Receipt Number: 2023149087
Receipt Amount $: 480.00

# Pharmacy - Independent

**PERMIT NO**
**Y009596**

**EXPIRES**
**10/31/2024**

Issued to : BioPlus Specialty Pharmacy Services, LLC
BioPlus Specialty Pharmacy Services, LLC
376 NORTHLAKE BLVD SUITE 1008 ALTAMONTE SPRINGS, FL 32701

BioPlus Specialty Pharmacy Services, LLC
145 S 79TH STREET SUITE 70
CHANDLER, AZ 85226

**EXECUTIVE DIRECTOR**

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : BioPlus Specialty Pharmacy Services, LLC
LICENSE NUMBER : Y009596
EXPIRES : 10/31/2024

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

## Important Information

**LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)**

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

**PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)**

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

BioPlus®
Specialty Pharmacy

# BioPlus Specialty Pharmacy Services, LLC

**Tax ID#59-2920860**

## Directors/Managers

**Paul Marchetti (Director/Manager)**

**Danielle Swenson (Director/Manager)**

**Vincent Scher (Director/Manager)**

## Officers

**Mark Montgomery (President)**

**Vincent Scher (Director/Manager)**

**Kathleen Kiefer (Secretary/Officer)**

**Eric Noble (Assistant Treasurer/Officer)**

**Elvin Montanez (COO/Managing Employee)**

BioPlus®
Specialty Pharmacy

# Ownership

## BioPlus Parent, LLC – 100% Direct Owner

220 Virginia Avenue
Indianapolis, IN 46204

Tax ID: 85-0609453

## BioPlus Parent, LLC – Director/Manager List

**Paul Edward Marchetti**

**Danielle Anne Swenson**

**Vincent Edward Scher**

## BioPlus Parent, LLC – Officer List

**Paul Edward Marchetti – President**

**Kathleen Susan Kiefer – Secretary**

**Vincent Edward Scher - Treasurer**

**Eric Kenneth Noble – Assistant Treasurer**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler BioPlus Specialty Pharmacy Services, LLC

Pharmacy/Wholesaler License # (if applicable) Y009596

Physical Address 145 S 79th Street Suite 70

City Chandler State AZ Zip 85226

Mailing Address (if different from physical address) PO Box 162088

City Altamonte Springs State FL Zip 32716

Telephone 888-292-0744 Website www.bioplusrx.com

Licensing Company Email license@bioplusrx.com

### Section 2: Personal Information

First William Middle Joseph Last Chauvin

Alias(es, nicknames, name changes, etc.) Bill Chauvin

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] N. Danyell Ct.

City Chandler State AZ Zip 85225

Telephone [redacted] Email wchauvin@BioPlusrx.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | n/a |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Kansas School of Pharmacy | | 8/1991-5/1994 | |
| Address | City | State | Zip |
| 2010 Becker Dr. | Lawrence | KS | 66047 |
| Diploma/Degree obtained, if any | | | |
| BS in Pharmacy | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Kansas State University | | 8/1988-5/1991 | |
| Address | City | State | Zip |
| 110 Anderson Hall, 919 Mid-Campus Drive North | Manhattan | KS | 66506-0110 |
| Diploma/Degree obtained, if any | | | |
| pre-pharmacy | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Sumner Academy of Arts and Science | | 8/1983-5/1988 | |
| Address | City | State | Zip |
| 1610 N. 8th St. | Kansas City | KS | 66101 |
| Diploma/Degree obtained, if any | | | |
| HS Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/18-current | [redacted]N. Danyell Ct. | Chandler | AZ | 85225 |
| 10/12-10/17 | [redacted]Timberline Ct. South | Elizabethtown | KY | 42701 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Bioplus LLC | | | 05/23-present |
| **Business Address** | **City** | **State** | **Zip** |
| 145 S. 79th St, Suite 70 | Chandler | AZ | 85226 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 480-617-1187 | Pharmacy Manager / PIC | 40/week | |

Description of Duties

Responsible for entire pharmacy facility

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Eversana | | | 07/21-08/22 |
| **Business Address** | **City** | **State** | **Zip** |
| 17877 Chesterfield Airport Rd. | Chesterfield | MO | 63005 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 636-519-2400 | VP of Pharmacy Operations | 40/week | |

Description of Duties

Responsible for entire pharmacy facility, pharmacist, nurses and inventory.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Amazon/PillPack Pharmacy | | | 12/20-7/21 |
| **Business Address** | **City** | **State** | **Zip** |
| 3809 E. Watkins St. | Phoenix | AZ | 85034 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 855-745-5725 | PIC/Sr. Manager Compliance | 40/week | |

Description of Duties

Responsible for entire compliance and regulatory for facility

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| MedImpact Direct Pharmacy | | | 10/17-8/20 |
| **Business Address** | **City** | **State** | **Zip** |
| 8150 S. Kyrene Rd | Tempe | AZ | 85284 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 800-788-2949 | Sr. Director of Pharmacy Operations | 40/week | |

Description of Duties

Responsible for business development and oversite of specialty pharmacies in our network.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| USBioservices | | | 10/12-10/17 |
| **Business Address** | **City** | **State** | **Zip** |
| 345 International Blvd | Shepherdsville | KY | 40165 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 888-843-7226 | Director of Specialty Pharmacy Operatinos` | 40/week | |

Description of Duties

PIC and manager of all pharmacy operations.

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | n/a |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:** N/A

Original Signature (electronic, copies or stamps not accepted)

10/10/2023
Date

I, William Joseph Chauvin, **certify that as the designated representative for**

BioPlus Specialty Pharmacy LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. WJC I am at least 21 years of age;
3. WJC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. WJC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. WJC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. WJC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. WJC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

William Joseph Chauvin
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/10/2023
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

William Joseph Chauvin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/10/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Arizona, ss. County of Maricopa.

I, William Joseph Chauvin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10/10/2023

**Date**

Subscribed and Sworn to before me this 10th day of October.

**Notary Public Signature**

JACOB ALAN SMITH
Notary Public - Arizona
Maricopa County
Commission # 637237
My Comm. Expires Sep 10, 2026

**(Seal)**

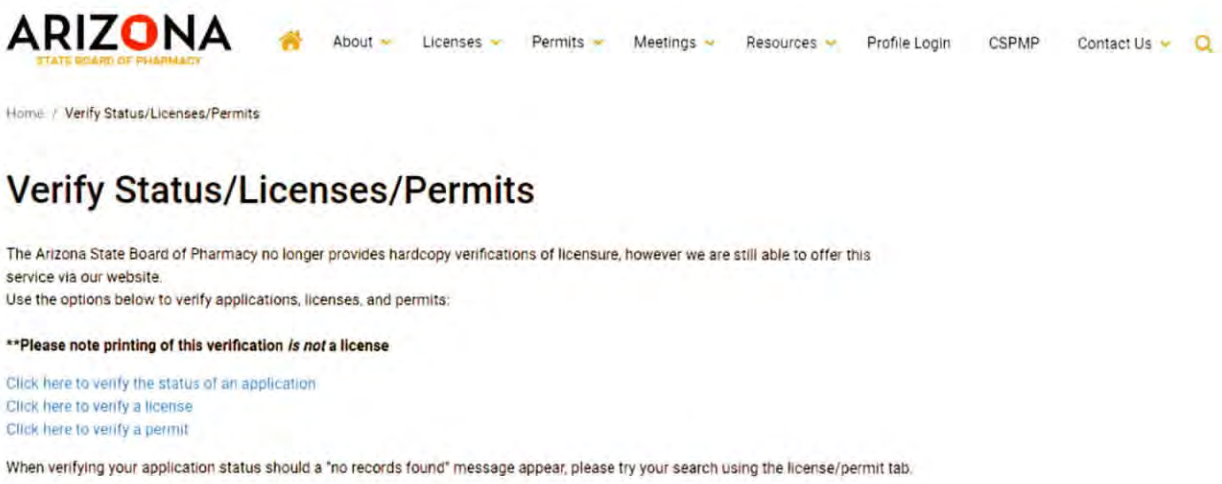
BioPlus Specialty Pharmacy

BioPlus Specialty Pharmacy Services, LLC
145 S 79th Street, Ste 70
Chandler, AZ 85226

RE: Arizona Board of Pharmacy-license verifications

To whom it may concern,

Arizona Board of Pharmacy does not issue official verifications (with Original Seal) for either pharmacies or pharmacists. We have included a snapshot from the AZ BOP website. We have included a copy of the primary source verifications, please see attached.



# Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260, Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov


## CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

**This document is not a license/registration/permit but serves as the primary source of verification.**

| | |
|---|---|
| **Name :** | BioPlus Specialty Pharmacy Services, LLC |
| **Address :** | 145 S 79th Street Suite 70 Chandler AZ 85226 |
| **Registration No :** | Y009596 |
| **Permit Type :** | Pharmacy |
| **Sub Type :** | Independent |
| **Date Issued :** | 08/25/2023 |
| **Expiration Date :** | 10/31/2024 |
| **Status :** | OPEN |
| **Discipline :** | No |

Kam Gandhi

**Kam Gandhi**

Executive Director
Arizona State Board of Pharmacy

Date: 10/06/2023

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FB3202443 | 07-31-2026 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 07-26-2023 |

BIOPLUS SPECIALTY PHARMACY SERVICES, LLC
BIOPLUS SPECIALTY PHARMACY SERVICES, LLC
145 S 79TH ST STE 70
CHANDLER, AZ 852261742

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FB3202443 | 07-31-2026 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 07-26-2023 |

BIOPLUS SPECIALTY PHARMACY SERVICES, LLC
BIOPLUS SPECIALTY PHARMACY SERVICES, LLC
145 S 79TH ST STE 70
CHANDLER, AZ 852261742

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

# 4NN

Business – Disclosure Checklist

**Date:** October 24, 2023

**Company:** Scripts Rx Pharmacy LLC

**Application Type:** ☐ New ☐ CHOW

License #:

**License Type:** Pharmacy

Company Disclosure or Personal Disclosure

**Application Notes:**

**Assign to Board Agenda – Consent:** ☒

**Assign to Board Agenda – Appearance Required:** ☐

**Name:** _____ **Date:** 11/3/23

**Notes:** _____

_____

_____

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application

Non-Refundable $500.00 Fee

Rev (8/02/2022)

Y

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada | ☒ New Pharmacy | ☒ Retail/Community | ☒ Retail/Community |
| ☒ Out-of-State | ☐ Ownership Change* | ☐ Hospital (# beds _____) | ☐ Non-sterile Compounding |
| | ☐ Location Change * | ☐ Internet | ☐ Sterile Compounding |
| | ☐ Name Change* | ☐ Nuclear | ☒ Mail-Order Service |
| | | ☒ Other: Mail Order | ☐ Off-site Cognitive Services |
| | * If making a change, provide license #: | | ☐ Long Term Care |
| | | | ☐ Hospital |
| | PH_____ | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☒ Saturday | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Scripts Rx Pharmacy LLC

Physical Address: 7515 Main St. Ste. 140

City: Houston State: TX Zip: 77030

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-473-4002 Toll Free # (NAC 639.708, NRS 639.23286): 888-473-4002

Fax: 877-991-1798 Contact Email: _____

Website: www.scriptsrxpharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Adonis Ducre

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23711

**Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: _____ | NV Pharmacist Registration #: _____ |
| Name: _____ | NV Pharmacist Registration #: _____ |
| Name: _____ | NV Pharmacist Registration #: _____ |
| Name: _____ | NV Pharmacist Registration #: _____ |
| Name: _____ | NV Pharmacist Registration #: _____ |
| Name: _____ | NV Pharmacist Registration #: _____ |
| Name: _____ | NV Pharmacist Registration #: _____ |
| Name: _____ | NV Pharmacist Registration #: _____ |
| Name: _____ | NV Pharmacist Registration #: _____ |
| Name: _____ | NV Pharmacist Registration #: _____ |
| Name: _____ | NV Pharmacist Registration #: _____ |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | EC X | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | EC X | X |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: NA | Credentials: NA | %: NA |
| Name: _____ | Credentials: _____ | %: _____ |
| Name: _____ | Credentials: _____ | %: _____ |
| Name: _____ | Credentials: _____ | %: _____ |
| Name: _____ | Credentials: _____ | %: _____ |

1. The Board shall not issue a license to conduct a pharmacy:
   a) *To any practitioner; or*
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware

Parent Company (if any): Belmont Rx Holdings Inc

Corporation/Organization Name: Scripts Rx Pharmacy LLC

Mailing Address: 7515 Main St. Ste. 180

City: Houston State: TX Zip: 77030

Telephone: 844-473-4002 Email: info@scriptsrxpharmacy.com

Contact Person Name: Esther Chao

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the CEO Matthew Cunningham (title) for Scripts Rx Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Matthew Cunningham
Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

12-29-2022
Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Matthew Cunningham hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO (title) for Scripts Rx Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 30th day of December, 2022

Notary Public

Alexander Venuti
NOTARY PUBLIC
Iredell County, NC
My Commission Expires June 05, 2027

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Cunningham

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

12-29-2022

Date

1/18/23

| Board Use Only | Date Received: 1·18·23 | Amount: 500.00 CK-131 |
|---|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Scripts Rx Pharmacy LLC

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 7515 Main St, Ste 180

City: Houston State: TX Zip: 77030

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-473-4002 Website: www.scriptsrxpharmacy.com

Licensing Company Email: info@scriptsrxpharmacy.com

### Section 2: Personal Information

First: Matthew Middle: Robert Last: Cunningham

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Carmel Club Dr

City: Charlotte State: NC Zip: 28226

Telephone: [redacted] Email: mcunningham@scriptsrxpharmacy.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Barrington High School | | 08/99 - 06/03 | |
| **Address** | **City** | **State** | **Zip** |
| 616 W. Main St. | Barrington | IL | 60010 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Miami University | | 08/03 - 05/07 | |
| **Address** | **City** | **State** | **Zip** |
| 501 E. High St. | Oxford | OH | 45056 |
| **Diploma/Degree obtained, if any** | | | |
| Finance, Marketing | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| | From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|---|
| ③ | 06/07- 02/14 | [redacted] W. Diversey Ave, Apt. 2 | Chicago | IL | 60614 |
| ② | 02/14- 05/22 | [redacted] Sharon Road | Charlotte | NC | 28210 |
| ① | 06/22 - Current | [redacted] Carmel Club Drive | Charlotte | NC | 28226 |
| | From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Scripts Rx Pharmacy + Belmont Rx Holdings | | 01/16 - Current | |
| **Business Address** | **City** | **State** | **Zip** |
| 7515 Main St., Suite 180 | Houston | TX | 77030 |
| **Phone** | **Title** | | |
| 888-473-4002 | CEO | | |
| **Description of Duties** | | | |
| manage operation, strategy, and Business Development + Innovation | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| [redacted] Avondale Strategic Partners | | 03/11 - 12/15 | |
| **Business Address** | **City** | **State** | **Zip** |
| | Chicago | IL | |
| **Phone** | **Title** | | |
| N/A | Vice President | | |
| **Description of Duties** | | | |
| Manages consulting projects + strategic initiatives for clients across telecom, insurance, healthcare, and security industries. Last project was managing a specialty pharmacy's daily operations | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | ✓ | |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | ✓ | |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 6 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | 6/15/2017 | KS | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| No 17-073 | | Kansas Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| Attached in letter of explanation and consent agreement | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Attached in letter of explanation and consent agreement

Original Signature (electronic, copies or stamps not accepted)

12/28/2022
Date

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**This is in response to Question # 6 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | 8/31/18 | KS | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 22-102362 | Kansas Board of Pharmacy |

| Reason/Charge |
|---|
| Attached in letter of explanation and consent agreement |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

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12/28/2022
Date

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**This is in response to Question # 6 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | 1/27/21 | AL | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| No 21-L-0174 | Alabama State Board of Pharmacy |

| Reason/Charge |
|---|
| Attached in letter of explanation and consent agreement |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**
Attached in letter of explanation and consent agreement

Original Signature (electronic, copies or stamps not accepted)

12/28/2022
Date

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**This is in response to Question # 6 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | 7/12/21 | ME | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 2021-PHA-17217 | Maine Board of Pharmacy |

| Reason/Charge |
|---|
| Attached in letter of explanation and consent agreement |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Attached in letter of explanation and consent agreement

Original Signature (electronic, copies or stamps not accepted)

12/28/2022
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 6 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | 8/4/2021 | OR | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| No 2021-0131 | | Oregon Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| Attached in letter of explanation and consent agreement | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**
Attached in letter of explanation and consent agreement

Original Signature (electronic, copies or stamps not accepted)

12/28/2022
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 6 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | 3-21-22 | ID | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| BOP 21-070 | Idaho State Board of Pharmacy |

| Reason/Charge |
|---|
| Attached in letter of explanation and consent agreement |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Attached in letter of explanation and consent agreement

Original Signature (electronic, copies or stamps not accepted)

12/28/2022
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 6 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | 12/15/22 | HI | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| A 2022-40-L and PHA 2022-52-L | | Hawaii Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| Attached in letter of explanation and consent agreement | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Attached in letter of explanation and consent agreement

Original Signature (electronic, copies or stamps not accepted)

12/28/2022
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 10 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | DEA | | |
| **Reason/Charge** | | | | |
| Attached in letter of explanation and consent agreement | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Attached in letter of explanation and consent agreement

Original Signature (electronic, copies or stamps not accepted)

12/28/2022
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Matthew Cunningham
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

12-30-2022
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of North Carolina, ss. County of Mecklenburg

I, Matthew Cunningham, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

12-30-2022
**Date**

Subscribed and Sworn to before me this 30th day of December, 2022

**Notary Public Signature**

Alexander Venuti
NOTARY PUBLIC
Iredell County, NC
(Seal) My Commission Expires June 05, 2027

ScriptsRX
PHARMACY REIMAGINED

**Mall Pharmacy Inc. Disciplinary History**

**June 15, 2017 – Kansas State Board Case # 17-073**

This discipline was in reference to a change of ownership application that was sent to the Kansas State Board of Pharmacy after the required notification timeline. The actual controlling parties did not change during this time, but the ownership of the pharmacy was incorrectly input on the initial application as Matthew Cunningham as opposed to correct ownership structure, which was correctly input during the annual renewal on February 2, 2017. For absolutely clarity, Mall Pharmacy Inc. (dba Scripts Rx Pharmacy) and Scripts Rx Pharmacy LLC are both owned 100%by Belmont Rx Holdings Inc., and Belmont Rx Holdings Inc. is 100% owned by Matthew Cunningham, which has been the case since October 31, 2016.

**August 31, 2018 - Kansas State Board Case # 18-513**

This discipline occurred due to a technical error with Mall Pharmacy Inc.'s pharmacy system at the time in which the pharmacy system stopped reporting to the Kansas State Board's PMP clearinghouse for a period of 131 days. During that time and throughout the pharmacy's history, Mall Pharmacy Inc. has not and did not dispense any controlled substances outside of the state of Illinois or to any Kansas patients, and the issue was immediately addressed with the pharmacy software vendor once Mall Pharmacy Inc. became aware of the situation. Since the infraction, Mall Pharmacy Inc. has changed pharmacy systems and manages PMP reporting internally instead of relying on an outside technology vendor in order to avoid future infractions.

**July 12, 2021 – Maine State Board of Pharmacy Case # 2021-PHA-17217**

This discipline was a follow on discipline related to Kansas State Board Case #18-513. After this infraction, Mall Pharmacy Inc. sent communications to all pharmacy boards for the states it was licensed in. The Maine State Board did not have evidence of this communication, and at the time, Mall Pharmacy Inc. did not have a formalized process for tracking communications with pharmacy state boards as it does now. As a result, Mall Pharmacy Inc. believed it had disclosed the discipline to Maine when completing the annual renewal on November 27th, 2018, but Maine believed the discipline not to have been disclosed. Ultimately, because Mall Pharmacy Inc. had no definitive evidence of the communication to the Maine Board of Pharmacy regarding Kansas State Board Case #18-513, it entered into a consent agreement with the Maine State Board of Pharmacy to resolve the incident.

**August 4, 2021 – Oregon State Board of Pharmacy Case # 2021-0131**

This discipline is related to clerical error on behalf of Mall Pharmacy Inc. The pharmacy applied for and received licensure in Oregon as a non-resident pharmacy on March 20th, 2017, and under Oregon Pharmacy Law the pharmacy has four months to have one of its pharmacists receive licensure. In June of 2017, Mall Pharmacy Inc.'s Pharmacist-in-Charge at the time, Joe Moore, passed the Oregon law exam. However, due to an oversight, Mr. Moore did not file the appropriate paperwork to officially become licensed in the State of Oregon and did not disclose the error to the management team at the pharmacy. Mall Pharmacy Inc. continued to operate and renew its license with Oregon in 2018 through 2020 under the presumption that it was complying with the pharmacy law in the State of Oregon. Mall Pharmacy Inc. also had two additional pharmacist take and pass the Oregon pharmacy exam during that period so that it had three pharmacists licensed in the state at certain points throughout that time period. In 2021, the State Board of Oregon identified that there was a period between July 20th, 2017 and May 5th, 2019 that Mall Pharmacy Inc. did not have a licensed pharmacist in the state. To reiterate, the pharmacy did have multiple pharmacist that had passed the law exam, but had not officially applied for Pharmacist-in-Charge licensure in the state. During that time from July 2017 to May 2019, the pharmacy filled 20 total prescriptions for 13 different patients, which is what the pharmacy was disciplined for by the Oregon State Board of Pharmacy.

Scripts RX

PHARMACY REIMAGINED

**January 27, 2022 – Alabama State Board of Pharmacy Case 21-L-0174**

Scripts Rx approved a consent agreement for a follow on disciplinary action. The original incident was in regards to the disclosure of a disciplinary action with the Kansas State Board of Pharmacy dating back to 2017, as referenced above case # 17-073. The prior Pharmacist-in-Charge, who is no longer affiliated with Scripts Rx, inappropriately interpreted the 2016-17 Kansas Board of Pharmacy disciplinary action as a monetary fine, which is why it was not disclosed to the Alabama Board of Pharmacy appropriately. The current pharmacy leadership proactively identified this oversight and initiated an effort to correctly inform all state boards of pharmacy through its communication last month. When Scripts Rx Pharmacy became aware of the case from Alabama, the pharmacy immediately took action and started communications with the Alabama Board of Pharmacy to arrive at an agreeable conclusion. This discipline came after the self-imposed implementation of a corrective action plan by Scripts Rx, which has prevented any further incidents.

**July 21, 2022 - Idaho State Board of Pharmacy Case # BOP 21-070**

The infraction is in regards to the pharmacy not correctly filing to have an active pharmacist in charge registered with the pharmacy license in Idaho, an oversight that was inadequately transitioned from a prior pharmacist-in-charge. The pharmacy had a pharmacy license and had a pharmacist licensed in the state of Idaho, but did not file the pharmacist-in-charge paperwork correctly. The pharmacy worked diligently to respond throughout the renewal process, but there were several issues in receiving sufficient and timely communications from the Idaho State Board, which resulted in the pharmacy license expiring without the pharmacy's knowledge and exacerbated the situation. Specifically:

- The incident occurred during the pharmacy's timely filed change of location at the end of 2020, and information regarding the deficiencies was communicated to the wrong pharmacy address, leading the pharmacy to believe its license in "pending" status was still being processed and contained all necessary information
- The pharmacy followed communication rules outlined in the Idaho Board of Pharmacy during initial renewals, but the state board was extremely delayed in responding to the pharmacy's inquiries
- Communications from the Idaho State Board did not clearly outline the deficiencies once a communication was received, but just that there was a deficiency, which required the pharmacy to contact the State Board an additional time for clarification

Scripts Rx now has resolved the issue and has active licenses for the pharmacy and pharmacist-in-charge. The origins of this discipline came after the self-imposed implementation of a corrective action plan by Scripts Rx, which has prevented any further incidents.

**December 15, 2022 - Hawaii State Board of Pharmacy Case # PHA 2022-40-L and PHA 2022-52-L**

Scripts Rx approved a consent agreement for a follow on disciplinary action from the Hawaii State Board of Pharmacy in reference to cases previously outlined. The original incidents were in regards to the timely disclosure of a disciplinary action with the Alabama State Board of Pharmacy dating back to 2021, as referenced above case #21-L-0174, which was in reference to a disciplinary action from the Kansas State Board of Pharmacy dating back to 2017, as referenced above case # 17-073, and the timely disclosure of a disciplinary action with the Idaho State Board, as referenced above case BOP 21-070. There was no new infraction as a part of this discipline, and Scripts Rx responded immediately upon becoming aware of the discipline to the Hawaii State Board of Pharmacy to arrive at an agreeable conclusion. This discipline came after the self-imposed implementation of a corrective action plan by Scripts Rx, which has prevented any further incidents.

**Appendix I-Self Imposed Corrective Action Plan Details (DRAFTED DECEMBER 2020)**

As part of an annual compliance review of Scripts Rx pharmacy operations, the Quality Management Committee at the pharmacy identified several key opportunity areas in the policies and procedures for maintaining compliance to federal and state laws. Specifically, the pharmacy identified the following opportunities:

1. **Formalize a Catalog of Pertinent State Specific Laws:** Accurately cataloging relevant state specific pharmacy laws in an organized and systematic manner with well-defined accountability and ownership
2. **Regularly Updating State Law Databases:** Once a database of these laws is established, our pharmacy needs to ensure that those catalogs, databases, and processes are reviewed regularly for accuracy.

Out of these opportunity areas, the Quality Management Committee developed a corrective action plan designed to improve compliance and awareness of policies and procedures around state or federal law changes, necessary disclosures, and licensing requirements in the states in which it is licensed. The corrective action plan includes the elements outlined below.

**Building a Catalog of State Specific Laws**

This section is intended to highlight efforts made by Scripts Rx to build a comprehensive database of pertinent federal and state specific laws. Additionally, the corrective measures were intended to make referencing these catalogs and databases easily accessible to all pharmacy staff members.

1. **Maintain State Law Specific Reference Guides**
   - Our pharmacy systems run on virtual servers, which allow us to systematically push software and IT updates to all pharmacy staff
   - We have pushed an update so that the Pharmacy Act of each state is included on the main bookmarks bar of pharmacy staff. Our pharmacy system is a cloud-based system, so all pharmacy staff work through a secure web browser most of their day, making these state law reference bookmarks centrally positioned.

2. **Build a Master Database of Relevant State Laws**
   - In order to create easier referencing and management of annual renewal and notification procedures, Scripts Rx built a centralized database of state specific laws to include laws surrounding:
     - Annual renewal timing and process
     - Specific licensing requirements (e.g. requirement for PIC licensure)
     - Change of ownership notification process
     - Change of location notification process
     - Laws regarding updating the state board on other pharmacy operations
     - PMP reporting requirements
     - Prescription label specific requirements
     - Specific laws relating to prescription transfers
     - Specific laws relating to prescription dispensing
     - Specific laws relating to technician duties and responsibilities
     - Controlled substance laws and regulations
   - Database is stored on the pharmacy shared drive and accessible to all staff
   - The pharmacy is used the NABP Survey of Pharmacy Law and the respective state board websites to perform this review and continues to leverage those resources to keep it up to date

3. **Pharmacist Awareness of Law Changes**
   - All pharmacists at each pharmacy location will always have access the state law reference guides and the master database of relevant state laws in the pharmacy
   - Any material changes in state or federal laws that are identified in the State Compliance Committee meetings, outlined below, will be included in weekly all pharmacy training sessions

**Maintaining Database Accuracy**

This section is focused on a set of processes and procedures established to build a culture of accountability in maintaining the accuracy of catalogs, databases, and measures outlined above.

1. **Formation of a State Compliance Committee**
    - This committee is comprised of the Pharmacist-in-Charge at each of our pharmacy locations, Pharmacy Manager, and CEO
    - The Committee meets at least monthly to review the following:
        - Any changes in the state laws over the past month, including corrective action plans necessary to ensure compliance to these laws
            - This includes the review of state pharmacy board newsletters and meeting minutes
            - Corrective action plans should have definitive owners and timelines for delivery
        - Review any communications that have been or need to be sent to any state board of pharmacy (no formal communications should be sent to state boards without the review and acceptance of this committee)
        - Review any state license renewal application
        - Confirm that the state licenses for all states are active and compliant
        - Review of NCPDP and NABP profile for all pharmacy locations
        - Review OIG and SAM exclusion list
        - Review of active status for all pharmacy staff licenses
        - Confirm appropriate registration with Secretary of State and Department of Revenue for applicable state licenses
    - Outcomes from these meetings are reviewed in Quality Management Committee meetings, which occur at least quarterly
    - Any changes or updates to state laws are added to the Master Database and logged to the Regulatory Issues Log

2. **Formalize Tracking of Communications with Pharmacy State Boards**
    - A database will be established on the pharmacy shared drive to track all communications received or sent to each state board
    - This database will be made available to all pharmacist staff to ensure that institutional knowledge is maintain and available to all pharmacist staff

Scripts RX

PHARMACY REIMAGINED

February 18th, 2022

To whom it may concern,

This letter is an explanation of why Scripts Rx Pharmacy was instructed to surrender DEA license # FM6428761. The surrender of the DEA licenses was a requirement of Scripts Rx moving its C-II safe into its dispensing room to increase the security of the medications and allow the pharmacy to create a dividing wall to subdivide its space. By moving the safe, the Illinois State Board of Pharmacy required the pharmacy to surrender its Illinois Controlled Substance licenses until the safe could be reinspected. At the time of moving the C-II safe there were no controlled substances in stock and the safe was empty.

Due to staffing constraints within the Illinois State Board of Pharmacy from the COVID-19 pandemic, the re-inspection was significantly delayed, requiring the pharmacy to move the C-II safe and surrender the DEA and Illinois controlled substance license before the reinspection could occur. Following the reinspection, the pharmacy reapplied for the DEA licenses and completed a DEA inspection to receive a new DEA license. During the period in which the pharmacy didn't have a DEA licenses no controlled substances were held in stock or dispensed.The pharmacy's new DEA license is # FM0233015.

If there are any questions, please email the pharmacy at info@scriptsrxpharmacy.com or me directly at plind@scriptsrxpharmacy.com.

Thank you,

Patricia Lind

Pharmacist in Charge
Scripts Rx Pharmacy

Owner Information for Scripts Rx Pharmacy, LLC:

Belmont Rx Holdings, Inc

FEIN: 82-2428363

Address: 1815 S Meyers Rd, Ste 100, Oakbrook Terrace, IL 60181

Ownership Percentage: 100%

Officer for Scripts Rx Pharmacy, LLC:

Matthew Cunningham

Date of Birth: [redacted]

Address: [redacted] Carmel Club Dr, Charlotte, NC 28226

Title: President/CEO

This certifies that the pharmacy named below is hereby licensed to operate as a Class **A** pharmacy.

License No. **31805** Expiration Date: **1/31/2024**

Balances: 1

**SCRIPTS RX PHARMACY**
**7515 S MAIN ST STE 180**
**HOUSTON TX 77030**

Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary

**MUST BE DISPLAYED IN FULL PUBLIC VIEW**

# TEXAS STATE BOARD OF PHARMACY

| | |
|---|---|
| **Re:** | Scripts Rx Pharmacy |
| **Address:** | 7515 South Main Street, Suite 180<br>Houston, Texas 77030 |
| **License No.:** | 31805 |
| **Date Issued:** | January 10, 2018 |
| **Licensure Status:** | Active |
| **Expiration Date:** | January 31, 2024 |
| **Type of Pharmacy:** | Community – Class A |
| **Prior Disciplinary Orders**: | Yes |

The Texas State Board of Pharmacy maintains records regarding licensure and disciplinary action against a licensee. Scripts Rx Pharmacy (Texas Pharmacy License #31805) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

Eamon D. Briggs
Assistant General Counsel
Texas State Board of Pharmacy

January 13, 2023
Date

The Texas Department of State Health Services, Drugs and Medical Devices Division, Wholesaler Registration, 1100 W. 49th Street, Austin, TX 78756, is responsible for issuing registrations to wholesale drug distributors and drug manufacturers in Texas.

1613

SCRIPTS RX PHARMACY
7515 S MAIN ST
STE 180
HOUSTON, TX 77030-0000

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FS7319949 | 02-29-2024 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N, 3,3N,4,5 | RETAIL PHARMACY | 01-20-2021 |

SCRIPTS RX PHARMACY
7515 S MAIN ST
STE 180
HOUSTON, TX 77030-0000

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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|---|---|---|
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| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N, 3,3N,4,5 | RETAIL PHARMACY | 01-20-2021 |

SCRIPTS RX PHARMACY
7515 S MAIN ST
STE 180
HOUSTON, TX 77030-0000

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Form DEA-223 (9/2016)

Texas State Board of Pharmacy
333 Guadalupe Street, Suite 3-500
Austin, TX 78701
512-305-8000

# Inspection Report

## Facility Information

**Name:** *SCRIPTS RX PHARMACY* **License Number:** *31805*

**Class of License:** *A*

## Inspection Information

**Type:** *Compliance* **Purpose:** *Licensee Request*

**Date:** *04/29/2022* **Arrival Time:** *10:45 AM* **Departure Time:** *12:05 PM*

**Action Taken:** *Inspection*

**General Comments:** *Pharmacy does not order, stock, or dispense any C/S.*

## Licenses/Registration

| | |
|---|---|
| Verify personnel have active licenses & address with PIC/RPh if necessary | *Satisfactory* |
| 01. Required licenses posted | *Satisfactory* |
| 09. Active licenses/certifications | *Satisfactory* |
| 62. No aiding and abetting | *Satisfactory* |
| 65. Proper registration procedures | *Satisfactory* |
| 79. Identification badges | *Satisfactory* |

## Inventory Records

| | |
|---|---|
| 17. Meets inventory requirements | *Satisfactory* |
| 59. Proper drug destruction | *Satisfactory* |
| 69. Annual controlled substance inventory | *Satisfactory* |

### Comment

*Annual controlled substance inventory completed on 4/28/22. Pharmacy does not order, stock or dispense any C/S*

## Notifications

| | |
|---|---|
| 31. Closed pharmacy (Is pharmacy engaged in the business described in application for licensure?) | *Satisfactory* |
| 34. Notifications | *Satisfactory* |
| 76. PIC (Does the pharmacy have a pharmacist-in-charge?) | *Satisfactory* |

## Environment/Equipment/Security

| | |
|---|---|
| 03. Orderly/Clean | *Satisfactory* |
| 05. Equipment Inspection | *Satisfactory* |
| 07. Security | *Satisfactory* |
| 08. Environment | *Satisfactory* |
| 48. Drugs (procurement, temperature, security, out-of-date, samples) | *Satisfactory* |
| 90. TSBP complaint notification | *Satisfactory* |

## Controlled Substances

| | |
|---|---|
| 24. Theft/Loss | *Satisfactory* |

**Comment**

*No theft or loss has occurred.*

| | |
|---|---|
| 57. Corresponding responsibility (Does the pharmacist exercise sound professional judgment with respect to the accuracy or authenticity of a prescription drug order?) | *Satisfactory* |

## Labeling/Prepackaging

| | |
|---|---|
| 32. Prescription label (Is prescription label complete?) | *Satisfactory* |
| 45. Proper dispensing/labeling | *Satisfactory* |

## Library

| | |
|---|---|
| 06. Required Library | *Satisfactory* |

## Training

| | |
|---|---|
| 60. Documentation of required training | *Satisfactory* |
| 61. Supervision of supportive personnel | *Satisfactory* |

## Patient/Computer/Dispensing Records

| | |
|---|---|
| 18. Records available | *Satisfactory* |
| 21. Data processing records complete | *Satisfactory* |
| 22. Data processing system compliance | *Satisfactory* |
| 25. Prescriptions (complete, retrievable, auto-refills, accelerated refills) | *Satisfactory* |
| 37. Legal dispensing (Are valid prescriptions being dispensed by a pharmacist?) | *Satisfactory* |
| 56. Prescription transfers | *Satisfactory* |
| 67. Written drug information provided | *Satisfactory* |
| 80. Patient counseling | *Satisfactory* |

| | |
|---|---|
| 82. Patient Medication Records | *Satisfactory* |
| 84. Drug regimen review | *Satisfactory* |

## Policies & Procedures

| | |
|---|---|
| 70. Required policies & procedures | *Satisfactory* |

## Signatures

An agent of the Texas State Board of Pharmacy has inspected your pharmacy. The results of this inspection have been noted.

- Items designated as "Refer to Legal" must be rectified immediately. In addition, the matter discovered during the inspection and deemed to be a serious violation by the inspector will be referred to the Legal Division for review and possible disciplinary action; and
- Items designated as "Warning Notice" must be corrected by the deadline noted to ensure compliance with the laws and rules governing the practice of pharmacy (Note: A "Warning Notice" is issued for a minor violation, and does not equate to disciplinary action).



*Esther Chao*



*Kathy Salinas*

# Delaware



The First State

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "SCRIPTS RX PHARMACY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.*

*THE FOLLOWING DOCUMENTS HAVE BEEN FILED:*

*CERTIFICATE OF FORMATION, FILED THE EIGHTH DAY OF AUGUST, A.D. 2017, AT 5:57 O`CLOCK P.M.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATE IS THE ONLY PAPER OF RECORD, THE LIMITED LIABILITY COMPANY IN QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.*

Jeffrey W. Bullock, Secretary of State

6505837 8315

SR# 20224411202

Authentication: 205227833

Date: 12-30-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Scripts Rx Pharmacy LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 7515 Main St, Ste 180

City: Houston State: TX Zip: 77030

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-473-4002 Website: www.scriptsrxpharmacy.com

Licensing Company Email: info@scriptsrxpharmac.com

### Section 2: Personal Information

First: Esther Middle: Joyce Last: Chao

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Madeline Alyssa Ct

City: Houston State: TX Zip: 77025

Telephone: [redacted] Email: echao@scriptsrxpharmacy.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| University of Texas at Austin | | | 08/09-05/12,08/13-05/17 | |
| Address | City | State | Zip | |
| 110 Inner Campus Dr | Austin | TX | 78705 | |
| Diploma/Degree obtained, if any | | | | |
| PharmD | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| University of Houston | | | 08/12-08/13 | |
| Address | City | State | Zip | |
| 4800 Calhoun Dr | Houston | TX | 77004 | |
| Diploma/Degree obtained, if any | | | | |
| Bachelors Degree | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Kempner High School | | | 08/05-05/09 | |
| Address | City | State | Zip | |
| 14777 Voss Rd | Sugar Land | TX | 77498 | |
| Diploma/Degree obtained, if any | | | | |
| High School Diploma | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| | | | | |
| Address | City | State | Zip | |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |
| School Name | | | From - To (MM/YY – MM/YY | |
| | | | | |
| Address | City | State | Zip | |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 08/18-current | [redacted] Madeline Alyssa Ct | Houston | TX | 77025 |
| 06/91-08/18 | [redacted] Rosstown Dr | Sugar Land | TX | 77478 |
| 08/15-08/17 | [redacted] Rio Grande St | Austin | TX | 78705 |
| 08/13-08/15 | [redacted] W 26th St, #709 | Austin | TX | 78705 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Scripts Rx Pharmacy | | | 09/17-current | |
| **Business Address** | | **City** | **State** | **Zip** |
| 7515 Main St, Ste 180 | | Houston | TX | 77030 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 888-473-40002 | Pharmacist in Charge | | 11080 | |
| **Description of Duties** | | | | |
| Dispensing medication, counseling, recordkeeping | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Esther Chao, **certify that as the designated representative for**

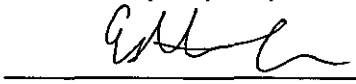
Scripts Rx Pharmacy LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. EC I am at least 21 years of age;
3. EC I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. EC I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. EC I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. EC I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. EC I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Esther Chao

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

1/10/23

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Esther Chao

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

1/10/23

Date

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**Please have this section completed in the presence of a Notary Public.**

State of TEXAS, ss. County of HARRIS

I, ESTHER J. CHAO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

1/10/23

**Date**

Subscribed and Sworn to before me this 10th day of JANUARY, 2023

**Notary Public Signature**

ARSALAN AZEEM
Notary Public
STATE OF TEXAS
My Comm. Exp. 08-25-24
Notary ID # 12887376-2

**(Seal)**

# 400

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (8/02/2022)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada<br>☒ Out-of-State | ☒ New Pharmacy<br>☐ Ownership Change*<br>☐ Location Change *<br>☐ Name Change*<br><br>* If making a change, provide license #:<br><br>PH_____ | ☐ Retail/Community<br>☐ Hospital (# beds _____)<br>☐ Internet<br>☐ Nuclear<br>☒ Other:<br>Specialty | ☒ Retail/Community<br>☐ Non-sterile Compounding<br>☐ Sterile Compounding<br>☒ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☒ Other:<br>Specialty |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☒ Saturday | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☒ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☒ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

## Section 1: General Information

Pharmacy Name: Zeal SP, LLC

Physical Address: 100 Business Center Dr, Suite 300

City: Pittsburgh State: PA Zip: 15205

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 412-912-9325 Toll Free # (NAC 639.708, NRS 639.23286): 888-412-9325

Fax: 412-941-9325 Contact Email: licensing@zealsp.com

Website: www.zealsp.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Jonathan Ogurchak

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23943

**Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services In/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)**

| Name: | NV Pharmacist Registration #: |
|---|---|
| Name: Jonathan Ogurchak | NV Pharmacist Registration #: 23943 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| Name: | Credentials: | %: |
|---|---|---|
| Name: NA | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware

Parent Company (if any): N/A

Corporation/Organization Name: Zeal SP, LLC

Mailing Address: 100 Business Center Dr, Suite 300

City: Pittsburgh State: PA Zip: 15205

Telephone: 412-912-9325 Email: licensing@zealsp.com

Contact Person Name: Jonathan Ogurchak

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

**Statement of Responsibility**

1. I am the CEO (title) for Zeal SP, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Jonathan Ogurchak

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

10.18.2023

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Jonathan Ogurchak hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the CEO (title) for Zeal SP, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 18th day of October, 2023

Notary Public

Commonwealth of Pennsylvania - Notary Seal
Cassandra Pavkovich, Notary Public
Beaver County
My commission expires September 20, 2026
Commission number 1427336
Member, Pennsylvania Association of Notaries

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jonathan Ogurchak

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

10.18.2023

Date

| Board Use Only | Date Received: 10/23/23 | Amount: Check - $500 - 3527 |
|---|---|---|

# Pennsylvania Department of State

Bureau of Corporations and Charitable Organizations
PO Box 8722 | Harrisburg, PA 17105-8722
T:717-787-1057
dos.pa.gov/BusinessCharities

| | | | |
|---|---|---|---|
| **Regarding:** | ZEAL SP, LLC | | |
| **Request Type:** | Certificate of Registration | **Issuance Date:** | April 05, 2023 |
| **Request No.:** | 012869531 | **File No:** | 0003572315 |
| **Receipt No.:** | 454621 | | |
| **Filing Type:** | Foreign Limited Liability Company | | |
| **Filing Subtype:** | Limited Liability Company | | |
| **Initial Filing Date:** | December 02, 2022 | | |
| **Status:** | Active | | |

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

ZEAL SP, LLC

is a foreign association duly registered to do business in this Commonwealth as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Certificate of Registration shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written.

**Albert Schmidt**
Acting Secretary of the Commonwealth

Verify this certificate online at www.file.dos.pa.gov

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

**FACILITY**

ZEAL SPECIALTY

100 BUSINESS CENTER DRIVE, STE 300

PITTSBURGH, PA, 15205

Phone: 412-260-9665
Owner: CASSANDRA PAVKOVICH

**LICENSE**

License No: AA0004247764
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business Reinspection

Inspection Date: 03/29/2023
Inspection Result: Passed

**Remarks:**

| Question | Answer |
|---|---|
| Are all licenses current and posted? | YES |
| Is a "No Smoking" sign prominently posted? | YES |
| Is the generic equivalent sign and list of commonly used equivalents properly posted? | YES |
| Is there a refrigerator with temperature monitoring for drug storage only? | YES |
| Is hot and cold water available in the prescription area? | YES |
| Are current copies of all Federal, State, and Board statues and regulations pertaining to pharmacy practice available? (Internet access is acceptable) | YES |
| Are outdated drugs appropriately removed from active stock? | YES |
| Does the pharmacy meet all security requirements? | YES |
| Does the pharmacy have adequate equipment and supplies to enable it to properly prepare and dispense consistent with the pharmacy's scope of practice? | YES |
| Is the pharmacy in compliance with all sanitation, cleanliness, maintenance, and construction requirements? | YES |
| Do labels have all the required information and match the license record? | YES |
| Are all prescriptions verified by registered pharmacists? | YES |
| Is the name or initials of the dispensing pharmacist noted on the prescriptions? | YES |
| Are prescription files properly maintained? (electronic files are acceptable) | YES |
| Are transferred prescriptions properly recorded? | YES |
| Are Schedule II drugs securely locked in a substantially constructed cabinet or dispersed throughout the stock? | YES |
| Are there signed and dated protocols for each pharmacy technician? | YES |
| Does the pharmacy have an automated medication system? | NO |
| Does the pharmacy administer injectable medications, biologicals, or immunizations? | NO |

PA State Board of Pharmacy
PO Box 2649
Harrisburg, PA, 17105-2649
Phone: 717-783-7156 Fax: 717-787-7769

**FACILITY**

ZEAL SPECIALTY

100 BUSINESS CENTER DRIVE, STE 300
PITTSBURGH, PA, 15205

Phone: 412-260-9665
Owner: CASSANDRA PAVKOVICH

**LICENSE**

License No: AA0004247764
Profession: Pharmacy
License Type: Pharmacy

Inspection Type: New Business Reinspection

Inspection Date: 03/29/2023
Inspection Result: Passed

**Remarks:**

The undersigned licensee, designee, or other authorized representative of the licensee acknowledges the completion of this inspection and the results as indicated on the summary and checklist reports.

| CATHERINE LUTZ | 3/29/2023 2:27:19 PM | Jonathan Ogurchak - RP444281 |
|---|---|---|
| Signature of Inspector | Date/Time | Signature of Owner/Representative |

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

10/24/2023

## License Information

ZEAL SPECIALTY

100 BUSINESS CENTER DRIVE, STE 300
PITTSBURGH, Pennsylvania 15205

| | | | |
|---|---|---|---|
| Board/Commission: | State Board of Pharmacy | Status Effective Date: | 03/29/2023 |
| LicenseType: | Pharmacy | Issue Date: | 03/29/2023 |
| Specialty Type: | | Expiration Date: | 08/31/2025 |
| License Number: | PP483120 | Last Renewal: | 07/12/2023 |
| Status: | Active | | |

## Prerequisite Information

| Licensee | Relationship | License Type | License Number | License Status | Associated Date | License Expiration Date |
|---|---|---|---|---|---|---|
| JONATHAN M OGURCHAK | Pharmacist Manager | Pharmacist | RP444281 | Active | 03/29/2023 | 09/30/2024 |

## Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.

Zeal
Specialty Pharmacy

## Officers and owners

Jonathan Ogurchak, CEO / PIC
[redacted]Clever Rd
McKees Rocks, PA 15136
51%

Brenden Harper, COO
[redacted] Nahunta Ct
Norcross, GA 30092
49%

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Zeal SP, LLC

Pharmacy/Wholesaler License # (if applicable):

Physical Address: 100 Business Center Dr, Suite 300

City: Pittsburgh State: PA Zip: 15205

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 412-912-9325 Website: www.zealsp.com

Licensing Company Email: licensing@zealsp.com

### Section 2: Personal Information

First: Jonathan Middle: Michael Last: Ogurchak

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: 100 Business Center Dr, Suite 300

City: Pittsburgh State: PA Zip: 15205

Telephone: 412-912-9325 x 1001 Email: jogurchak@zealsp.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Duquesne University | | 08/03-05/09 | |
| **Address** | **City** | **State** | **Zip** |
| 600 Forbes Avenue | Pittsburgh | PA | 15219 |
| Diploma/Degree obtained, if any | | | |
| Doctor of Pharmacy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Elizabeth Forward High School | | 08/99-05/03 | |
| **Address** | **City** | **State** | **Zip** |
| 1000 Weigles Hill Road | Elizabeth | PA | 15037 |
| Diploma/Degree obtained, if any | | | |
| Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| **Address** | **City** | **State** | **Zip** |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| **Address** | **City** | **State** | **Zip** |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| **Address** | **City** | **State** | **Zip** |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/16-present | 234 Clever Road | McKees Rocks | PA | 15136 |
| 05/10-12/16 | 178 N Vireo Drive | McKees Rocks | PA | 15136 |
| | | | | |
| | | | | |
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**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| PANTHERx Specialty Pharmacy | | | 09/13-07/18 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 24 Summit Park Drive | | Pittsburgh | PA | 15275 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 412-246-9858 | Vice President, Business Operations/Sr. Pharmacist | | 6000 | |
| **Description of Duties** | | | | |
| Oversight of dispensing pharmacy and purchasing | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title N/A | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

N/A

Original Signature (electronic, copies or stamps not accepted)

10.18.2023
Date

I, Jonathan Ogurchak, **certify that as the designated representative for**

Zeal SP, LLC dba Zeal Specialty Pharmacy,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. JMO I am at least 21 years of age;
3. JMO I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JMO I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JMO I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JMO I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JMO I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Jonathan Ogurchak

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10.18.2023

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Jonathan Ogurchak

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10.18.2023

Date

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**Please have this section completed in the presence of a Notary Public.**

State of Pennsylvania, ss. County of Allegheny

I, Jonathan Ogurchak, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10.18.23

**Date**

Subscribed and Sworn to before me this 18th day of October, 2023.

Cassandra Pavkovich

**Notary Public Signature**

Commonwealth of Pennsylvania - Notary Seal
Cassandra Pavkovich, Notary Public
Beaver County
My commission expires September 20, 2026
Commission number 1427336
Member, Pennsylvania Association of Notaries

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Zeal SP, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 100 Business Center Dr, Suite 300

City: Pittsburgh State: PA Zip: 15205

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 412-912-9325 Website: www.zealsp.com

Licensing Company Email: licensing@zealsp.com

### Section 2: Personal Information

First: Brenden Middle: Jon Last: Harper

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Nahunta Ct

City: Norcross State: GA Zip: 30092

Telephone: 412-912-9325 x 1003 Email: bharper@zealsp.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school a ege experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Messiah University | | 08/01 - 05/05 | |
| **Address** | **City** | **State** | **Zip** |
| One University Avenue | Mechanicsburg | PA | 17055 |
| Diploma/Degree obtained, if any | | | |
| Bachelors of Science | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Faith Heritage School | | 06/98 - 05/01 | |
| **Address** | **City** | **State** | **Zip** |
| 3740 Midland Avenue | Syracuse | NY | 13205 |
| Diploma/Degree obtained, if any | | | |
| High School Regents Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

NA

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/13 - 02/23 | [redacted] Nahunta Court | Peachtree Corners | GA | 30092 |
| 02/11 - 07/13 | [redacted] Roxboro Rd | Atlanta | GA | 30324 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

NA

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Wicklow Enterprises | | | 04/18 - 02/23 | |
| **Business Address** | **City** | | **State** | **Zip** |
| 2650 Holcomb Bridge | Alpharetta | | GA | 30022 |
| **Phone** | **Title** | | | |
| 404-788-7900 | President | | | |
| **Description of Duties** | | | | |
| Chief Executive | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Spinal Elements | | | 12/19 - 09/21 | |
| **Business Address** | **City** | | **State** | **Zip** |
| 3115 Melrose Drive | Carlsbad | | CA | 92010 |
| **Phone** | **Title** | | | |
| 8777746255 | Regional Vice President | | | |
| **Description of Duties** | | | | |
| Sales Managment | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Choice Spine | | | 9/19 - 03/16 | |
| **Business Address** | **City** | | **State** | **Zip** |
| 400 Erin Dr | Knoxville | | TN | 37919 |
| **Phone** | **Title** | | | |
| 865-246-3333 | Regional Director | | | |
| **Description of Duties** | | | | |
| Sales Management | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Captial City Surgical | | | 03/20 - 02/23 | |
| **Business Address** | **City** | | **State** | **Zip** |
| 2650 Holcomb Bridge Rd | Alpharetta | | GA | 30022 |
| **Phone** | **Title** | | | |
| 404-788-7900 | President | | | |
| **Description of Duties** | | | | |
| Executive | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Tupelo Medical | | | 07/16 - 02/23 | |
| **Business Address** | **City** | | **State** | **Zip** |
| 4186 Nahunta Ct | Peachtree Corners | | GA | 30092 |
| **Phone** | **Title** | | | |
| 404-788-7900 | President | | | |
| **Description of Duties** | | | | |
| Exectuive | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Crosslink Spine | | | 06/11 - 03/16 | |
| Business Address | | City | State | Zip |
| 1880 Beaver Ridge Circle | | Norcross | GA | 30071 |
| Phone | Title | | | |
| 404-320-6018 | Account Manager | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | | |
| | | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | | |
| | | | | |
| Description of Duties | | | | |

N/A

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | | |
| | | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | | |
| | | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litig[illegible]ions, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted [illegible], or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

NA

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

10-18-2023
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Brenden Harper

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10.18.2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Pennsylvania, ss. County of Allegheny

I, Brenden Harper, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10.18.2023

**Date**

Subscribed and Sworn to before me this 18th day of October, 2023.

Cassandra Pavkovich

**Notary Public Signature**

Commonwealth of Pennsylvania - Notary Seal
Cassandra Pavkovich, Notary Public
Beaver County
My commission expires September 20, 2026
Commission number 1427336
Member, Pennsylvania Association of Notaries

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Zeal SP, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 100 Business Center Dr, Suite 300

City: Pittsburgh State: PA Zip: 15205

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 412-912-9325 Website: www.zealsp.com

Licensing Company Email: licensing@zealsp.com

### Section 2: Personal Information

First: Jonathan Middle: Michael Last: Ogurchak

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Clever Rd

City: McKees Rocks State: PA Zip: 15136

Telephone: 412-912-9325 x 1001 Email: jogurchak@zealsp.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Duquesne University | | 08/03-05/09 | |
| Address | City | State | Zip |
| 600 Forbes Avenue | Pittsburgh | PA | 15219 |
| Diploma/Degree obtained, if any | | | |
| Doctor of Pharmacy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Elizabeth Forward High School | | 08/99-05/03 | |
| Address | City | State | Zip |
| 1000 Weigles Hill Road | Elizabeth | PA | 15037 |
| Diploma/Degree obtained, if any | | | |
| Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/16-present | [redacted] Clever Road | McKees Rocks | PA | 15136 |
| 05/10-12/16 | [redacted] N Vireo Drive | McKees Rocks | PA | 15136 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| | | | | |
|---|---|---|---|---|
| Business Name: STACK, LLC | | | From - To (MM/YY – MM/YY): 01/19-present | |
| Business Address: 234 Clever Road | City: McKees Rocks | | State: PA | Zip: 15136 |
| Phone: 855-801-7170 | Title: Chief Executive Officer | | | |
| Description of Duties: Development and sales of pharmacy software platforms | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Rhythm Group, LLC | | | From - To (MM/YY – MM/YY): 04/17-02/23 | |
| Business Address: 234 Clever Road | City: McKees Rocks | | State: PA | Zip: 15136 |
| Phone: 412-260-9665 | Title: Managing Member | | | |
| Description of Duties: Healthcare Consulting services | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: PANTHERx Specialty Pharmacy | | | From - To (MM/YY – MM/YY): 09/13-07/18 | |
| Business Address: 24 Summit Park Drive | City: Pittsburgh | | State: PA | Zip: 15275 |
| Phone: 412-246-9858 | Title: Member / Vice President of Business Operations / Sr. Pharmacist | | | |
| Description of Duties: Co-owner of specialty pharmacy business, responsible for operations | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) | |
| Business Address | City | | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

N/A

| | | | | |
|---|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) | |
| Business Address | City | | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

N/A

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

N/A

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

10.18.2023
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Jonathan Ogurchak

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted) — Date: 10.18.2023

---

**Please have this section completed in the presence of a Notary Public.**

State of Pennsylvania, ss. County of Allegheny

I, Jonathan Ogurchak, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature** — **Date:** 10.18.2023

Subscribed and Sworn to before me this 18th day of October, 2023

**Notary Public Signature**

Commonwealth of Pennsylvania - Notary Seal
Cassandra Pavkovich, Notary Public
Beaver County
My commission expires September 20, 2026
Commission number 1427336
Member, Pennsylvania Association of Notaries

(Seal)

# 4PP

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

**Non-Refundable $500.00 Fee**

Rev (09/02/2021)

**Type of Facility**

- ☑ Ambulatory Surgical Center (ASC)
- ☐ Recovery Center (RC)

| Type of Application (check applicable box) | | Ownership Type (check applicable box) |
|---|---|---|
| ☐ New ASC/RC | * If making a change, provide current license number: | ☐ Publicly Traded (complete sections 1, 2, 3, 7, 8, 9) |
| ☑ Ownership Change* | ASC03194 | ☑ Non-Publicly Traded (complete sections 1, 2, 4, 7, 8, 9) |
| ☐ Location Change * | | ☐ Partnership (complete sections 1, 2, 5, 7, 8, 9) |
| ☐ Name Change* | | ☐ Sole Owner (complete sections 1, 2, 6, 7, 8, 9) |

**Section 1: General Information**

ASC/RC Name: Affinity Surgery Center, LLC

Physical Address: 10135 W Twain Avenue #110

City: Las Vegas State: NV Zip: 89147

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-832-5959 Fax: 702-832-5961

Contact Email: info@affinitysurgerycenter.com Website https://www.affinitysurgerycenter.com/

Nevada Business License # NV20131407330

Employed/Contracted Pharmacist Name: Jonathan Webb NV Pharmacist License #: 18976

Medical Director Name: Andrew Bronstein, MD

**Days of Operation**

| ☑ Monday | ☑ Tuesday | ☑ Wednesday | ☑ Thursday | ☑ Friday | ☐ Saturday | ☐ Sunday |
|---|---|---|---|---|---|---|

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 3: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 4: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Nevada

Parent Company (if any): _____

Corporation/Organization Name: Affinity Surgery Center, LLC

Mailing Address: 10135 W Twain Avenue #110

City: Las Vegas State: NV Zip: 89147

Telephone: 702-832-5959 Email: info@affinitysurgerycenter.com

Contact Person Name: Jonathan Webb

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ■ No

**Section 5: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)**

Pharmacist Name: Jonathan Webb NV Pharmacist License #: 18976

**As the employed/contracted pharmacist, for (ASC/RC Name):** Affinity Surgery Center, LLC :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
d) Require maintenance of a perpetual inventory of all controlled substances;
e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
h) Ensure that all compounding is
    a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
    b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
        i. In accordance with the provisions of NRS and NAC 639;
        ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
        iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

a) Visit the ASC or RC at least once each month to:
    a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 693.4996; and
    b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
b) Maintain documentation of each visit that the pharmacist makes;
c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
    a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
    b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
    c. The records demonstrate:
        i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
        ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
    d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
    e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
    f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
    a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
    b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
        i. Purchase orders and invoices for the controlled substance;
        ii. Records which indicate the removal of the controlled substance from the storage area;
        iii. Patient records;
        iv. Records which indicate the return of the controlled substance to the manufacturer;
        v. Records which indicate that the controlled substance was destroyed; and
        vi. Any other record for the controlled substance;
    c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
    d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
    e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

| Section 8: Personal and Professional History of the Employed/Contracted Pharmacist | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | | ✓ |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Jonathan Wells

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

9/29/23

Date

| Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a) | ✓ | ✓ | | |
| • List the top four stockholders and their percent ownership. NRS 639.231(3) | ✓ | ✓ | | |
| • List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b) | | ✓ | | |
| • For General Partnerships, list the name of each partner. NAC 639.214(2)<br>• For Limited Partnerships, list the names of (NAC 639.214(3)):<br>○ All General Partners;<br>○ All Limited Partners who hold 10% or more of the interest. | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** from the Secretary of State's Office where the business is domiciled, dated within the last **6 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.** | ✓ | ✓ | ✓ | ✓ |

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Andrew Bronstein, MD

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

09/26/23

Date

| Board Use Only | Date Received: 10/10/23 | Amount: 500-CK-28380 |
|---|---|---|

SECRETARY OF STATE

STATE OF NEVADA

# NEVADA STATE BUSINESS LICENSE

## AFFINITY SURGERY CENTER, LLC

**Nevada Business Identification # NV20131407330**
**Expiration Date: 07/31/2024**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived**.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 07/31/2023.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202307313845542
You may verify this certificate online at http://www.nvsos.gov

## Governing Board Members

- Bernard Ong
- Andrew Bronstein
- Mike Monroe
- Eric Boon
- Matt Luke
- Basil Kostaras

## 10% or More Membership Interest Holders

1. USP Nevada, Inc. – 60%
2. Bernard Ong – 10.4%
3. Andrew Bronstein – 9.5%
4. Mike Monroe - 8.6%

1668

Effective Date : 01/01/2023
Expiration Date : 12/31/2023

State of Nevada
Department of Health and Human Services
Division of Public and Behavioral Health

License Number
7871-ASC-8

**This Is To Certify That**

AFFINITY SURGERY CENTER LLC

10135 W TWAIN AVENUE #110
LAS VEGAS, NV 89147

**Is hereby licensed as a(n)**

**SURGICAL CENTER FOR AMBULATORY PATIENTS**

as provided for in Chapters 439 and 449 of the Nevada Revised Statutes and the Nevada Administrative Code and the standards, rules and regulations adopted by the Board of Health.

**This facility is licensed to provide the following:**

**Facility Type** : SURGICAL CENTER FOR AMBULATORY PATIENTS
AMBULATORY SURGICAL CENTER CLASS C

**Endorsement** : CLASS - C

**Bed Information** : Operating Room - C - 2

SUHEL SIDDIQUI / Administrator

AFFINITY SURGERY CENTER, LLC

Lisa Sherych / Administrator

# 4QQ

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

**Section 1: Select the following that applies to you.**

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ☒ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

**Section 2: General Information**

First: Racquel Middle: Lynn Last: Whitworth

NV Pharmacist Registration # 18591

Telephone: [redacted] Email: [redacted]

**Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information**

Pharmacy/State Government Entity Name: _____

NV Pharmacy License # (If Pharmacy) or State Issued License # (If State Government Entity): _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Contact Name: _____

Employer Contact Telephone: _____ Employer Contact email: _____

**Section 4: Employer Information**

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Optum

Address: 2716 N Tenaya Way

City: Las Vegas State: NV Zip: 89128

Employer Contact Name: Deanna Damiano

Employer Contact Telephone: 414-426-8235 Employer Contact email: deanna.damiano@optum.com

**Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)**

Name of Site (if applicable): Virtual/Telephonic

Address: 993 Floral Creek Court

City: Henderson State: NV Zip: 89002

Country/Territory/Province: U.S.A.

Is this a medical, residential, or business site? ☐ Medical ☒ Residential ☐ Business

Days of the week and hours services will be provided at this site? 8am-430pm Mon-Fri (excluding holidays)

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

**Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.**

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

Completing medication reviews for Medicare Advantage patients with a recent transition of care or specified disease state. Support patients in understanding of disease state and medication regimen through medication counseling with patients or caregivers via telephone or secured video platform. Providing written and/or verbal medication recommendations to providers and care team members (ie nurses).

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Medicare Advantage patients and/or caregivers with a recent transition of care, with specified disease states, or with general medication questions/concerns.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

1) UpToDate
2) Lexicomp drug database
3) Clinical pharmacology drug database
4) Micromedex

4. Provide an explanation of the policy for users of the services when you are unavailable.

In the rare event that a pharmacist is unavailable during work hours, there is a voicemail which is monitored throughout the day and a pharmacist will reach back out to any patients that may leave a message during the pharmacists' absence.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

As part of Optum, pharmacists complete yearly training regarding protected health information (PHI) and maintaining confidentiality of patient records. All access to patient data is governed by Optum's internal policies and procedures which are in compliance with state and federal laws.

6. Provide a description of the business plan for the services provided.

1) Completing medication reconciliation for Medicare Advantage patients with a recent transition of care which can include patient calls and engaging with providers to ensure appropriate medication regimens
2) Conducting medication reviews for Medicare Advantage patients with certain disease states, in an effort to optimize therapy and provide patient education.
3) Conducting patient outreach for Medicare Advantage pateints wih pharmacy related questions.
4) Completing patient outreach to help ensure patient compliance with medication regimens.
5) Completing patient outreach to answer medication related questions.

**Section 7- Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.**

**A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy**

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

**B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

**C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

**D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.**

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Racquel Lynn Whitworth
Print Name

Original Signature, no copies or stamps accepted

09-21-2023
Date

| | |
|---|---|
| **Board Use Only** | Date Received: 9/25/23<br>For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file.<br>For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda. |

# 4RR

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

**Section 1: Select the following that applies to you.**

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ☑ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

**Section 2: General Information**

First: Melanie Middle: S Last: Riggs

NV Pharmacist Registration # 16931

Telephone: [redacted] Email: [redacted]

**Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information**

Pharmacy/State Government Entity Name: _____

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity): _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Contact Name: _____

Employer Contact Telephone: _____ Employer Contact email: _____

**Section 4: Employer Information**

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Optum

Address: 2716 N Tenaya Way

City: Las Vegas State: NV Zip: 89128

Employer Contact Name: Deanna Damiano

Employer Contact Telephone: 414-426-8235 Employer Contact email: deanna.damiano@optum.com

**Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)**

Name of Site (if applicable): Virtual/Telephonic

Address: 2471 Ram Crossing Way

City: Henderson State: NV Zip: 89074

Country/Territory/Province: United States

Is this a medical, residential, or business site? ☐ Medical ☒ Residential ☐ Business

Days of the week and hours services will be provided at this site? 8am-430pm Mon-Fri (excluding holidays)

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

**Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.**

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

Completing medication reviews for Medicare Advantage patients with a recent transition of care or specified disease state. Support patients in understanding of disease state and medication regimen through medication counseling with patients or caregivers via telephone or secured video platform. Providing written and/or verbal medication recommendations to providers and care team members (ie nurses).

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Medicare Advantage patients and/or caregivers with a recent transition of care, with specified disease states, or with general medication questions/concerns.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

1) UpToDate
2) Lexicomp drug database
3) Clinical pharmacology drug database
4) Micromedex

4. Provide an explanation of the policy for users of the services when you are unavailable.

In the rare event that a pharmacist is unavailable during work hours, there is a voicemail which is monitored throughout the day and a pharmacist will reach back out to any patients that may leave a message during the pharmacists' absence.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

As part of Optum, pharmacists complete yearly training regarding protected health information (PHI) and maintaining confidentiality of patient records. All access to patient data is governed by Optum's internal policies and procedures which are in compliance with state and federal laws.

6. Provide a description of the business plan for the services provided.

1) Completing medication reconciliation for Medicare Advantage patients with a recent transition of care which can include patient calls and engaging with providers to ensure appropriate medication regimens
2) Conducting medication reviews for Medicare Advantage patients with certain disease states, in an effort to optimize therapy and provide patient education.
3) Conducting patient outreach for Medicare Advantage pateints wih pharmacy related questions.
4) Completing patient outreach to help ensure patient compliance with medication regimens.
5) Completing patient outreach to answer medication related questions.

**Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.**

**A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy**

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

**B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

**C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

**D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.**

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Melanie Riggs
Print Name

Melanie Riggs
Original Signature, no copies or stamps accepted

9/21/2023
Date

| | |
|---|---|
| **Board Use Only** | Date Received: 9/25/23<br>For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file.<br>For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda. |

# 4SS

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

**Section 1: Select the following that applies to you.**

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ☒ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

**Section 2: General Information**

First: Ana Middle: Franceska Last: Ordanez

NV Pharmacist Registration # 20948

Telephone: [redacted] Email: [redacted]

**Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information**

Pharmacy/State Government Entity Name:

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity):

Address:

City: State: Zip:

Employer Contact Name:

Employer Contact Telephone: Employer Contact email:

**Section 4: Employer Information**

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Optum

Address: 2716 N Tenaya Way

City: Las Vegas State: NV Zip: 89128

Employer Contact Name: Deanna Damiano

Employer Contact Telephone: 414-426-8235 Employer Contact email: deanna.damiano@optum.com

**Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)**

Name of Site (if applicable): Virtual/Telephonic

Address: 8980 Oreana Peak Ct.

City: Las Vegas State: NV Zip: 89148

Country/Territory/Province: United States

Is this a medical, residential, or business site? ☐ Medical ☒ Residential ☐ Business

Days of the week and hours services will be provided at this site? 8am-430pm Mon-Fri (excluding holidays)

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

**Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.**

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

Completing medication reviews for Medicare Advantage patients with a recent transition of care or specified disease state. Support patients in understanding of disease state and medication regimen through medication counseling with patients or caregivers via telephone or secured video platform. Providing written and/or verbal medication recommendations to providers and care team members (ie nurses).

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Medicare Advantage patients and/or caregivers with a recent transition of care, with specified disease states, or with general medication questions/concerns.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

1) UpToDate
2) Lexicomp drug database
3) Clinical pharmacology drug database
4) Micromedex

4. Provide an explanation of the policy for users of the services when you are unavailable.

In the rare event that a pharmacist is unavailable during work hours, there is a voicemail which is monitored throughout the day and a pharmacist will reach back out to any patients that may leave a message during the pharmacists' absence.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

As part of Optum, pharmacists complete yearly training regarding protected health information (PHI) and maintaining confidentiality of patient records. All access to patient data is governed by Optum's internal policies and procedures which are in compliance with state and federal laws.

6. Provide a description of the business plan for the services provided.

1) Completing medication reconciliation for Medicare Advantage patients with a recent transition of care which can include patient calls and engaging with providers to ensure appropriate medication regimens
2) Conducting medication reviews for Medicare Advantage patients with certain disease states, in an effort to optimize therapy and provide patient education.
3) Conducting patient outreach for Medicare Advantage pateints wih pharmacy related questions.
4) Completing patient outreach to help ensure patient compliance with medication regimens.
5) Completing patient outreach to answer medication related questions.

**Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.**

**A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy**

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

**B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

**C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

**D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.**

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Ana Ordanez

Print Name

Original Signature, no copies or stamps accepted

09/21/2023

Date

| | |
|---|---|
| **Board Use Only** | Date Received: 9/25/23<br>For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file.<br>For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda. |

# 4TT

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

**Section 1: Select the following that applies to you.**

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ☒ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

**Section 2: General Information**

First: Joanne Middle: M Last: Dominguez

NV Pharmacist Registration # 16762

Telephone: [redacted] Email: [redacted]

**Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information**

Pharmacy/State Government Entity Name:

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity):

Address:

City: State: Zip:

Employer Contact Name:

Employer Contact Telephone: Employer Contact email:

**Section 4: Employer Information**

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Optum

Address: 2716 N Tenaya Way

City: Las Vegas State: NV Zip: 89128

Employer Contact Name: Deanna Damiano

Employer Contact Telephone: 414-426-8235 Employer Contact email: deanna.damiano@optum.com

**Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)**

Name of Site (if applicable): Virtual/Telephonic

Address: 226 Chestnut Ridge Circle

City: Henderson State: NV Zip: 89012

Country/Territory/Province: USA

Is this a medical, residential, or business site? ☐ Medical ☒ Residential ☐ Business

Days of the week and hours services will be provided at this site? 8am-430pm Mon-Fri (excluding holidays)

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

**Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.**

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

Completing medication reviews for Medicare Advantage patients with a recent transition of care or specified disease state. Support patients in understanding of disease state and medication regimen through medication counseling with patients or caregivers via telephone or secured video platform. Providing written and/or verbal medication recommendations to providers and care team members (ie nurses).

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Medicare Advantage patients and/or caregivers with a recent transition of care, with specified disease states, or with general medication questions/concerns.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

1) UpToDate
2) Lexicomp drug database
3) Clinical pharmacology drug database
4) Micromedex

4. Provide an explanation of the policy for users of the services when you are unavailable.

In the rare event that a pharmacist is unavailable during work hours, there is a voicemail which is monitored throughout the day and a pharmacist will reach back out to any patients that may leave a message during the pharmacists' absence.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

As part of Optum, pharmacists complete yearly training regarding protected health information (PHI) and maintaining confidentiality of patient records. All access to patient data is governed by Optum's internal policies and procedures which are in compliance with state and federal laws.

6. Provide a description of the business plan for the services provided.

1) Completing medication reconciliation for Medicare Advantage patients with a recent transition of care which can include patient calls and engaging with providers to ensure appropriate medication regimens
2) Conducting medication reviews for Medicare Advantage patients with certain disease states, in an effort to optimize therapy and provide patient education.
3) Conducting patient outreach for Medicare Advantage pateints wih pharmacy related questions.
4) Completing patient outreach to help ensure patient compliance with medication regimens.
5) Completing patient outreach to answer medication related questions.

**Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.**

**A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy**

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

**B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

**C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

**D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.**

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

JOANNE M. DOMINGUEZ
Print Name

Original Signature, no copies or stamps accepted

9/21/23
Date

| | |
|---|---|
| **Board Use Only** | Date Received: 9/25/23<br>For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file.<br>For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda. |

# 4UU

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

**Section 1: Select the following that applies to you**

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ☒ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

**Section 2: General Information**

First: Kurt Middle: _____ Last: Kaleb

NV Pharmacist Registration # 20352

Telephone: [redacted] Email: [redacted]

**Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information**

Pharmacy/State Government Entity Name: _____

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity): _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Contact Name: _____

Employer Contact Telephone: _____ Employer Contact email: _____

**Section 4: Employer Information**

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Optum

Address: 2716 N Tenaya Way

City: Las Vegas State: NV Zip: 89128

Employer Contact Name: Deanna Damiano

Employer Contact Telephone: 414-426-8235 Employer Contact email: deanna.damiano@optum.com

**Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)**

Name of Site (if applicable): Virtual/Telephonic

Address: 7203 Saxby Ave

City: Las Vegas State: NV Zip: 89113

Country/Territory/Province: United States

Is this a medical, residential, or business site? ☐ Medical ☒ Residential ☐ Business

Days of the week and hours services will be provided at this site? 8am-430pm Mon-Fri (excluding holidays)

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

**Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.**

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

Completing medication reviews for Medicare Advantage patients with a recent transition of care or specified disease state. Support patients in understanding of disease state and medication regimen through medication counseling with patients or caregivers via telephone or secured video platform. Providing written and/or verbal medication recommendations to providers and care team members (ie nurses).

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Medicare Advantage patients and/or caregivers with a recent transition of care, with specified disease states, or with general medication questions/concerns.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

1) UpToDate
2) Lexicomp drug database
3) Clinical pharmacology drug database
4) Micromedex

4. Provide an explanation of the policy for users of the services when you are unavailable.

In the rare event that a pharmacist is unavailable during work hours, there is a voicemail which is monitored throughout the day and a pharmacist will reach back out to any patients that may leave a message during the pharmacists' absence.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

As part of Optum, pharmacists complete yearly training regarding protected health information (PHI) and maintaining confidentiality of patient records. All access to patient data is governed by Optum's internal policies and procedures which are in compliance with state and federal laws.

6. Provide a description of the business plan for the services provided.

1) Completing medication reconciliation for Medicare Advantage patients with a recent transition of care which can include patient calls and engaging with providers to ensure appropriate medication regimens
2) Conducting medication reviews for Medicare Advantage patients with certain disease states, in an effort to optimize therapy and provide patient education.
3) Conducting patient outreach for Medicare Advantage pateints wih pharmacy related questions.
4) Completing patient outreach to help ensure patient compliance with medication regimens.
5) Completing patient outreach to answer medication related questions.

**Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.**

**A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy**

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

**B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

**C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

**D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.**

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Kurt Kaleb

Print Name

Original Signature, no copies or stamps accepted

09/21/2023

Date

| | |
|---|---|
| **Board Use Only** | Date Received: 9/25/23<br>For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file.<br>For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda. |

# 4VV

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

**Section 1: Select the following that applies to you:**

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ☒ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

**Section 2: General Information**

First: Diana Middle: Beth Last: Quach

NV Pharmacist Registration # 16717

Telephone: [redacted] Email: [redacted]

**Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information**

Pharmacy/State Government Entity Name: _____

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity): _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Contact Name: _____

Employer Contact Telephone: _____ Employer Contact email: _____

**Section 4: Employer Information**

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Optum

Address: 2716 N Tenaya Way

City: Las Vegas State: NV Zip: 89128

Employer Contact Name: Elizabeth Paschen

Employer Contact Telephone: 1-618-553-6615 Employer Contact email: elizabeth.paschen@optum.com

**Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)**

Name of Site (if applicable): Virtual/Telephonic

Address: 8468 Durango Ranch Ct.

City: Las Vegas State: NV Zip: 89113

Country/Territory/Province: United States

Is this a medical, residential, or business site? ☐ Medical ☒ Residential ☐ Business

Days of the week and hours services will be provided at this site? 8am-430pm Mon-Fri (excluding holidays)

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

**Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.**

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

Primary responsibilities to include supporting pharmacist strategies and guidance on medication reviews and pharmacist support. Role to include supporting the following: Completing medication reviews for Medicare Advantage patients with a recent transition of care or specified disease state. Support patients in understanding of disease state and medication regimen through medication counseling with patients or caregivers via telephone or secured video platform. Providing written and/or verbal medication recommendations to providers and care team members (ie nurses).

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Medicare Advantage patients and/or caregivers with a recent transition of care, with specified disease states, or with general medication questions/concerns.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

1) UpToDate
2) Lexicomp drug database
3) Clinical pharmacology drug database
4) Micromedex

4. Provide an explanation of the policy for users of the services when you are unavailable.

In the rare event that a pharmacist is unavailable during work hours, there is a voicemail which is monitored throughout the day and a pharmacist will reach back out to any patients that may leave a message during the pharmacists' absence.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

As part of Optum, pharmacists complete yearly training regarding protected health information (PHI) and maintaining confidentiality of patient records. All access to patient data is governed by Optum's internal policies and procedures which are in compliance with state and federal laws.

6. Provide a description of the business plan for the services provided.

1) Completing medication reconciliation for Medicare Advantage patients with a recent transition of care which can include patient calls and engaging with providers to ensure appropriate medication regimens
2) Conducting medication reviews for Medicare Advantage patients with certain disease states, in an effort to optimize therapy and provide patient education.
3) Conducting patient outreach for Medicare Advantage pateints wih pharmacy related questions.
4) Completing patient outreach to help ensure patient compliance with medication regimens.
5) Completing patient outreach to answer medication related questions.

**Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.**

**A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy**

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

**B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

**C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

**D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.**

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Diana Beth Quach

Print Name

Diana B Quach.

Original Signature, no copies or stamps accepted

09/21/2023

Date

| | |
|---|---|
| **Board Use Only** | Date Received: 9/25/23<br>For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file.<br>For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda. |

# 4WW

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

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**Section 1: Select the following that applies to you.**

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ☒ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

**Section 2: General Information**

First: Kathryn Middle: _____ Last: Dao

NV Pharmacist Registration # 16772

Telephone: [redacted] Email: [redacted]

**Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information**

Pharmacy/State Government Entity Name: _____

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity): _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Contact Name: _____

Employer Contact Telephone: _____ Employer Contact email: _____

**Section 4: Employer Information**

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Optum

Address: 2716 N Tenaya Way

City: Las Vegas State: NV Zip: 89128

Employer Contact Name: Deanna Damiano

Employer Contact Telephone: 414-426-8235 Employer Contact email: deanna.damiano@optum.com

**Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)**

Name of Site (if applicable): Virtual/Telephonic

Address: 21 Moonfire Dr

City: Las Vegas State: NV Zip: 89135

Country/Territory/Province: US

Is this a medical, residential, or business site? ☐ Medical ☒ Residential ☐ Business

Days of the week and hours services will be provided at this site? 8am-430pm Mon-Fri (excluding holidays)

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

**Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.**

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

Completing medication reviews for Medicare Advantage patients with a recent transition of care or specified disease state. Support patients in understanding of disease state and medication regimen through medication counseling with patients or caregivers via telephone or secured video platform. Providing written and/or verbal medication recommendations to providers and care team members (ie nurses).

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Medicare Advantage patients and/or caregivers with a recent transition of care, with specified disease states, or with general medication questions/concerns.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

1) UpToDate
2) Lexicomp drug database
3) Clinical pharmacology drug database
4) Micromedex

4. Provide an explanation of the policy for users of the services when you are unavailable.

In the rare event that a pharmacist is unavailable during work hours, there is a voicemail which is monitored throughout the day and a pharmacist will reach back out to any patients that may leave a message during the pharmacists' absence.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

As part of Optum, pharmacists complete yearly training regarding protected health information (PHI) and maintaining confidentiality of patient records. All access to patient data is governed by Optum's internal policies and procedures which are in compliance with state and federal laws.

6. Provide a description of the business plan for the services provided.

1) Completing medication reconciliation for Medicare Advantage patients with a recent transition of care which can include patient calls and engaging with providers to ensure appropriate medication regimens
2) Conducting medication reviews for Medicare Advantage patients with certain disease states, in an effort to optimize therapy and provide patient education.
3) Conducting patient outreach for Medicare Advantage pateints wih pharmacy related questions.
4) Completing patient outreach to help ensure patient compliance with medication regimens.
5) Completing patient outreach to answer medication related questions.

**Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.**

**A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy**

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NR5 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

**B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

**C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

**D. NAC 639.4916 – For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.**

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Kathryn Dao

Print Name

Kathryn

Original Signature, no copies or stamps accepted

9/21/2023

Date

| | |
|---|---|
| **Board Use Only** | Date Received: 9/25/23<br>For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file.<br>For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda. |

# 4XX

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

**Section 1: Select the following that applies to you.**

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ■ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

**Section 2: General Information**

First: Deanna Middle: Marie Last: Damiano

NV Pharmacist Registration # 16728

Telephone: [redacted] Email: [redacted]

**Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information**

Pharmacy/State Government Entity Name: _____

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity): _____

Address: _____

City: _____ State: _____ Zip: _____

Employer Contact Name: _____

Employer Contact Telephone: _____ Employer Contact email: _____

**Section 4: Employer Information**

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Optum

Address: 2716 N Tenaya Way

City: Las Vegas State: NV Zip: 89128

Employer Contact Name: Diana Quach

Employer Contact Telephone: 702-241-2620 Employer Contact email: diana.quach@optum.com

**Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)**

Name of Site (if applicable): Virtual/Telephonic

Address: 3 White Tail Ct

City: Henderson State: NV Zip: 89074

Country/Territory/Province: USA

Is this a medical, residential, or business site? ☐ Medical ☒ Residential ☐ Business

Days of the week and hours services will be provided at this site? 8am-430pm Mon-Fri (excluding holidays)

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

**Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.**

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

Completing medication reviews for Medicare Advantage patients with a recent transition of care or specified disease state. Support patients in understanding of disease state and medication regimen through medication counseling with patients or caregivers via telephone or secured video platform. Providing written and/or verbal medication recommendations to providers and care team members (ie nurses).

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Medicare Advantage patients and/or caregivers with a recent transition of care, with specified disease states, or with general medication questions/concerns.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

1) UpToDate
2) Lexicomp drug database
3) Clinical pharmacology drug database
4) Micromedex

4. Provide an explanation of the policy for users of the services when you are unavailable.

In the rare event that a pharmacist is unavailable during work hours, there is a voicemail which is monitored throughout the day and a pharmacist will reach back out to any patients that may leave a message during the pharmacists' absence.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

As part of Optum, pharmacists complete yearly training regarding protected health information (PHI) and maintaining confidentiality of patient records. All access to patient data is governed by Optum's internal policies and procedures which are in compliance with state and federal laws.

6. Provide a description of the business plan for the services provided.

1) Completing medication reconciliation for Medicare Advantage patients with a recent transition of care which can include patient calls and engaging with providers to ensure appropriate medication regimens
2) Conducting medication reviews for Medicare Advantage patients with certain disease states, in an effort to optimize therapy and provide patient education.
3) Conducting patient outreach for Medicare Advantage pateints wih pharmacy related questions.
4) Completing patient outreach to help ensure patient compliance with medication regimens.
5) Completing patient outreach to answer medication related questions.

**Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.**

**A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy**

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

**B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

**C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

**D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.**

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Deanna Marie Damiano

Print Name

Original Signature, no copies or stamps accepted

09/21/2023

Date

| | |
|---|---|
| **Board Use Only** | Date Received: 9/25/23<br>For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file.<br>For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda. |

# 4YY

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

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We must have an original signature to process.

**Section 1: Select the following that applies to you.**

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ☒ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

**Section 2: General Information**

First: Emily Middle: J Last: Hightower

NV Pharmacist Registration # 17131

Telephone: [redacted] Email: [redacted]

**Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information**

Pharmacy/State Government Entity Name:

NV Pharmacy License # (If Pharmacy) or State Issued License # (If State Government Entity):

Address:

City: State: Zip:

Employer Contact Name:

Employer Contact Telephone: Employer Contact email:

**Section 4: Employer Information**

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Optum

Address: 2716 N Tenaya Way

City: Las Vegas State: NV Zip: 89128

Employer Contact Name: Deanna Damiano

Employer Contact Telephone: 414-426-8235 Employer Contact email: deanna.damiano@optum.com

**Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)**

Name of Site (if applicable): Virtual/Telephonic

Address: 326 Glistening Cloud Dr

City: Henderson State: NV Zip: 89012

Country/Territory/Province: USA

Is this a medical, residential, or business site? ☐ Medical ☒ Residential ☐ Business

Days of the week and hours services will be provided at this site? 8am-430pm Mon-Fri (excluding holidays)

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

**Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.**

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

Completing medication reviews for Medicare Advantage patients with a recent transition of care or specified disease state. Support patients in understanding of disease state and medication regimen through medication counseling with patients or caregivers via telephone or secured video platform. Providing written and/or verbal medication recommendations to providers and care team members (ie nurses).

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Medicare Advantage patients and/or caregivers with a recent transition of care, with specified disease states, or with general medication questions/concerns.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

1) UpToDate
2) Lexicomp drug database
3) Clinical pharmacology drug database
4) Micromedex

4. Provide an explanation of the policy for users of the services when you are unavailable.

In the rare event that a pharmacist is unavailable during work hours, there is a voicemail which is monitored throughout the day and a pharmacist will reach back out to any patients that may leave a message during the pharmacists' absence.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

As part of Optum, pharmacists complete yearly training regarding protected health information (PHI) and maintaining confidentiality of patient records. All access to patient data is governed by Optum's internal policies and procedures which are in compliance with state and federal laws.

6. Provide a description of the business plan for the services provided.

1) Completing medication reconciliation for Medicare Advantage patients with a recent transition of care which can include patient calls and engaging with providers to ensure appropriate medication regimens
2) Conducting medication reviews for Medicare Advantage patients with certain disease states, in an effort to optimize therapy and provide patient education.
3) Conducting patient outreach for Medicare Advantage pateints wih pharmacy related questions.
4) Completing patient outreach to help ensure patient compliance with medication regimens.
5) Completing patient outreach to answer medication related questions.

**Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.**

**A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy**

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

**B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

**C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

**D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.**

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

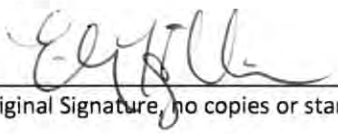
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Emily Hightower

Print Name



Original Signature, no copies or stamps accepted

09/22/2023

Date

| | |
|---|---|
| **Board Use Only** | Date Received: 9/25/23<br>For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file.<br>For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda. |

# 4ZZ

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

This application cannot be returned by fax or email.
We must have an original signature to process.

**Section 1: Select the following that applies to you.**

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ☒ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

**Section 2: General Information**

First: Tanya Middle: Marie Last: Stone

NV Pharmacist Registration # 17711

Telephone: [redacted] Email: [redacted]

**Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information**

Pharmacy/State Government Entity Name:

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity):

Address:

City: State: Zip:

Employer Contact Name:

Employer Contact Telephone: Employer Contact email:

**Section 4: Employer Information**

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Optum

Address: 2716 N Tenaya Way

City: Las Vegas State: NV Zip: 89128

Employer Contact Name: Deanna Damiano

Employer Contact Telephone: 414-426-8235 Employer Contact email: deanna.damiano@optum.com

**Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)**

Name of Site (if applicable): Virtual/Telephonic

Address: 300 Evan Picone Dr

City: Henderson State: NV Zip: 89014

Country/Territory/Province: USA

Is this a medical, residential, or business site? ☐ Medical ☒ Residential ☐ Business

Days of the week and hours services will be provided at this site? 8am-430pm Mon-Fri (excluding holidays)

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

**Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.**

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.

Completing medication reviews for Medicare Advantage patients with a recent transition of care or specified disease state. Support patients in understanding of disease state and medication regimen through medication counseling with patients or caregivers via telephone or secured video platform. Providing written and/or verbal medication recommendations to providers and care team members (ie nurses).

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.

Medicare Advantage patients and/or caregivers with a recent transition of care, with specified disease states, or with general medication questions/concerns.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.

1) UpToDate
2) Lexicomp drug database
3) Clinical pharmacology drug database
4) Micromedex

4. Provide an explanation of the policy for users of the services when you are unavailable.

In the rare event that a pharmacist is unavailable during work hours, there is a voicemail which is monitored throughout the day and a pharmacist will reach back out to any patients that may leave a message during the pharmacists' absence.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.

As part of Optum, pharmacists complete yearly training regarding protected health information (PHI) and maintaining confidentiality of patient records. All access to patient data is governed by Optum's internal policies and procedures which are in compliance with state and federal laws.

6. Provide a description of the business plan for the services provided.

1) Completing medication reconciliation for Medicare Advantage patients with a recent transition of care which can include patient calls and engaging with providers to ensure appropriate medication regimens
2) Conducting medication reviews for Medicare Advantage patients with certain disease states, in an effort to optimize therapy and provide patient education.
3) Conducting patient outreach for Medicare Advantage pateints wih pharmacy related questions.
4) Completing patient outreach to help ensure patient compliance with medication regimens.
5) Completing patient outreach to answer medication related questions.

**Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.**

**A. NAC 639 – For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy**

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

**B. NAC 639 – For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

**C. NAC 639.403 – For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

**D. NAC 639.4916 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution.**

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Tanya Marie Stone

Print Name

Original Signature, no copies or stamps accepted

09/22/2023

Date

| | |
|---|---|
| **Board Use Only** | Date Received: 9/25/23<br>For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file.<br>For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda. |

# 4AAA

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacist to Engage in the Practice of Pharmacy at a Site other than a Licensed Pharmacy

Rev (04/18/2023)

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We must have an original signature to process.

**Section 1: Select the following that applies to you.**

- ☐ **I am employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 3, 5, 7)**
- ☐ **I am a pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution (If you marked this answer complete section 1, 2, 3, 5, 7)**
- ☒ **I am NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity (If you marked this as your answer complete sections 1, 2, 4, 5, 6, 7)**

**Section 2: General Information**

First: Jason Middle: Sean Last: Yee

NV Pharmacist Registration # 16397

Telephone: [redacted] Email: [redacted]

**Section 3: Nevada Licensed Pharmacy as defined in NRS 639.012, or Nevada State Government Entity Information**

Pharmacy/State Government Entity Name:

NV Pharmacy License # (if Pharmacy) or State Issued License # (if State Government Entity):

Address:

City: State: Zip:

Employer Contact Name:

Employer Contact Telephone: Employer Contact email:

**Section 4: Employer Information**

Name or Identity of Employer or Business as registered with the Nevada Secretary of State chapter 76 of NRS:

Optum

Address: 2716 N Tenaya Way

City: Las Vegas State: NV Zip: 89128

Employer Contact Name: Deanna Damiano

Employer Contact Telephone: 414-426-8235 Employer Contact email: deanna.damiano@optum.com

**Section 5: Place where the Pharmacist will Engage in the Practice of Pharmacy (list all sites)**

Name of Site (if applicable): Virtual/Telephonic

Address: 10122 Arkell Court

City: Las Vegas State: NV Zip: 89183

Country/Territory/Province: USA

Is this a medical, residential, or business site? ☐ Medical ☒ Residential ☐ Business

Days of the week and hours services will be provided at this site? 8am-430pm Mon-Fri (excluding holidays)

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

Name of Site (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Country/Territory/Province: _____

Is this a medical, residential, or business site? ☐ Medical ☐ Residential ☐ Business

Days of the week and hours services will be provided at this site? _____

(Use and make copies of this page if necessary)

**Section 6: NAC 639.403 A registered pharmacist who is NOT employed by or under contract with a pharmacy and who is NOT an employee of the State Government MUST complete this section.**

1. Provide a description of the services that you intend to provide at the site, to include only those services listed in Section 7 (A) of this application.
Completing medication reviews for Medicare Advantage patients with a recent transition of care or specified disease state. Support patients in understanding of disease state and medication regimen through medication counseling with patients or caregivers via telephone or secured video platform. Providing written and/or verbal medication recommendations to providers and care team members (ie nurses).

2. Provide the identification of the types of patients or other persons to whom you intend to provide services.
Medicare Advantage patients and/or caregivers with a recent transition of care, with specified disease states, or with general medication questions/concerns.

3. Provide a description of all resources, both paper and electronic, that will be available to you in the course of providing the services.
1) UpToDate
2) Lexicomp drug database
3) Clinical pharmacology drug database
4) Micromedex

4. Provide an explanation of the policy for users of the services when you are unavailable.
In the rare event that a pharmacist is unavailable during work hours, there is a voicemail which is monitored throughout the day and a pharmacist will reach back out to any patients that may leave a message during the pharmacists' absence.

5. Provide an explanation of the policy regarding the confidentiality and security of the patient data that will be gathered, made, and maintained as part of the services which are provided, including without limitation, paper and electronic records.
As part of Optum, pharmacists complete yearly training regarding protected health information (PHI) and maintaining confidentiality of patient records. All access to patient data is governed by Optum's internal policies and procedures which are in compliance with state and federal laws.

6. Provide a description of the business plan for the services provided.
1) Completing medication reconciliation for Medicare Advantage patients with a recent transition of care which can include patient calls and engaging with providers to ensure appropriate medication regimens
2) Conducting medication reviews for Medicare Advantage patients with certain disease states, in an effort to optimize therapy and provide patient education.
3) Conducting patient outreach for Medicare Advantage pateints wih pharmacy related questions.
4) Completing patient outreach to help ensure patient compliance with medication regimens.
5) Completing patient outreach to answer medication related questions.

**Section 7: Laws pertaining to engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy. Please read Section 7 in its entirety. By signing this application, you attest you have read and understood the components in this section.**

**A. NAC 639 - For all registered pharmacists engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy**

1. While engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy, a registered pharmacist may perform only:
    a. The functions described in paragraphs (b), (c), (d) and (g) to (j), inclusive, of subsection 1 or NRS 639.0124, except for dispensing or administering drugs;
    b. The functions described in section 4 of LCB File No. R036.21, except for dispensing a self-administered hormonal contraceptive; and
    c. The administration of immunizations pursuant to a written protocol established in accordance with NAC 639.297 to 639.2978, inclusive.
2. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall:
    a. Provide written notice of the site of practice to the Executive Secretary in accordance with NAC 639.225 on this application; (NAC 639.225 states that a Nevada pharmacist, within 10 days after changing residence or place of practice, must give written notice of the change to the Board.)
    b. Ensure that the records of the registered pharmacist are made readily accessible to members of the Board and employees, agents and designees of the Board; and
    c. Comply with all applicable federal and state laws and regulations, including, without limitation:
        i. The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, and the regulations adopted pursuant thereto, and any other applicable federal or state law concerning the privacy of information regarding health care; and
        ii. Requirements relating to the maintenance or records.
3. A registered pharmacist who engages in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not maintain an inventory of drugs at that location.
4. A registered pharmacist shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy if he or she:
    a. Serves as a managing pharmacist; or
    b. Provides pharmaceutical services at:
        i. A facility for modified medical detoxification, as defined in NRS 449.00385;
        ii. An independent center for emergency medical care, as defined in NRS 449.013;
        iii. A facility for intermediate care, as defined in NRS 449.0038;
        iv. A facility for skilled nursing, as defined in NRS 449.0039; or
        v. A surgical center for ambulatory patients, as defined in NRS 449.019.

**B. NAC 639 - For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is employed by or under contract with a pharmacy or who is an employee of the State Government may engage in the practice of pharmacy at a location other than the site of a licensed pharmacy shall not engage in the practice of pharmacy at a location other than the site of a licensed pharmacy unless he or she is provided with the same computerized system and access to data regarding a patient for whom a prescription has been submitted that is available to a registered pharmacist in the pharmacy. Such data must include, without limitation:

a. A legible copy of the prescription that is available as an electronic copy or a scanned image in the computerized system of the pharmacy or by facsimile machine; and
b. Any information that is available in the computerized system of the pharmacy that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.

**C. NAC 639.403 - For a registered pharmacist who is NOT employed by or under contract with a Nevada licensed pharmacy or a Nevada State Government entity.**

For a registered pharmacist who is NOT employed by or under contract with a pharmacy or who is an employee of the State Government shall not engage in the practice of pharmacy at a site other than the site of a licensed pharmacy unless he or she obtains the approval of the Board to engage in the practice of pharmacy at a site other than the site of a licensed pharmacy. To request such approval, the registered pharmacist must submit this application. The application must be approved before a registered pharmacist may commence any practice.

**D. NAC 639.4916 – For a registered pharmacist who is employed by or under contract with a Nevada licensed pharmacy located within a hospital or correctional institution:**

1. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide the remote chart order processing services to the hospital or correctional institution that the pharmacy is required by NAC 639.4915 to provide must:
    a. Be trained in the policies and procedures of the hospital or correctional institution regarding all policies and procedures of the hospital or correctional institution with which the registered pharmacist must comply, including, without limitation, the provisions of pharmaceutical services, security, and confidentiality of patient records; and
    b. Be provided with the same computerized system and access to data regarding a patient for whom a chart order has been submitted that would be available to a registered pharmacist employe by the pharmacy located within the hospital or correctional institution, including, without limitation:
        i. The height, weight and age of the patient and any allergies that the patient may have;
        ii. The medical records regarding any medications prescribed to the patient;
        iii. The results of any relevant laboratory tests;
        iv. The health history and notes regarding physical examinations, to the extent that the information is available in the computerized system of the hospital or correctional institution;
        v. Any notes provided by a physician, nurse or other medical staff of the institution, to the extent that those notes are available in the computerized system of the hospital or correctional institution;
        vi. A legible copy of the chart order that is available through a scanned image in the computerized system of the hospital or correctional institution or by facsimile machine; and
        vii. Any other information that is available in the computerized system of the hospital or correctional institution that is relevant or necessary for the registered pharmacist to provide pharmaceutical services.
2. Before a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution, the registered pharmacist must review any relevant information regarding the patient for whom a chart order has been submitted. The registered pharmacist must, before approving a chart order to be filled, evaluate:
    a. The overutilization or underutilization of a medication;
    b. Therapeutic duplication;
    c. The appropriateness of the prescribed dosage and route of administration;
    d. The appropriateness of the directions for use of the medication;
    e. The appropriateness of the duration of the treatment with the prescribed medication;
    f. Any contraindication of the medication and a particular disease, ailment or allergy of the patient;
    g. Any contraindication or interactions between multiple medications prescribed for the patient; and
    h. The potential abuse or misuse of a medication.
3. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution provides remote chart order processing services to the hospital or correctional institution shall comply with the requirements of Section 7 (A) to the same extent as a registered pharmacist engaging in the practice of pharmacy at a location other than the site of a licensed pharmacy pursuant to the provisions in Section 7 (B) and Section 7 (C).
4. In an emergency, a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may render remote chart order processing services without being provided with all the information required by paragraph (b) of subsection 1 of Section 7 (D) if the registered pharmacist believes, in his or her professional judgement, that he or she has received sufficient information from the staff of the hospital or correctional institution to render the services.
5. A registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution may refuse to approve the filling of a chart order if, in the judgement of the registered pharmacist, the chart order is not safe or reasonable for the patient. A registered pharmacist who refuses to approve the filling of a chart order pursuant to this subsection must notify the hospital or correctional institution as soon as practicable that he or she has refused to approve the filling of the chart order.
6. Each time that a registered pharmacist who is employed by or under contract with a pharmacy located within a hospital or correctional institution to provide remote chart order processing services to the hospital or correctional institution

provides remote chart order processing services pursuant to this section, the registered pharmacist shall make a notation in the computerized system of the hospital or correctional institution that indicates:

a. The name or identifier of the registered pharmacist;
b. The date and time that the registered pharmacist provided the services and, if applicable, approved the filling of a chart order; and
c. The specific services provided by the registered pharmacist.

7. The managing pharmacist of a pharmacy located within a hospital or a correctional institution may limit the remote chart order processing services provided pursuant to this section (Section 7 (D)).

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Jason Yee

Print Name

Original Signature, no copies or stamps accepted

9/22/2023

Date

| | |
|---|---|
| **Board Use Only** | Date Received: 9/25/23<br>For applicants who marked box 1 or 2 in Section 1: Executive staff to review, scanned into applicant file.<br>For applicants who marked box 3 in Section 1: Executive staff to review, place on consent agenda. |

# 4BBB

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmaceutical Technician (PT) Application
## Non-Refundable $50 fee

Rev (03/17/2023)

**Section 1: General information**

First: Patrick Middle: Lake Last: Sather

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Village Blvd

City: White City State: OR Zip: 97503

Telephone: [redacted] Email [redacted]

**Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)**

Program/School Name: Pharmacy ~~Tech~~ Technician Program

Address: RCC, Downtown Campus

City: Medford State: OR Zip: 97501

Name of Program Director: Connie Johnson

**Section 3: Employment Information**

Pharmacy Name: Asante Pharmacy License #: 0013478

Address: 2320 East Barnett

City: Medford State: OR Zip: 97501

| Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.) | Yes | No |
|---|---|---|
| 1. Are you 18 years of age or older? | X | |
| 2. Are you a high school graduate or the equivalent? | X | |

High School Name: Trask River High School Graduation Date OR Date GED obtained (mm/yy): 06/17

Address: 6820 Barrack Cir

City: Tillamook OR State: OR Zip: 97141

| Section 5: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | / |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | / |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | / |

| Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129). | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | / |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | / |

| Section 7: Personal and Professional History | Initials | |
|---|---|---|
| **Before answering the questions below, please INITIAL to the right to attest you have read and understand the following:**<br>**WARNING**<br>**You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.** | PB | |
| | **Yes** | **No** |
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration? | | PB |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged? | | PB |
| 3. Have you been the subject of a board citation or administrative action whether completed or pending in any state? | | PB |
| 4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state? | | PB |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

| Section 8: You MUST submit the documents below with your application base on your qualifications as a PT. | |
|---|---|
| **Select your qualification as a PT (please check a box).** | **Required documents to be submitted with your application.** |
| ☑ The successful completion of an ASHP-approved PT school or training program | a. Provide a copy of the certification of completion of the program. |
| ☑ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by a **signed affidavit** by the managing pharmacist of the pharmacy. | a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing.<br>b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application). |
| ☑ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy. | a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application). |
| ☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs. | a. Provide a copy of the certification of completion of the program. |

**Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371**

**In addition to the requirements in section 7, submit fingerprints for a background check** by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Patrick Sather

Print Name

Original Signature, no copies or stamps accepted

8/21/23

Date

| Board Use Only | Date Received: 8/23/23 | Amount: 50 | CHK# 2824119 |
|---|---|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Out-of-State Managing Pharmacist Certification of Employment Hours for Pharmaceutical Technician (PT)

Rev (06/22/2022)

This form cannot be returned by fax or email.
We must have an original signature and fee to process.

**Section 1: Certification of PT Employment Hours (NAC 639.240) MUST BE COMPLETED BY THE PHARMACY MANAGER**

Name of PT: Patrick Sather
PT License # (if applicable): CPT-0013428
Pharmacy Manager Name: Tabitha Norris
Pharmacy Manager License #: RPH-0009885
Name of Pharmacy: Asante Pharmacy
Pharmacy License #: RP-0001330-CS
Pharmacy Address: 2900 E. Barnett Rd. Suite 1
City: Medford
State: OR
Zip: 97504
Time period PT employed (mm/yy-mm/yy): 04/27/2020 -present

I certify to the Board that the above-named PT has successfully completed 5,528 hours of training and experience performing the tasks of a PT listed in NRS 639.1371 (3)(c) and NAC 639.245(2). The specific training and experience completed is listed below:

Prepackage and label unit dose and unit of use with appropriate initials for final inspection by a pharmacist, distribute routine order and stock medications and supplies in pharmacy areas, maintain inventory of supplies of drugs, maintain pharmaceutical records, request refills and transfers, input of new prescriptions and insurance information.

Do you certify that the PT is competent to perform the duties of a PT? ☑Yes ☐No
(If you answered "No" please explain why below):

I certify under penalty of perjury that the information contained on this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this form and any portion thereof is a public record unless otherwise declared confidential by law, and may be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020.

Tabitha Norris
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/21/23
Date

**Please have this section completed in the presence of a Notary Public.**

State of Oregon, ss. County of Jackson

I, Tabitha Norris (your name), am the Pharmacy Manager (your title) for Asante Pharmacy (name of Pharmacy), located at 2900 E. Barnett Rd Suite1 Medford OR 97504 (address of Pharmacy). I have worked with the pharmaceutical technician, Patrick Sather (name of technician) listed on this form, and I certify that the statements contained herein are true and correct and contain a full and true account of the information requested.

Tabitha Norris
**Original Signature**

8/21/23
**Date**

Subscribed and Sworn to before me this 21 day of August 2023

Kristin Morrison
**Notary Public Signature**

OFFICIAL STAMP
KRISTIN MORRISON
NOTARY PUBLIC - OREGON
COMMISSION NO. 1029285
MY COMMISSION EXPIRES SEPTEMBER 28, 2026

**(Seal)**

| **Board Use Only** | Date Received: _____ |
|---|---|

THIS IS A CERTIFIED COPY OF CERTIFIED OREGON PHARMACY TECHNICIAN LICENSE:
**CPT-0013428**

**PATRICK LAINE SATHER**

This license is valid until
**06/30/2024**

# PHARMACY TECHNICIAN CERTIFICATION BOARD

*certifies that*

## patrick sather

has met all requirements for certification and merits the designation of

**Certified Pharmacy Technician (CPhT)**

| Certification Number | Initial Certification Date | Application Deadline | Expiration Date |
|---|---|---|---|
| 30145559 | November 13, 2020 | November 01, 2024 | November 30, 2024 |

PTCB
Pharmacy Technician Certification Board®

President, Certification Council

Executive Director, CEO

Verify certification at **ptcb.org**

# 4CCC

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmaceutical Technician (PT) Application

**Non-Refundable $50 fee**

Rev (03/17/2023)

**Section 1: General Information**

First: Dewn Middle: Man Last: Hagarty

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] Hickey Ave

City: N. Las Vegas State: NV Zip: 89030

Telephone: [redacted] Email: [redacted]

**Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)**

Program/School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Program Director: _____

**Section 3: Employment Information**

Pharmacy Name: Walgreens License #: PH01132

Address: 9415 W Desert inn Rd

City: Las Vegas State: NV Zip: 89117

| **Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.)** | **Yes** | **No** |
|---|---|---|
| 1. Are you 18 years of age or older? | ☒ | |
| 2. Are you a high school graduate or the equivalent? | ☒ | |

High School Name: odyssey charter schools Graduation Date OR Date GED obtained (mm/yy): 07/2017

Address: 2251 S Jones Blvd

City: Las Vegas State: NV Zip: 89146

| **Section 5: Military Service (NRS 622.120)** | **Yes** | **No** |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ☒ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ☒ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ☒ |

| Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✗ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✗ |

| Section 7: Personal and Professional History | | |
|---|---|---|
| **Before answering the questions below, please INITIAL to the right to attest you have read and understand the following:**<br>**WARNING**<br>**You MUST provide truthful and complete responses to the questions on this application. If you omit information or provide false or misleading responses, including any failure to disclose past arrests or expunged convictions, this may be a basis for denial of your application and may result in disciplinary action against any other license or registration you hold from the Board.** | **Initials**<br>DH | |
| | **Yes** | **No** |
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration? | | ✗ |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state even if the case or charge has been dismissed, sealed, acquitted, or expunged? | | ✗ |
| 3. Have you been the subject of a board citation or administrative action whether completed or pending in any state? | | ✗ |
| 4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in any state? | | ✗ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

| Section 8: You MUST submit the documents below with your application base on your qualifications as a PT. | |
|---|---|
| **Select your qualification as a PT (please check a box).** | **Required documents to be submitted with your application.** |
| ☐ The successful completion of an ASHP-approved PT school or training program | a. Provide a copy of the certification of completion of the program. |
| ☐ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by **a signed affidavit** by the managing pharmacist of the pharmacy. | a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing.<br>b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application). |
| ☒ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy. | a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application). |
| ☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs. | a. Provide a copy of the certification of completion of the program. |

**Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371**

**In addition to the requirements in section 7, submit fingerprints for a background check** by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Dewyn Hagarty
Print Name

Dewyn Hagarty
Original Signature, no copies or stamps accepted

8/29/23
Date

| Board Use Only | Date Received: 9/5/23 | Amount: 50-MD-19-483065630 |
|---|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Nevada Managing Pharmacist Certification of Training Hours for Pharmaceutical Technician in Training (PTT)

Rev (06/22/2022)

This form cannot be returned by fax or email.
We must have an original signature and fee to process.

**Section 1: Certification of PTT (NAC 639.242) MUST BE COMPLETED BY THE PHARMACY MANAGER**

Name of PTT: Devyn Hagarty
PTT License #: PT27463
Pharmacy Manager Name: Nichole Baker
Pharmacy Manager License #: 18342
Name of Pharmacy: Walgreens 4137
Pharmacy License #: PH01132
Pharmacy Address: 9415 W Desert Inn Rd
City: Las Vegas
State: NV
Zip: 89117
Time period PTT employed (mm/yy-mm/yy): 06/22 - present

I certify to the Board that the above-named PTT has successfully completed 1500 hours of training and experience performing the tasks of a PT listed in NRS 639.1371 (3)(c) and NAC 639.245(2). The specific training and experience completed is listed below:

She is able to process + type prescriptions, fill, help with inventory, put orders away, handle insurance issues. She can process + perform COVID tests. She helps with ordering medications. She rings out patients.

Do you certify that the PTT is competent to perform the duties of a pharmaceutical technician? ☒Yes ☐No (If you answered "No" please explain why below):

I certify under penalty of perjury that the information contained on this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this form and any portion thereof is a public record unless otherwise declared confidential by law, and may be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020.

Nichole Baker
Print Name (First, Last)

N Baker
Original Signature of Managing Pharmacist, no copies or stamps accepted

8/29/23
Date

| Board Use Only | Date Received: 9/5/23 |
|---|---|

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # _____. Provide all the following *where applicable*:

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 4/18/2019 | 9/16/2019 | NV | Las Vegas | Clark County |
| **Case #** | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | | |
| LLV19040008775 | Las Vegas Metro Police Dept. | | | |
| **Reason/Charge** | | | | |
| Trespass, not amounting to burglary, False stmt to obstruct officer, Resist pub officer | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | **Lawsuit/Arbitration/Bankruptcy** | | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

11/8/23
Date

SCOPE II - R2I1 › Dissemination - Citizens

LVMPD CITIZENS REPORT

SCOPE RESPONSE

PERSON BASE RECORD

[redacted]

NAM: HAGARTY, DEVYN MAY DOB: [redacted]

SEX: F RAC: W HGT: 507 WGT: 135 HAIR: BLN EYE: GRN

ADR: RS [redacted]HICKEY AVE
NORTH LAS VEGAS NV 89030

AKA [2]

| NAME | AGY | ENTRY DATE |
|---|---|---|
| HAGARTY, DEVYNN MAY | LAS VEGAS METRO PD | 4/19/2019 |
| HAGARTY, DEVYN MAY | NORTH LAS VEGAS PD | 3/15/2016 |

ADDITIONAL DOB [1]

| DOB | AGY | ENTRY DATE |
|---|---|---|
| [redacted] | NORTH LAS VEGAS PD | 3/15/2016 |

CRIMINAL HISTORY

ARR [1] CIT [0] SUM [0]

ARREST DATE: 4/18/2019 AGY: LAS VEGAS METRO PD PCN#: 25820565 BK#: -

RN#: 0001 CHARGE: 1 TYPE: PC OFF: 53166 TRESPASS, NOT AMOUNTING TO BURGLARY (M) COUNTS: 1 EVT#: LLV190400087775
CCN: 19M07364X LAS VEGAS JUSTICE COURT SEQ#: 1 CREATED: 4/19/2019 UPDATED:
JUV/CERT/ADULT: ADULT

RN#: 0002 CHARGE: 2 TYPE: PC OFF: 52312 FALSE STMT TO/OBSTRUCT PUB OFF (M) COUNTS: 1 EVT#: LLV190400087775
CCN: 19M07364X LAS VEGAS JUSTICE COURT SEQ#: 2 CREATED: 4/19/2019 UPDATED:
JUV/CERT/ADULT: ADULT

RN#: 0003 CHARGE: 3 TYPE: PC OFF: 52990 RESIST PUB OFF (M) COUNTS: 1 EVT#: LLV190400087775
CCN: 19M07364X LAS VEGAS JUSTICE COURT SEQ#: 3 CREATED: 4/19/2019 UPDATED:
JUV/CERT/ADULT: ADULT

| FINAL DISPO DATE: | FINAL OFF: | DISPO: |
|---|---|---|
| 9/16/2019<br>CCN: 19M07364X | 52990 RESIST PUB OFF (M) | DISMISSED |

UPDATED:

| | FINE | EXCUSE | RESTITUTION |
|---|---|---|---|
| | $ | $ | $ |

| | MIN | YRS | MOS | DAYS | HRS |
|---|---|---|---|---|---|
| TERM OF SENTENCE | | | | | |
| CREDIT TIME SERVED | | | | | |

| | MIN | YRS | MOS | DAYS | HRS |
|---|---|---|---|---|---|
| COMMUNITY SERVICE | | | | | |
| PROBATION | NO | | | | |

PER NEVADA REVISED STATUTES, LAS VEGAS METRO PD IS AUTHORIZED TO RELEASE OUR AGENCY'S CRIMINAL HISTORY INFORMATION ONLY. FOR OTHER AGENCY INFORMATION, CONTACT THE AGENCY DIRECTLY -- OR -- FOR COMPLETE BACKGROUND CHECKS, CONTACT THE STATE OF NEVADA REPOSITORY.

LAS VEGAS METRO PD RACHEL ROBINSON/R16851R 11/08/2023 10:50:08

RELEASE TO: DEVYN MAY HAGARTY

# 4DDD

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmaceutical Technician (PT) Application

**Non-Refundable $50 fee**

Rev (01/18/2023)

**Section 1: General Information**

First: KENVA Middle: OMEK Last: CALLOWAY

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] E SUNSET RD #[redacted]

City: LAS VEGAS State: NV Zip: 89199

Telephone: [redacted] Email: [redacted]

**Section 2: Program of Training for Pharmaceutical Technicians (Complete this section ONLY if you have successfully completed an ASHP and Board approved PT school or training program.)**

Program/School Name:

Address:

City: State: Zip:

Name of Program Director:

**Section 3: Employment Information**

Pharmacy Name: SMITHS PHARMACY #315 License #: PT27073

Address: 8525 W. WARM SPRINGS RD

City: LAS VEGAS State: NV Zip: 89113

| Section 4: Age and Education Requirements (You do not qualify to be a PT if you answer "NO" in this section.) | Yes | No |
|---|---|---|
| 1. Are you 18 years of age or older? | X | |
| 2. Are you a high school graduate or the equivalent? | X | |

High School Name: DREHER HIGH SCHOOL Graduation Date OR Date GED obtained (mm/yy): 05/01

Address: 3319 MILLWOOD AVE

City: COLUMBIA State: SC Zip: 29205

| Section 5: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 6: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | N/A |

| Section 7: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration? | | X |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state even if the case or charge has been dismissed, sealed, acquitted, or expunged? | | X |
| 3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state? | | X |
| 4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. <u>A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.</u>**

**This is in response to Question # _____. Provide all the following *<u>where applicable</u>*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

8.21.23
Date

Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 7 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event MUST be provided.

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | IL | Bloomington-Normal | McLean |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| **Reason/Charge** | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| **Name of Business/Industry/Entity** Walmart | | | | |

**Provide explanation below:**

I don't have documents regarding the incident as it occurred nearly, if not over 20 years ago when I was still in college. I left all unknown details blank as to not give false information unintentionally.

I was a cashier at Walmart during the time and got called into the office one day after my shift and questioned about money missing to which I had no information to give because I had not taken any money nor was I aware of anyone who had. I thought that would be the end of it. Adversely, despite my consistent and unwavering innocence, I was held in the back room for hours and questioned endlessly about things I could have "accidentally taken". Nervous and crying I began agreeing to the officer's "what-if" scenarios and admitted to things that never actually happened. The officer then coached me thru a written statement, telling me what to write and told me I had to complete it before I was able to leave.

Needless to say, once I signed it, I was able to leave however they left out the part where I would be handcuffed and taken to jail. Truly a devastating experience as I had never been in any trouble (before then or since) and thought my life was over.

My devastation turned to disgust when the public defender I was assigned, explained that police officers get false confessions from people all the time, it's common practice. Unfortunately, watching true crime tv, I now know this to be true. During the court proceedings, the public defender did his best to assure me that my life wasn't over. He advised me that moving forward I should answer "no" if ever asked if I had any arrests/criminal background as the case would be expunged/deleted from my record as if it never happened. I've answered "no" ever since, nearly forgetting it happened at all.

Original Signature (electronic, copies or stamps not accepted)

11/6/2023
Date

| Section 8: You MUST submit the documents below with your application base on your qualifications as a PT. | |
|---|---|
| **Select your qualification as a PT (please check a box).** | **Required documents to be submitted with your application.** |
| ☐ The successful completion of an ASHP-approved PT school or training program | a. Provide a copy of the certification of completion of the program. |
| ☐ **Active practice in good standing** in another state as a PT, and the successful completion of at least 1,500 hours of employment as a PT in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, which must be verified by **a signed affidavit** by the managing pharmacist of the pharmacy. | a. Provide a copy of your PT registration, license, or certificate (if it is a requirement by that state to practice as a PT), which must be current, active, and in good standing.<br>b. Provide the signed affidavit from your managing pharmacist that you have completed at least 1,500 hours of employment as a PT in a pharmacy **in that state** (see form provided in this application). |
| ☒ The successful completion of at least 1,500 hours of training and experience as a registered pharmaceutical technician in training (PTT), performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371, in Nevada licensed pharmacies, which must be verified by the managing pharmacist of the pharmacy. | a. Provide the signed form from your managing pharmacist that you have completed 1,500 hours of training and experience in a pharmacy **in this state** as a registered PTT (see form provided in this application). |
| ☐ The successful completion of a pharmaceutical technician training program conducted by a branch of the U.S. Armed Forces, the Indian Health Service of United States Department of Health and Human Services or the U.S. Department of Veterans Affairs. | a. Provide a copy of the certification of completion of the program. |

**Section 9: Fingerprints for a background check. ALL APPLICANTS MUST COMPLETE THIS SECTION. NRS 639.1371**

**In addition to the requirements in section 7, submit fingerprints for a background check** by following the instructions https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/FP%20Instructions%20NRS%20639.127%20639.1371.pdf

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I understand that Nevada law requires a registered pharmaceutical technician who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

KENVA CALLOWAY
Print Name

Original Signature, no copies or stamps accepted

8.21.23
Date

| Board Use Only | Date Received: 8/24/23 | Amount: 50.00 |
|---|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Nevada Managing Pharmacist Certification of Training Hours for Pharmaceutical Technician in Training (PTT)

Rev (06/22/2022)

This form cannot be returned by fax or email.
We must have an original signature and fee to process.

**Section 1: Certification of PTT (NAC 639.242) MUST BE COMPLETED BY THE PHARMACY MANAGER**

Name of PTT: KENVA CALLOWAY
PTT License #: PT27073
Pharmacy Manager Name: Octavia Brooks
Pharmacy Manager License #: 20950
Name of Pharmacy: Smith's Food and Drug Company #315
Pharmacy License #: PH03897
Pharmacy Address: 8525 W. Warm Springs Road
City: Las Vegas
State: NV
Zip: 89113
Time period PTT employed (mm/yy-mm/yy): 07/22-08/23

I certify to the Board that the above-named PTT has successfully completed 1500 hours of training and experience performing the tasks of a PT listed in NRS 639.1371 (3)(c) and NAC 639.245(2). The specific training and experience completed is listed below:

Pharmacy law, duties of the pharmacy technician, data entry, product dispensing, and checking out patients. Common community phamacy practices.

Do you certify that the PTT is competent to perform the duties of a pharmaceutical technician? ☒Yes ☐No (If you answered "No" please explain why below):

I certify under penalty of perjury that the information contained on this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this form and any portion thereof is a public record unless otherwise declared confidential by law, and may be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020.

Octavia Brooks
Print Name (First, Last)

Original Signature of Managing Pharmacist, no copies or stamps accepted

8/17/2023
Date

| Board Use Only | Date Received: 8/24/23 |
|---|---|

# 5

| ANNUAL DISCIPLINE CASES<br>Reporting Period: January – October 2023 | | | |
|---|---|---|---|
| FINDING | HARM | DISCIPLINE INDIVIDUAL | DISCIPLINE FACILITY |
| YE failed to recognize the incorrect filling of the prescription upon data entry and final verification resulting in the sale of the prescription and failed to provide counseling to patient. | N/A | Fined $1,000.00; assessed $500.00 in attorney's fees and costs. | CVS fined $2,000.00; assessed $1,000.00 in attorney's fees and costs. |
| AV made false representation(s) to the Board in two of her PTT applications submitted to the Board. | N/A | Revoked two years; $358.36 in attorney's fees and costs. | N/A |
| JLW prescribed controlled substances to Nevada patients during the period where his controlled substance registration was expired. | N/A | Fined $5,000.00 and $500.00 in attorney's fees and costs. | N/A |
| JG: NSBME imposed discipline on JG's license to practice medicine for allowing unlicensed persons to act under his authority to unlawfully operate Image Med Spa and to access, possess, administer, dispense, and/or prescribe dangerous drugs and hypodermic devices to perform cosmetic injections and topical administration of dangerous drugs onsite to patients who had not been examined by a practitioner and without direct practitioner supervision. Some of the drug products and devices purchased are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S. | N/A | Fined $5,000.00; assessed $1,000.00 in recoverable attorney's fees and costs. | N/A |
| MR: NSBME placed MR's license to practice medicine on probation for engaging in conduct in violation of standards of practice related to writing prescriptions for controlled substances. | N/A | 2 year suspension; suspension is stayed and MR is placed on probation; fined $5,000.00; $1,000.00 in attorney's fees and costs; establish policies | N/A |

| ANNUAL DISCIPLINE CASES<br>Reporting Period: January – October 2023 | | | |
|---|---|---|---|
| FINDING | HARM | DISCIPLINE INDIVIDUAL | DISCIPLINE FACILITY |
| | | and procedures related to controlled substance prescriptions issued for the treatment of acute or chronic pain. | |
| DL disciplined by the NSBME on DL's license to practice medicine for failure to maintain medical records related to prescribing controlled substances. | N/A | 1 year suspension; suspension is stayed; fined $2,000.00; $500.00 attorney's fees and costs; establish policies and procedures to ensure that any controlled substance prescription complies with all applicable federal and state statutes and regulations. | N/A |
| JS surrendered her NSBME to practice medicine and no longer qualifies for a controlled substance registration. | N/A | Revoked 1 year. | N/A |
| ES stipulated to responsibility, and the CA Board disciplined ES for violations related to compounding pharmacy regulations. | N/A | 5 hours CE in pharmacy operations and pharmacy law and 5 hours CE in USP 797 in addition to CEs required for renewal; not own, have any legal or beneficial interest nor serve as manager, administrator, trustee, associate, or partner of any pharmacy and/or business licensed by the Board for 3; not compound any drugs that are intended to/or result in the shipment into Nevada for 3 years; assessed $750.00 in attorney's fees and costs. | N/A |

| ANNUAL DISCIPLINE CASES<br>Reporting Period: January – October 2023 | | | |
|---|---|---|---|
| FINDING | HARM | DISCIPLINE INDIVIDUAL | DISCIPLINE FACILITY |
| HM diverted controlled substances for personal use from his employer. | N/A | Revoked; fined $5,000; assessed $500 in recoverable attorney's fees and costs. | N/A |
| JLS failed to disclose that she was subject to a Board citation or administrative action on her pharmaceutical technician-in-training application. | N/A | Revoked; fined $5,000; assessed $446.23 in recoverable attorney's fees and costs. | N/A |
| Z, Inc. failed to disclose that they were subject to a Board citation or administrative action on their renewal pharmacy application. | N/A | Fined $5,000.00; assessed $500.00 in recoverable attorney's fees and costs. | N/A |
| GT surrendered her DEA Registration for Cause; unlawfully diverted and self-administered controlled substances during work hours. | N/A | Revoked; fined $5,000; assessed $1,000 in recoverable attorney's fees and costs; must submit an evaluation for substance use disorder and comply with any and all recommendations set forth by evaluation/ practitioner. | N/A |
| CH failed to disclose charges pending in US district court on his 2020 renewal application. | N/A | Fined $5,000; assessed $500 in recoverable attorney's fees and costs. | N/A |
| KMC, LLC appealed the Board's Findings of Fact, Conclusions of Law and Order filed on March 2, 2022. The case was remanded, and the Board heard the appeal on April 12, 2023. The Board found violations that the Respondent engaged in the business of furnishing medical devices in Nevada without a license. | N/A | KMC's license status is currently non-renewed. They may not engage in the business of furnishing medical devices in Nevada unless and until they apply for a license and appears before the Board to answer questions and give testimony regarding the application. | N/A |

| ANNUAL DISCIPLINE CASES<br>Reporting Period: January – October 2023 | | | |
|---|---|---|---|
| FINDING | HARM | DISCIPLINE INDIVIDUAL | DISCIPLINE FACILITY |
| CL's NSBVME license to practice veterinary medicine was suspended on December 12, 2022, for non-compliance with NSBVME orders entered in Case No. 06-2016DVM-21 arising from alcohol abuse. | N/A | Revoked 1 year; assessed $500.00 in recoverable attorney's fees and costs. | N/A |
| GW was convicted in June 2022, in *California vs. Gary Royce Wisner*, Sacramento County, California, Superior Court Case No. 18FE013037 on 10 felony counts of health care insurance fraud. | N/A | Revoked for 5 years; assessed $500.00 in recoverable attorney's fees and costs. | N/A |
| RF: NSBME imposed discipline on his license to practice medicine for engaging in conduct in violation of the standards of practice established by the NSBME related to prescribing controlled substances. | N/A | RF's CS registration is suspended for a period of 2 years. The suspension is stayed and RF is placed on probation;fined $5,000.00; assessed $500.00 in recoverable attorney's fees and costs. | N/A |
| RZ prescribed controlled substances to Nevada patients during the period where his controlled substance registration was non-renewed. | N/A | Fined $5,000.00. | N/A |
| SG prescribed controlled substances to Nevada patients during the period where her controlled substance registration was expired. | N/A | Fined $5,000.00; $500.00 in recoverable attorney's fees and costs. | N/A |
| CC prescribed controlled substances to Nevada patients during the period where her controlled substance registration was expired. | N/A | Fined $5,000.00; $500.00 in recoverable attorney's fees and costs. | N/A |
| EN failed to recognize the incorrect filling of the prescription upon data entry, verified and dispensed the incorrect dosage. He also failed to create a physical or | N/A | EN: fined $3,000.00; assessed $500.00 in recoverable attorney's fees and costs. | Fined $4,500.00; assessed $500.00 in recoverable attorney's fees and costs. |

| ANNUAL DISCIPLINE CASES<br>Reporting Period: January – October 2023 | | | |
|---|---|---|---|
| FINDING | HARM | DISCIPLINE INDIVIDUAL | DISCIPLINE FACILITY |
| electronic record of patient counseling or the refusal of patient counseling for the dispensing of the prescription.<br><br>CS failed to recognize the incorrect filling of the prescription upon data entry, verified and dispensed the incorrect dosage. | | CS: fined $1,500.00; assessed $500.00 in recoverable attorney's fees and costs. | |
| ES prescribed controlled substances to Nevada patients during the period that he did not hold a valid CS. | N/A | Fined $5,000.00; assessed $500.00 in recoverable attorney's fees and costs. | N/A |
| KN, CM, TT verified a final product as accurate when it was not, failed to contact the prescriber to clarify potential duplication errors, overrode Drug Utilization Review alerts and/or erroneously dispensed medication. | N/A | Fined $1,000.00 per Respondent. | WG fined $10,000.00; assessed $5,137.00 in recoverable attorney's fees and costs. |
| DE disciplined for violations related to failure to place a fill sticker on the back of the original hard-copy of a prescription resulting in duplicate prescriptions. | N/A | Fined $1,000.00; assessed $500.00 in recoverable attorney's fees and costs. | WG fined $2,000.00; assessed $1,000.00 in recoverable attorney's fees and costs. |
| MN disciplined for failure to place a fill sticker on the back of the original hard-copy of a prescription; engaged in unprofessional conduct when he performed data entry review and final verification and failed to identify that the patient had already received three fills prescribed on her patient profile; failed to segregate and/or dispose of adulterated and/or expired drugs in the pharmacy's inventory; misrepresented to the Board inspector that all adulterated and/or expired | N/A | Revoked. The revocation is stayed and MN is placed on probation for 2 years; fined $5,000.00; assessed $1,000.00 in recoverable attorney's fees and costs. Respondent currently owns a pharmacy and serves as the managing pharmacist. That pharmacy will be subject to quarterly unannounced inspections at the Respondent's expense. | WG fined $2,000.00; assessed $1,000.00 in recoverable attorney's fees and costs. |

| ANNUAL DISCIPLINE CASES<br>Reporting Period: January – October 2023 | | | |
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| FINDING | HARM | DISCIPLINE INDIVIDUAL | DISCIPLINE FACILITY |
| drugs in the pharmacy's inventory had been segregated and/or disposed of. | | | |
| VB disciplined for violations related to prescribing of controlled substances and review of prescriber activity through the PMP. | N/A | Fined $5,000.00; assessed $500.00 in recoverable attorney's fees and costs. | N/A |
| CT disciplined for violations related to failure to enter prescription data correctly and filled a prescription written for trazodone with tramadol. | N/A | Fined $1,000.00; assessed $500.00 in recoverable attorney's fees and costs. | N/A |
| MC prescribed controlled substances to Nevada patients during the period where her CS registration was expired. | N/A | Fined $5,000.00 and $500.00 in recoverable attorney's fees and costs. | N/A |
| WR permitted an employee or staff member to access and utilize his secondary hard token authenticator and/or provided log-on information to his staff member with instructions to e-prescribe prescriptions. | N/A | Fined $4,000.00, $500.00 in recoverable attorney's fees and costs and 2 hours of CE, in addition to any medical CE required, regarding prescribing controlled substances. | N/A |
| JS permitted staff members not licensed as practitioners in Nevada to regularly use his credentials and act under his authority to issue electronic prescriptions for controlled substances. He failed to review his prescriber activity in the PMP between September 23, 2016, and August 13, 2022, and permitted staff members to access the PMP using his credentials; failed to verify the accuracy of dispensed prescriptions and to initial each prescription. | N/A | JS' CS and PD registrations are suspended for 1 year. The suspensions are stayed and he is placed on probation. Fined $10,000.00 and $5,363.00 in recoverable attorney's fees and costs; establish and put into practice policies and procedures to ensure that any prescription complies with the provisions of federal and state law, shall be subject to quarterly PMP | N/A |

| ANNUAL DISCIPLINE CASES<br>Reporting Period: January – October 2023 | | | |
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| FINDING | HARM | DISCIPLINE INDIVIDUAL | DISCIPLINE FACILITY |
| | | compliance checks, and quarterly inspections by Board staff at Respondent's expense. | |
| RC permitted unlicensed staff to access and/or possess controlled substances and/or dangerous drugs, failure to maintain effective security controls by allowing unregistered persons key access to controlled substances and/or dangerous drugs, failure to issue a written prescription for each medication dispensed, failed to verify medications for accuracy prior to dispensing, failure to maintain complete, accurate and readily retrievable records of all controlled substances and/or dangerous drugs purchased and dispensed, failure to inventory controlled substances at least once every 2 years, failure to properly store and maintain the inventory, failure to segregate and/or dispose of adulterated and/or expired dangerous drugs, possessed pre-drawn, unlabeled syringes containing unidentified dangerous drugs. | N/A | RC's CS and PD registrations are suspended the; suspension is stayed, and RC placed on probation for a period of one year. During the probationary period, his dispensing practice shall undergo 2 inspections by the Board at his expense. Update policies and procedures withing 6 months; fined $5,000.00 and $1,000.00 in recoverable attorney's fees and costs. | N/A |
| LH unlawfully authorized dispensation of medications to patients when she was not present, failure to maintain effective security controls by allowing unregistered persons key access to controlled substances and/or dangerous drugs, failure to issue a written prescription for each | N/A | LH's CS and PD registrations are suspended the; suspension is stayed, and LH placed on probation for a period of one year. During the probationary period, her dispensing practice shall undergo 2 inspections | N/A |

| ANNUAL DISCIPLINE CASES<br>Reporting Period: January – October 2023 | | | |
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| FINDING | HARM | DISCIPLINE INDIVIDUAL | DISCIPLINE FACILITY |
| medication dispensed, failure to verify medications for accuracy prior to dispensing, failure to maintain complete, accurate and readily retrievable records of all controlled substances and/or dangerous drugs purchased and dispensed, failure to inventory controlled substances at least once every 2 years, failure to properly store and maintain the inventory, and failure to segregate and/or dispose of adulterated and/or expired dangerous drugs, possessed pre-drawn, unlabeled syringes containing unidentified dangerous drugs. | | by the Board at her expense. Update policies and procedures withing 6 months; fined $2,500.00 and $1,000.00 in recoverable attorney's fees and costs. | |
| Smith's Pharmacy #389 operated without a managing pharmacist during August 12, 2022, to September 1, 2022. | N/A | N/A | Fined $5,000; assessed $500 in recoverable attorney's fees and costs. |
| JD as managing pharmacist is responsible for a dispensing error caused by pharmacy employees. | N/A | Fined $3,000; assessed $500.00 in recoverable attorney's fees and costs. | Fined $4,000; assessed $952.60 in recoverable attorney's fees and costs. |
| BR engaged in the sale of veterinary drugs prior to the issuance of a Nevada Veterinary Drug Supplier License which they were served cease and desist/citation. BR appealed the citation. | N/A | N/A | The Board upheld the $5,000 fine. |
| PH neglected to timely notify the Board of the departure of its facility administrator and continued its operations as aMDEG without timely obtaining approval of a qualified facility administrator. | N/A | N/A | Fined $1,000.00; assessed $500 in recoverable attorney's fees and costs. |

| ANNUAL DISCIPLINE CASES<br>Reporting Period: January – October 2023 | | | |
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| FINDING | HARM | DISCIPLINE INDIVIDUAL | DISCIPLINE FACILITY |
| KS as the managing pharmacist is responsible for the violations allowing a CRNA to circumvent Nevada Pharmacy laws concerning licensed dispensing and sale of drugs, biologicals, medicines, substances, or devices.<br>CTRMC permitted a certified CRNA physician/practitioner level independent access to the hospital's Pyxis Machines to engage in prescribing and/or chart ordering of controlled substances without the appropriate certificate, license, or permit. | Yes | Fined $2,500; assessed $500.00 in recoverable attorney's fees and costs. | Fined $10,000 for the violations; assessed $3,500.00 in recoverable attorney's fees and costs. |
| NE responsible for prescriptions filled with copied signatures and use of preprinted prescriptions forms. | | Suspended; suspension is stayed; NE placed on probation for one year beginning September 8, 2022; fined $2,500; assessed $900 in recoverable attorney's fees and costs. | Suspended; suspension is stayed; LVS is placed on probation for one year beginning on September 8, 2022; fined of $5,000; assessed $900 in recoverable attorney's fees and costs. |
| CP dispensed a prescription for an adult dose of alprazolam to a minor patient. Minor patient ingested two tablets. | Yes | Fined $1,000; assessed $500 in recoverable attorney's fees and costs. | N/A |
| JF overrode DUR warnings noting that the patient has an allergy to propylene glycol and failed to contact the prescriber for an alternative medication. | Yes | Fined $1,000; assessed $500 in recoverable attorney's fees and costs. | Fined $2,000; assessed $1,000 in recoverable attorney's fees and costs. |
| Pharmaceutical technician RR falsely represented himself to be a registered pharmacist. | N/A | Suspended; suspension is stayed; RR placed on probation for a period of 1 year; fined $500; assessed $500 in recoverable attorney's fees and costs. | N/A |

| ANNUAL DISCIPLINE CASES<br>Reporting Period: January – October 2023 | | | |
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| FINDING | HARM | DISCIPLINE INDIVIDUAL | DISCIPLINE FACILITY |
| Smith's Pharmacy operated without a managing pharmacist between March 2, 2022, to April 11, 2022. | N/A | N/A | Fined $2,000; assessed $500 in recoverable attorney's fees and costs. |
| SL verified as accurate a prescription for misoprostol instead of Endometrin as prescribed; overrode a DUR pertaining to the data entry error relating to misoprostol. SL and KP verified as accurate a prescription for Zithromax for the same patient which contained the incorrect quantity and instructions for use as prescribed. | Yes | SL revoked; the revocation is stayed and SL is placed on probation for a period of 1 year; fined $2,000; assessed $352.20 in recoverable attorney's fees and costs; 5 continuing education credits related to the practice of pharmacy with an emphasis on safe medication practices.<br>KP revoked; the revocation is stayed and KP is placed on probation for a period of 1 year; fined $750; assessed $352.20 in recoverable attorney's fees and costs; and three 3 continuing education credits related to the practice of pharmacy with an emphasis on safe medication practices. | CVS fined $10,000; assessed $352.20 in recoverable attorney's fees and costs. |
| RW issued 119 controlled substance prescriptions from March 2022 to March 2023 for 6 family members with whom he had not established a bona fide therapeutic relationship, had neither diagnosed nor determined that a controlled substance was medically necessary, and without reviewing each patient's utilization report in | N/A | Revoked for a period of five (5) years. | N/A |

| ANNUAL DISCIPLINE CASES<br>Reporting Period: January – October 2023 | | | |
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| FINDING | HARM | DISCIPLINE INDIVIDUAL | DISCIPLINE FACILITY |
| the Prescription Monitoring Program. In October 2022, Respondent surrendered his Registration No. FW4079427 to the Drug Enforcement Administration by executing DEA Form 104 – "Voluntary Surrender of Controlled Substance Privileges." The Respondent no longer qualifies for a controlled substance registration. | | | |
| MB self-administered hydromorphone injections without a valid prescription; dispensed controlled substances to Nevada patients without a valid Nevada dispensing practitioner's registration. He surrendered his DEA Registration on October 31, 2022, which operated as an immediate suspension of his Certificate of Registration No. CS02213. recoverable attorney's fees and costs. | N/A | Revoked one (1) year; substance abuse evaluation; $7,500 fine; assessed $500 in recoverable attorney's fees and costs. | N/A |
| JS added three additional refills to a family member's prescription without practitioner authorization. | N/A | Assessed $1,013.83 in recoverable attorney's fees and costs. | |
| JS failed to comply with the Board's Order. | N/A | Revoked for two (2) years; must attend two additional hours of CE (one hour of ethics and one hour of HIPAA training); shall attend, in-person, the disciplinary component of two Board meetings; pay the outstanding fine | N/A |

| ANNUAL DISCIPLINE CASES<br>Reporting Period: January – October 2023 | | | |
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| FINDING | HARM | DISCIPLINE INDIVIDUAL | DISCIPLINE FACILITY |
| | | of $500 outstanding $476.34 attorney fees and recoverable costs. | |
| MP&O engaged in the sale of medical devices prior to obtaining its Medical Products Provider License. | N/A | Fined $5,000 | N/A |
| RG pled guilty for possession of 3.15 grams of cocaine and admitting to an existing substance abuse disorder. | N/A | Suspended for five (5) years; the suspension is stayed and RG is placed on probation. RG must maintain attendance in substance abuse counseling; counselor to submit quarterly progress reports to Board. Fined $2000; assessed $500 in attorney fees and recoverable costs. | N/A |
| PC failed to timely renew which expired on October 31, 2022. He wrote six hundred and five controlled substances prescriptions between November 1, 2022, and January 18, 2023. | N/A | Fined $5000; assessed $500 in attorney fees and recoverable costs. | N/A |
| JE sold and/or dispensed dangerous drugs without the appropriate certificate by the Board; failed to label parenteral solutions before selling, furnishing, and/or dispensing to customer; failed to properly supervise employees at Hangover Rescue who violated numerous laws relating to dangerous drugs. | N/A | Fined $1,500 for the violations; assessed $500.00 in recoverable attorney's fees and costs. | N/A |
| EV engaged in conduct in violation of the standards of practice established by the Nevada State Board of Medical Examiners related to | N/A | CS is suspended for two (2) years; the suspension is stayed and is placed on probation. Fined $5,000; assessed $1,000 | N/A |

| ANNUAL DISCIPLINE CASES<br>Reporting Period: January – October 2023 | | | |
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| FINDING | HARM | DISCIPLINE INDIVIDUAL | DISCIPLINE FACILITY |
| prescribing controlled substances to treat acute pain or chronic pain. | | in recoverable attorney's fees and costs. | |
| PTTs IC and OH fraudulently secured a pharmaceutical technician in training registration by falsely representing on the application that they were a high school graduate or the equivalent when they were not. | N/A | Revoked one (1) year. | N/A |
| DD dispensed dangerous drugs and/or controlled substances to consumers in Nevada prior to obtaining a pharmacy license. | N/A | Fined $5,000. | N/A |
| GH responsible for the acts of an employee pharmacist who misfilled a prescription for alprazolam; the alprazolam was delivered and ingested by a minor causing patient harm. | N/A | Fined $1,000; assessed $500 in recoverable attorney's fees and costs. | N/A |
| MM pulled an incorrect pediatric dose of Energix B, a hepatitis B vaccine, for an adult patient. | N/A | Fined $1,000; assessed $500 in recoverable attorney's fees and costs. | Fined $1,000; assessed $500 in recoverable attorney's fees and costs. |

# 5A

FILED
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NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**AJUMOBI CHARLES AGU, MD,**<br>**Certificate of Registration No. CS21324,**<br>**Respondent.** | **CASE NO. 22-535-CS-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Ajumobi Charles Agu, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS21324, issued by the Board.

## FACTUAL ALLEGATIONS

2. On or about June 30, 2023, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 23-12518-1, summarily suspending Respondent's NSBME License No. 8857 to practice medicine for violating prior NSBME disciplinary orders resulting from violations of NRS Chapter 630 related to prescribing controlled substances.

3. On or about July 14, 2023, Board staff served Respondent with notice that the suspension of his NSBME License No. 8857 operated as an immediate suspension of his Certificate of Registration No. CS21324 with the Board pursuant to NRS 639.2107, and that

Respondent must immediately cease and desist possessing, administering and/or prescribing controlled substances for Nevada patients.

4. Respondent issued multiple prescriptions for controlled substances after the suspension of his Certificate of Registration No. CS21324.

5. On or about August 10, 2023, the NSBME entered an order in Case No. 23-12518-1, lifting the summary suspension of Respondent's NSBME License No. 8857 to practice medicine; however, Respondent has failed to petition the Board for reinstatement of his Certificate of Registration No. CS21324 pursuant to NRS 639.2565.

## APPLICABLE LAW

6. A practitioner must hold a license to practice his or her profession in this State and be registered with both the DEA and the Board to possess, administer, prescribe and/or otherwise dispense any controlled substance. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226(1); NRS 453.321(1)(a); NRS 639.100(1); NRS 639.235(1).

7. Falsely representing oneself as a practitioner entitled to write prescriptions in this state is a felony offense. 21 U.S.C. § 841(a); 21 U.S.C. § 842(a); NRS 453.321(1)(a); NRS 453.232; NRS 639.2813(1).

8. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

9. Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration constitutes unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(k) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

10. The Board may suspend or revoke a registration to prescribe a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

11. The surrender, revocation or a suspension that has not been stayed of any certificate, license or registration of a practitioner, as defined in NRS 453.126, NRS 454.00958 or NRS 639.0125, by a licensing board or the Drug Enforcement Administration operates as an immediate suspension of a certificate, license, registration or permit issued by the Board pursuant to NRS chapters 453, 454 or 639 to possess, administer, prescribe or dispense drugs. NRS 639.2107.

12. The pre-hearing suspension of any certificate, license or registration of a practitioner pursuant to NRS 233B.127(3), NRS 453.241(3) and/or NRS 639.2107 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

## COUNT ONE
### Violations of Federal Controlled Substances Act

13. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent falsely represented himself as a practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 822(a)(2), 21 U.S.C. § 823(f), 21 U.S.C. § 841(a), 21 U.S.C. § 842(a) and/or 21 CFR § 1306.03(a)(1), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(11).

## COUNT TWO
### Violations of State Controlled Substances Act

14. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent falsely represented himself as a

practitioner entitled to write prescriptions in this state and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.226(1), NRS 453.232, NRS 453.321(1)(a), NRS 639.100(1), NRS 639.235(1)and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1) and/or NRS 639.210(12).

**COUNT THREE**

**Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties**

15. By violating NRS Chapter 630 as detailed in the NSBME's orders in Case No. 23-12518-1, and by issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent has performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i) and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

**COUNT FOUR**

**Unprofessional Conduct – Prescribing on Suspended Registration**

16. By issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(k) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

**COUNT FIVE**

**Commission of Acts that Render Registration Inconsistent with the Public Interest**

17. By violating NRS Chapter 630 as detailed in the NSBME's orders in Case No. 23-12518-1, and by issuing controlled substance prescriptions after the suspension of his Certificate of Registration No. CS21324, Respondent has committed acts that render his registration inconsistent with the public interest and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 16th day of SEPTEMBER 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

# BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**AJUMOBI CHARLES AGU, MD,**<br>**Certificate of Registration No. CS21324,**<br><br>**Respondent.** | **CASE NO. 22-535-CS-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 6, 2023, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 1st day of SEPTEMBER, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br>**AJUMOBI CHARLES AGU, MD,**<br>**Certificate of Registration No. CS21324,**<br><br>**Respondent.** | **CASE NO. 22-535-CS-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

**AJUMOBI CHARLES AGU, MD**

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 19th day of September 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Ajumobi Charles Agu, MD
[redacted]Faraway St.
Henderson, NV 89074

Ajumobi Charles Agu, MD
2235 East Flamingo Suite #128
Las Vegas, NV 89119

SHIRLEY HUNTING

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NEVADA STATE BOARD OF PHARMACY

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Attorneys for Ajumobi Charles Agu, M.D.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| NEVADA STATE BOARD OF PHARMACY,<br><br>Petitioner,<br><br>vs.<br><br>AJUMOBI CHARLES AGU, M.D.,<br>Certificate of Registration No. CS21324,<br><br>Respondent. | CASE NO. 22-535-CS-S<br><br>**ANSWER AND NOTICE OF DEFENSE** |

AJUMOBI CHARLES AGU, M.D. ("Dr. Agu"), by and through his counsel, LEWIS BRISBOIS BISGAARD & SMITH, LLP, hereby submits his Answer and Notice of Defense to the Notice of Intended Action and Accusations filed by the Nevada Board of Pharmacy as follows:

## JURISDICTION

I. Answering Paragraph I, Respondent objects to this paragraph as it calls for a legal conclusion; notwithstanding, Respondent admits that he previously held a Board-issued Nevada controlled substances registration, Certificate of Registration No. CS21324.

## FACTUAL ALLEGATIONS

II. Answering Paragraph II, Respondent objects to this paragraph as it calls for a legal conclusion; notwithstanding, Respondent admits that on June 30, 2023, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 23-12518-1, but denies the remainder of the allegations contained therein.

III. Answering Paragraph III, Respondent objects to this Paragraph to the extent that it calls for a legal conclusion; to the extent that this Paragraph references a document, Respondent

further objects and no response is required as the document speaks for itself; to cited statute(s) speak for themselves; notwithstanding, Respondent admits that he received a notice, dated July 14, 2023. To the extent a response is otherwise required, Respondent is without sufficient information or knowledge to admit or deny the allegations therein, and thus denies the same.

IV. Answering Paragraph IV, Respondent denies the allegations contained therein.

V. Answering Paragraph V, Respondent objects to this Paragraph to the extent that it calls for a legal conclusion and the cited statute(s) speak for themselves; notwithstanding, Respondent admits that, on or about August 10, 2023, the NSBME entered an order in Case No. 23-12518-1, lifting the summary suspension of Respondent's License No. 8857 to practice medicine. To the extent an response is otherwise required, Respondent is without sufficient information or knowledge to admit or deny the allegations therein, and thus denies the same.

**APPLICABLE LAW**

VI. Answering Paragraphs VI through XII, Respondent objects to these Paragraphs as they call for a legal conclusion and the cited statutes speak for themselves. To the extent a response is otherwise required, Respondent is without sufficient information or knowledge to admit or deny the allegations therein, and thus denies the same.

**COUNT ONE**

**(Violations of Federal Controlled Substances Act)**

VII. Answering Paragraph XIII, Respondent objects as this Paragraph calls for a legal conclusion and the cited statutes speak for themselves; notwithstanding, Respondent otherwise denies the allegations contained therein.

**COUNT TWO**

**(Violations of State Controlled Substances Act)**

VIII. Answering Paragraph XIV, Respondent objects to the extent that this paragraph calls for a legal conclusion and the cited statutes speak for themselves; notwithstanding, Respondent otherwise denies the allegations contained therein.

**COUNT THREE**

**(Unprofessional Conduct-Incompetent, Unskillful or Negligent Performance of Duties)**

IX. Answering Paragraph XV, Respondent objects to this paragraph, as it calls for a legal conclusion. The cited statutes speak for themselves. Respondent otherwise denies the allegations therein.

**COUNT FOUR**

**(Unprofessional Conduct-Prescribing on Suspended Registration)**

X. Answering Paragraph XVI, Respondent objects to this paragraph, as it calls for a legal conclusion. The cited statutes speak for themselves. Respondent otherwise denies the allegations therein.

**COUNT FIVE**

**(Commission of Acts that Render Registration Inconsistent with the Public Interest)**

XI. Answering Paragraph XVII, Respondent objects to this paragraph, as it calls for a legal conclusion. The cited statutes speak for themselves. Respondent otherwise denies the allegations therein.

**AFFIRMATIVE DEFENSES**

**FIRST AFFIRMATIVE DEFENSE**

The allegations of the Notice of Intended Action and Accusation fail to state facts sufficient to state a claim upon which relief may be granted.

**SECOND AFFIRMATIVE DEFENSE**

The Notice of Intended Action and Accusation, and each cause of action therein, is barred by the doctrine of laches, estoppel, and the doctrine of unclean hands.

**THIRD AFFIRMATIVE DEFENSE**

Respondent denies each and every allegation of the Notice of Intended Action and Accusation not specifically admitted or otherwise pled to herein.

WHEREFORE, Respondent prays for judgment as follows:

1. That all charges against him be dismissed;

2. That the Board find that the Notice of Intended Action and Accusation does not support issuance of discipline or fines against Respondent; and

3. For such other and further relief as may be deemed just and proper in these premises.

DATED: October 31, 2023

Respectfully submitted,

LEWIS BRISBOIS BISGAARD & SMITH LLP

*/s/ Alia A. Najjar*

By: _____

ALIA A. NAJJAR, M.D., ESQ.
Nevada Bar No. 12832
6385 S. Rainbow Boulevard, Suite 600
Las Vegas, Nevada 89118
Telephone: 702.893.3383
Facsimile: 702.893.3789
Attorneys for Ajumobi Charles Agu, M.D.

## CERTIFICATE OF SERVICE

I hereby certify that on this 31st day of October, 2023, a true and correct copy of **RESPONDENT AJUMOBI CHARLES AGU, M.D.'S ANSWER AND NOTICE OF DEFENSE** was served via electronic mail to the following:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
bkandt@pharmacy.nv.gov
shunting@pharmacy.nv.gov

By /s/ Alia A. Najjar
an Employee of
LEWIS BRISBOIS BISGAARD & SMITH LLP

# BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

| | |
|---|---|
| **In the Matter of the Charges and Complaint Against:** **AJUMOBI CHARLES AGU, M.D., Respondent.** | **Case No.: 23-12518-1** |

FILED
JUN 30 2023
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

## ORDER OF SUSPENSION AND NOTICE OF HEARING

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board) hereby **IMMEDIATELY SUSPENDS** the license of Ajumobi Charles Agu, M.D. (Respondent) from the practice of medicine, pursuant to the Board's authority to regulate the practice of medicine in the State of Nevada pursuant to Nevada Revised Statutes (NRS) Chapter 630.

The IC issues this Order of Suspension (Order) based on its determination that Respondent violated a Board Order when he did not satisfy all of the conditions contained in the Settlement Agreement and Order he entered into with the IC on November 15, 2022, approved by the Board on December 2, 2022.

Prior to the preparation of this Order, Board Staff presented to the IC the following:

1. Respondent is a medical doctor licensed to practice medicine in the State of Nevada (License No. 8857). The Board issued his license on November 23, 1998.

2. On November 15, 2022, Respondent entered into a Settlement Agreement with the IC and the Board approved the agreement on December 2, 2022. *See* **Exhibit 1** (Settlement Agreement and Order).

///

[1] The Investigative Committee of the Nevada State Board of Medical Examiners is composed of Board members Bret W. Frey, M.D., Carl N. Williams, Jr., M.D., FACS, and Col. Eric D. Wade, USAF (Ret.).

3. Per the terms of the Settlement Agreement, Respondent was to submit to and pass all five (5) sections of the Ethics and Boundaries Assessment Services (EBAS) examination within sixty (60) days of the Board's acceptance, adoption, and approval of the Agreement. The Settlement Agreement was approved and adopted on December 2, 2022, requiring completion of the terms on or before January 31, 2023.

4. Additionally, per the Settlement Agreement, Respondent was to perform ten (10) hours of Continuing Medical Education relating to best practices in medical record keeping within six (6) months from the date of the Board's acceptance, adoption, and approval of the Settlement Agreement. The Settlement Agreement was approved and adopted on December 2, 2022, requiring completion of ten (10) hours of Continuing Medical Education to be completed by June 2, 2023.

5. Pursuant to the Settlement Agreement and Order, Respondent agreed that should Respondent fail to comply with any of the terms or conditions of the Agreement, once the Agreement had been accepted, approved, and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in the State of Nevada pending an Order to Show Cause Hearing, which is hereby duly noticed.

6. Respondent registered for the EBAS examination on March 14, 2023, for an April 25, 2023, exam date.

7. On May 17, 2023, Board staff received notice from Ethics and Boundaries Assessment Services that the Respondent failed all five sections of the EBAS examination which took place on April 25, 2023.

8. On June 28, 2023, Respondent furnished a certificate of completion for the aforementioned hours of Continuing Medical Education with a completion date of June 26, 2023, twenty-four (24) days past the deadline stated in the Settlement Agreement and Order.

9. NRS 630.3065(2)(a) states in pertinent part that [e]xcept as otherwise provided in NRS 630.2672, knowingly or willfully failing to comply with: (a) [a] regulation, subpoena or order of the Board or a committee designated by the Board to investigate a complaint against a physician, constitutes grounds for initiating disciplinary action.

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Nevada State Board of Medical Examiners
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10. Based on the foregoing, the IC finds that Respondent, Ajumobi Charles Agu, M.D., has willfully and/or knowingly violated his Settlement Agreement and Board Order and is immediately suspended from the practice of medicine in the State of Nevada. *See* NRS 630.326(1); *see also* BME Case No. 22-12518-1 Settlement Agreement and Order attached hereto as Exhibit 1.

**ORDER**

**IT IS HEREBY ORDERED** that the license to practice medicine issued to Ajumobi Charles Agu, M.D. (No. 8857) by the State of Nevada Board of Medical Examiners is immediately **SUSPENDED** until further order of the IC or Board, and Respondent is prohibited from engaging in any acts that constitute the practice of medicine pursuant to NRS 630.020; and

**IT IS FURTHER ORDERED** that a hearing on this matter is set for the **27th day of July, 2023, at 2:00 p.m.,** at the Board's office located at 9600 Gateway Drive, Reno, Nevada 89521, to determine whether this suspension may continue, unless the parties mutually agree in writing to a different date and/or time. *See* NRS 630.326(2).

DATED this 30th day of June, 2023.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
BRET W. FREY, M.D.
*Chairman of the Investigative Committee*

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

# EXHIBIT 1

# EXHIBIT 1

# BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

| | |
|---|---|
| **In the Matter of Charges and Complaint Against:** **AJUMOBI CHARLES AGU, M.D., Respondent.** | **Case No. 22-12518-1** **FILED** DEC 0 2 2022 NEVADA STATE BOARD OF MEDICAL EXAMINERS By: |

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

## SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cumings, J.D., Deputy General Counsel for the Board and attorney for the IC, and Ajumobi Charles Agu, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Alia A. Najjar, M.D., Esq., of Ladah Law Firm, hereby enter into this Settlement Agreement (Agreement) based on the following:[1]

## A. BACKGROUND

2. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on November 23, 1998 (License No. 8857).

3. On July 29, 2022, in Case No. 22-12518-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges three (3) violations of NRS 630.301(4) Malpractice (Counts I, IV, VII); three (3) violations of NRS 630.3062(1)(a), Failure to Maintain Proper Medical Records (Counts II, V, VIII); and three (3) violations of NRS 630.306(1)(b)(2) Violation of Standards of Practice by Engaging in

[1] All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

the Practice of Writing Prescriptions for Controlled Substances in a Manner that Deviates from the Model Policy (Counts III, VI, IX). By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of this Complaint, has reviewed, and understands this Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of this Complaint.

5. Respondent is hereby advised of his rights regarding this administrative matter, and of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in this administrative matter as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at his own expense, in the preparation and presentation of his defense, the right to confront and cross-examine the witnesses and evidence against him, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

**B. TERMS & CONDITIONS**

**NOW, THEREFORE**, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction**. Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement**. Respondent acknowledges he is represented by counsel and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that he knowingly, willingly, and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights**. In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with this administrative matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him or that may apply to him in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed**. As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

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Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order**. In order to resolve this Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Counts I, II, V, VIII: one (1) violation of NRS 630.301(4) Malpractice and three (3) violations of NRS 630.3062(1)(a) Failure to Maintain Proper Medical Records.

b. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, the current amount being four thousand five hundred four dollars and thirty-four cents ($4,504.34).

c. Respondent shall pay a fine of four thousand five hundred dollars and zero cents ($4,500.00) within sixty (60) days of the Board's acceptance, adoption, and approval of this Agreement.

d. Respondent shall perform ten (10) hours of Continuing Medical Education (CME) relating to best practices in medical recordkeeping within six (6) months from the date of the Board's acceptance, adoption, and approval of this agreement. The aforementioned hours of CME shall be in addition to the CME requirements that are regularly imposed for licensure

e. The Respondent shall submit to and pass all five (5) sections of the Ethics and Boundaries Assessment Services (EBAS) examination within sixty (60) days of Board approval of this agreement to be paid for at the expense of the Respondent.

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f. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

g. Respondent shall receive a Public Letter of Reprimand.

h. The remaining counts of the Complaint, and any other claims arising from the Board's corresponding investigative case file(s), shall be dismissed with prejudice.

6. **Release from Liability**. In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement**. The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex-parté, without notice or opportunity to be heard on his part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to this matter. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this

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Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board**. In the event the Board accepts, approves, and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board**. In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering this Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect**. If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause**. The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the party's consent to such jurisdiction and agree that exclusive jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs**. The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply with Terms**. Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved, and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order to Show Cause Hearing, which will be duly noticed.

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Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 15th day of November, 2022.

INVESTIGATIVE COMMITTEE OF THE NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

IAN J. CUMINGS, J.D.
Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: icumings@medboard.nv.gov
*Attorney for the Investigative Committee*

DATED this 14th day of November, 2022.

LADAH LAW FIRM

By: Alia Najjar

ALIA A. NAJJAR, M.D., ESQ.
517 S. Third Street
Las Vegas, NV 89101
Tel: (702) 252-0055
Email: alia@ladahlaw.com
*Attorney for Respondent*

DATED this 14th day of November, 2021.

By: _____

AJUMOBI CHARLES AGU, M.D.,
Nevada License No. 8857
*Respondent*

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559



7/7 11-14-2022 14:32:43 17252049077

**ORDER**

**IT IS HEREBY ORDERED** that, the foregoing Settlement Agreement (Case No. 22-12518-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 2nd day of December, 2022.

DATED this 2nd day of December, 2022.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

AURY NAGY, M.D.
*Board President*

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 895521
(775) 688-2559

STEVE SISOLAK
Governor

HELEN PARK
*President*

J. DAVID WUEST
*Executive Secretary*

**STATE OF NEVADA**

**BOARD OF PHARMACY**

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

July 14, 2023

**VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO:**
ajumobiagu@yahoo.com

Ajumobi Charges Agu, MD
2235 East Flamingo Suite #128
Las Vegas, NV 89119

***Re: Suspension of Registration No. CS21324 (Case No. 22-535-CS-S)***

Dear Dr. Agu:

The Nevada State Board of Pharmacy (Board) has been notified by the Nevada State Board of Medical Examiners (NSBME) that your NSBME License No. 8857 to practice medicine in Nevada has been suspended in NSBME Case No. 23-12518-1.

Please be advised that pursuant to NRS 639.2107 the suspension of your NSBME License No. 8857 operates as an immediate suspension of your Certificate of Registration No. CS21324 with the Board. You may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until you petition the Board for reinstatement pursuant to NRS 639.2565 and the Board reinstates your certificate of registration. Your PMP account is also suspended pursuant to NAC 453.078.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

# BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

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| **In the Matter of the Charges and Complaint Against:** **AJUMOBI CHARLES AGU, M.D., Respondent.** | **Case No.: 23-12518-1** |

FILED

AUG 10 2023

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

## ORDER LIFTING SUMMARY SUSPENSION

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners having reviewed materials presented at the July 27, 2023 summary suspension hearing of Ajumobi Charles Agu, M.D (Dr. Agu) have concluded that Dr. Agu poses no imminent risk of harm to the health, safety, and welfare of the public or any patient. Accordingly, the IC hereby lifts the summary suspension of Dr. Agu's license to practice medicine in the State of Nevada and the license shall be Active effective the date of this Order.

**IT IS SO ORDERED.**

DATED this 10th day of August, 2023.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

BRET W. FREY, M.D.
*Chairman of the Investigative Committee*

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

# 5B

FILED
AUG 31 2023
NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

| | |
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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**ERIC TINGLEY, RPH,**<br>**Certificate of Registration No. 14697,**<br>**Respondent.** | **CASE NO. 22-465-RPH-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this respondent because at the time of the alleged events, Respondent Eric Tingley, RPH, held a Nevada pharmacist registration, Certificate of Registration No. 14697, issued by the Board.

## FACTUAL ALLEGATIONS

2. On or about October 22, 2019, in *United States v. Eric Tingley*, U.S. District Court for the District of Connecticut Case No. 3:18-cr-00130-RNC, Respondent pled guilty to possession with intent to distribute oxycodone and alprazolam, a felony, in violation of 21 U.S.C. 841 (a)(l), 841(b)(l)(C), and 841(b)(2).

3. On or about November 6, 2019, Board staff served Respondent with notice that his plea agreement and resulting felony conviction operates as an immediate suspension of his Certificate of Registration No. 14697 with the Board pursuant to NRS 639.2121, and that Respondent must immediately cease and desist the practice of pharmacy in Nevada.

## APPLICABLE LAW

4. The Board may suspend or revoke any license or registration upon a finding that the holder is not of good moral character and not fit to practice pharmacy. NRS 639.210(1).

5. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

6. Conviction of a felony related to controlled substances or any other crime involving moral turpitude, dishonesty or corruption is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(6) and (7)(a) and (c).

7. Conviction of a felony for a violation of any federal or state law involving drugs operates as an immediate suspension of any license or registration issued by the Board. NRS 639.2121.

## COUNT ONE
### Moral Character and Fitness

8. By his plea agreement and resulting felony conviction, Respondent is not of good moral character and not fit to practice pharmacy, and therefore subject to discipline pursuant to NRS 639.210(1)).

## COUNT TWO
### Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

9. By his plea agreement and resulting felony conviction, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(h) and is therefore subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

**COUNT THREE**
**Felony Conviction**

10. By his plea agreement and resulting felony conviction, Respondent is subject to discipline pursuant to NRS 639.210(6) and (7)(a) and (c).

11. The pre-hearing suspension of Respondent's Certificate of Registration No. 14697 pursuant to NRS 233B.127(3) and/or NRS 639.2121 is subject to review by the Board. *Barry v. Barchi*, 443 U.S. 55, 99 S. Ct. 2642 (1979); *Spiegel v. Ryan*, 946 F.2d 1435, 1439 (9th Cir. 1991).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 30th day of AUGUST 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

# BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**ERIC TINGLEY, RPH,**<br>**Certificate of Registration No. 14697,**<br><br>**Respondent.** | **CASE NO. 22-465-RPH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 6, 2023, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of AUGUST, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br>**ERIC TINGLEY, RPH,**<br>**Certificate of Registration No. 14697,**<br><br>**Respondent.** | **CASE NO. 22-465-RPH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

**ERIC TINGLEY, RPH**

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of August 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Eric Tingley, RPH
[redacted]Seven Hills Dr.[redacted]
Pahrump, NV 89048

SHIRLEY HUNTING

UNITED STATES DISTRICT COURT
DISTRICT OF CONNECTICUT

Grand Jury N-18-3

| | | |
|---|---|---|
| UNITED STATES OF AMERICA | : | No. 3:18cr80 (RNC) |
| | : | |
| v. | : | VIOLATIONS: |
| | : | |
| ERIC TINGLEY | : | 21 U.S.C. §§ 841(a)(1), (b)(1)(C), and (b)(2) (Possession with Intent to Distribute Oxycodone and Alprazolam) |
| | : | |
| | : | 21 U.S.C. §§ 843(a)(3) and (d)(1) (Obtaining Oxycodone and Alprazolam by Fraud and Forgery) |

FILED
2018 JUN 20 P 12:51
U.S. DISTRICT COURT
NEW HAVEN, CT

INDICTMENT

The Grand Jury charges:

GENERAL ALLEGATIONS

1. At all relevant times, the defendant, ERIC TINGLEY ("TINGLEY"), was a pharmacist licensed by the State of Connecticut to dispense controlled substances to persons who presented valid prescriptions for such controlled substances. TINGLEY was employed at a pharmacy in Norwich, Connecticut.

2. Between in or about October 2016 and in or about July 2017, on approximately 182 occasions, TINGLEY forged prescriptions and/or falsified pharmacy records to obtain Oxycodone, a Schedule II controlled substance. During the same period, on approximately 26 occasions, TINGLEY forged prescriptions and/or falsified pharmacy records to obtain Alprazolam, a Schedule IV controlled substance.

3. In total, by means of the forged prescriptions and/or falsified pharmacy records, TINGLEY unlawfully obtained approximately 232 Oxycodone 10 milligram

("mg") tablets; 18,013 Oxycodone 15 mg tablets; 200 Oxycodone 20 mg tablets; 16,305 Oxycodone 30 mg tablets; 310 Oxycodone-Acetaminophen 10-325 mg tablets; and 2,095 Alprazolam 2 mg tablets.

4. TINGLEY diverted the Oxycodone and Alprazolam tablets he obtained by means of the forged prescriptions and/or falsified pharmacy records for his own benefit.

COUNT ONE
(Possession with Intent to Distribute Oxycodone and Alprazolam)

5. The allegations in Paragraphs 1 through 4 are reincorporated as if fully stated herein.

6. Between in or about October 2016 and in or about July 2017, in the District of Connecticut, TINGLEY knowingly and intentionally possessed with intent to distribute Oxycodone, a Schedule II controlled substance, and Alprazolam, a Schedule IV controlled substance, outside the scope of professional practice and not for a legitimate medical purpose.

In violation of Title 21, United States Code, Sections 841(a)(1), (b)(1)(C), and (b)(2).

COUNTS TWO THROUGH TWELVE
(Obtaining Oxycodone and Alprazolam by Fraud and Forgery)

7. The allegations in Paragraphs 1 through 4 are reincorporated as if fully stated herein.

8. Between in or about October 2016 and in or about July 2017, in the District of Connecticut, TINGLEY knowingly and intentionally acquired and obtained possession of tablets containing Oxycodone, a Schedule II controlled substance, and

tablets containing Alprazolam, a Schedule IV controlled substance, by misrepresentation, fraud, forgery, deception, and subterfuge, that is, by forging prescriptions and/or falsifying pharmacy records, including but not limited to on or about the following specific dates:

| Count | Date | Drug Tablet Type | Quantity | Prescription Number |
|---|---|---|---|---|
| 2 | 10/27/2016 | Oxycodone 15 mg | 150 | Rx #23513 |
| 3 | 11/4/2016 | Oxycodone 15 mg | 120 | Rx #23878 |
| 4 | 12/21/2016 | Oxycodone 30mg | 150 | Rx #26156 |
| 5 | 1/31/2017 | Oxycodone 15 mg | 150 | Rx #28261 |
| 6 | 3/31/2017 | Alprazolam 2 mg | 90 | Rx #31394 |
| 7 | 4/5/2017 | Oxycodone 15 mg | 240 | Rx #31634 |
| 8 | 4/5/2017 | Oxycodone 15 mg | 210 | Rx #31635 |
| 9 | 4/5/2017 | Oxycodone 30 mg | 240 | Rx #31636 |
| 10 | 4/16/2017 | Oxycodone 15 mg | 240 | Rx #32139 |
| 11 | 5/11/2017 | Oxycodone 15 mg | 210 | Rx #33842 |
| 12 | 7/14/2017 | Oxycodone 30 mg | 240 | Rx #37273 |

All in violation of Title 21, United States Code, Sections 843(a)(3) and (d)(1).

FORFEITURE ALLEGATION
(Controlled Substance Offenses)

9. Upon conviction of one or more of the controlled substance offenses alleged in Counts One through Twelve of this Indictment, TINGLEY shall forfeit to the United States, pursuant to Title 21, United States Code, Section 853, all right, title, and

interest in any property constituting, or derived from, proceeds obtained, directly or indirectly, as a result of the violations of Title 21, United States Code, Sections 841 and 843, and any property used, or intended to be used, in any manner or part, to commit, or to facilitate the commission of, the said violations, and a sum of money equal to the total amount of proceeds obtained as a result of the offenses.

10. If any of the above-described forfeitable property, as a result of any act or omission of the said defendant named in this Indictment: (a) cannot be located upon the exercise of due diligence; (b) has been transferred or sold to, or deposited with, a third person; (c) has been placed beyond the jurisdiction of the United States District Court for the District of Connecticut; (d) has been substantially diminished in value; or (e) has been commingled with other property that cannot be subdivided without difficulty; it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), to seek forfeiture of any other property of the said defendant, up to the value of the above-described forfeitable property.

All in accordance with Title 21, United States Code, Section 853 and Rule 32.2(a) of the Federal Rules of Criminal Procedure.

A TRUE BILL

FOREPERSON

UNITED STATES OF AMERICA

JOHN H. DURHAM
UNITED STATES ATTORNEY

AVI M. PERRY
ASSISTANT UNITED STATES ATTORNEY

JOHN T. PIERPONT, JR.
ASSISTANT UNITED STATES ATTORNEY

**U.S. Department of Justice**

*United States Attorney*
*District of Connecticut*

*Connecticut Financial Center*
*157 Church Street, 25th Floor*
*New Haven, Connecticut 06510*

*(203)821-3700*
*Fax (203) 773-5376*
*www.justice.gov/usao/ct*

October 22, 2019

Allison Near, Esq.
Assistant Federal Public Defender
265 Church St # 702
New Haven, CT 06510

Re: *United States v. Eric Tingley*
Criminal No. 3:18cr130(RNC)

Dear Attorney Near:

This letter confirms the plea agreement between your client, Eric Tingley (the "defendant"), and the United States Attorney's Office for the District of Connecticut (the "Government") in this criminal matter.

**THE PLEA AND OFFENSE**

In consideration for the benefits offered under this agreement, the defendant agrees to plead guilty to Count One of the indictment charging him with possession with intent to distribute oxycodone and alprazolam, in violation of 21 U.S.C. §§ 841(a)(1), 841(b)(1)(C), and 841(b)(2).

The defendant understands that, to be guilty of this offense, the following essential elements must be satisfied:

1. From in or about October 2016 until in or about July 2017, the defendant possessed two controlled substances, namely oxycodone and alprazolam;

2. The defendant knew the substances he possessed were oxycodone and alprazolam

3. The defendant knowingly and intentionally possessed the substances with the intent to distribute it

## THE PENALTIES

Imprisonment

This offense carries a maximum penalty of 20 years of imprisonment.

Supervised Release

In addition, the Court must impose a term of supervised release of at least 3 years and as much as life to begin after any term of imprisonment.

The defendant understands that, should he violate any condition of supervised release, he may be required to serve a further term of imprisonment of up to 2 years per violation pursuant to 18 U.S.C. § 3583 with no credit for time already spent on supervised release.

Fine

This offense carries a maximum fine of $1,000,000. The defendant is also subject to the alternative fine provision of 18 U.S.C. § 3571. Under this section, the maximum fine that may be imposed on the defendant is the greatest of the following amounts: (1) twice the gross gain to the defendant resulting from the offense; (2) twice the gross loss resulting from the offense; (3) $250,000; or (4) the amount specified in the section defining the offense, which is $1,000,000.

Special Assessment

In addition, the defendant is obligated by 18 U.S.C. § 3013 to pay a special assessment of $100. The defendant agrees to pay the special assessment to the Clerk of the Court on the day the guilty plea is accepted.

Restitution

The parties agree that restitution is not applicable in this case.

Interest, penalties and fines

Unless otherwise ordered, should the Court impose a fine or restitution of more than $2,500 as part of the sentence, interest will be charged on the unpaid balance of the fine or restitution not paid within 15 days after the judgment date. 18 U.S.C. § 3612(f). Other penalties and fines may be assessed on the unpaid balance of a fine or restitution pursuant to 18 U.S.C. § 3572(h), (*i*) and § 3612(g).

**THE SENTENCING GUIDELINES**

Applicability

The defendant understands that the Court is required to consider any applicable Sentencing Guidelines as well as other factors enumerated in 18 U.S.C. § 3553(a) to tailor an appropriate sentence in this case and is not bound by this plea agreement. The defendant agrees that the Sentencing Guideline determinations will be made by the Court, by a preponderance of the evidence, based upon input from the defendant, the Government, and the United States Probation Office. The defendant further understands that he has no right to withdraw his guilty plea if his sentence or the Guideline application is other than he anticipated, including if the sentence is outside any of the ranges set forth in this agreement.

Acceptance of Responsibility

At this time, the Government agrees to recommend that the Court reduce by two levels the defendant's adjusted offense level under § 3E1.1(a) of the Sentencing Guidelines, based on the defendant's prompt recognition and affirmative acceptance of personal responsibility for the offense. Moreover, should the defendant qualify for a decrease under § 3E1.1(a) and his offense level determined prior to the operation of subsection (a) is level 16 or greater, the Government will file a motion with the Court pursuant to § 3E1.1(b) which recommends that the Court reduce the defendant's Adjusted Offense Level by one additional level based on his prompt notification of his intention to enter a plea of guilty. The defendant understands that the Court is not obligated to accept the Government's recommendations on the reductions.

The above-listed recommendations are conditioned upon the defendant's affirmative demonstration of acceptance of responsibility, by (1) truthfully admitting the conduct comprising the offense(s) of conviction and truthfully admitting or not falsely denying any additional relevant conduct for which the defendant is accountable under § 1B1.3 of the Sentencing Guidelines, and (2) truthfully disclosing to the United States Attorney's Office and the United States Probation Office personal information requested, including the submission of a complete and truthful financial statement detailing the defendant's financial condition. The defendant expressly authorizes the United States Attorney's Office to obtain a credit report concerning the defendant.

In addition, the Government expressly reserves the right to seek denial of the adjustment for acceptance of responsibility if the defendant engages in any acts, unknown to the Government at the time of the signing of this agreement, which (1) indicate that the defendant has not terminated or withdrawn from criminal conduct or associations (§ 3E1.1 of the Sentencing Guidelines); (2) could provide a basis for an adjustment for obstructing or impeding the administration of justice

(§ 3C1.1 of the Sentencing Guidelines); or (3) constitute a violation of any condition of release. Moreover, the Government reserves the right to seek denial of the adjustment for acceptance of responsibility if the defendant seeks to withdraw his guilty plea or takes a position at sentencing, or otherwise, which, in the Government's assessment, is inconsistent with affirmative acceptance of personal responsibility. The defendant understands that he may not withdraw his plea of guilty if, for the reasons explained above, the Government does not make one or both of the recommendations or seeks denial of the adjustment for acceptance of responsibility.

Determination of Drug Quantity

The parties agree and acknowledge that the determination of the quantity of oxycodone and alprazolam which was part of the defendant's relevant and readily foreseeable conduct as to the offense charged in Count One will be determined by the Court at sentencing by a preponderance of the evidence standard.

The parties agree and stipulate that the quantity of oxycodone which was part of the defendant's relevant and readily foreseeable conduct as to the offense charged in Count One was between 448 grams and 940 grams (corresponding to between approximately 3,001 kilograms and 6,298 kilograms of Converted Drug Weight under the Drug Equivalency Tables in the Sentencing Guidelines), and the quantity of alprazolam which was part of the defendant's relevant and readily foreseeable conduct was approximately 4 grams (corresponding to approximately 8 kilograms of Converted Drug Weight).

The defendant waives any right to a jury trial or a sentencing hearing on these issues.

Stipulation

Pursuant to § 6B1.4 of the Sentencing Guidelines, the defendant and the Government have entered into the attached stipulation, which is a part of this plea agreement. The defendant understands that this stipulation does not set forth all of the relevant conduct and characteristics that may be considered by the Court for purposes of sentencing. The defendant understands that this stipulation is not binding on the Court. The defendant also understands that the Government and the United States Probation Office are obligated to advise the Court of any additional relevant facts that subsequently come to their attention.

Guideline Stipulation

The parties agree as follows:

The Guidelines Manual in effect on the date of sentencing is used to determine the applicable Guidelines range.

The defendant's base offense level under U.S.S.G. § 2D1.1 is 32. That level is increased by 2, because the defendant abused a position of trust and/or used a special skill in a manner that significantly facilitated the commission of the offense. U.S.S.G. § 3B1.1. The defendant's level is decreased by 2 under the so-called 'safety valve' provision of U.S.S.G. § 2D1.1(b)(18) and 5C1.2 because the parties agree that the defendant has met the five criteria of U.S.S.G. § 5C1.2. Three levels are subtracted under U.S.S.G. § 3E1.1 for acceptance of responsibility, as noted above, resulting in a total offense level of 29.

Based on an initial assessment, the parties agree that the defendant falls within Criminal History Category I. The parties reserve the right to recalculate the defendant's Criminal History Category and corresponding sentencing ranges if this initial assessment proves inaccurate.

A total offense level of 29, assuming a Criminal History Category I, would result in a range of 87 to 108 months of imprisonment (sentencing table) and a fine range of $30,000 to $300,000, U.S.S.G. § 5E1.2(c)(3). The defendant is also subject to a supervised release term of at least 3 years. U.S.S.G. § 5D1.2.

The Government and the defendant reserve their rights to seek a departure or a non-Guidelines sentence, and both sides reserve their right to object to a departure or a non-Guidelines sentence.

The defendant understands that the Court is not bound by this agreement on the Guideline ranges specified above. The defendant further understands that he will not be permitted to withdraw the guilty plea if the Court imposes a sentence outside any of the ranges set forth in this agreement.

In the event the United States Probation Office or the Court contemplates any sentencing calculations different from those stipulated by the parties, the parties reserve the right to respond to any inquiries and make appropriate legal arguments regarding the proposed alternate calculations. Moreover, the parties reserve the right to defend any sentencing determination, even if it differs from that stipulated by the parties, in any post-sentencing proceeding.

Information to the Court

The Government reserves its right to address the Court with respect to an appropriate sentence to be imposed in this case. Moreover, the Government will discuss the facts of this case, including information regarding the defendant's background and character, 18 U.S.C. § 3661, with the United States Probation Office

and will provide the Probation Officer with access to material in its file, with the exception of grand jury material.

**WAIVER OF RIGHTS**

The defendant acknowledges and agrees that he is knowingly, intelligently, and voluntarily waiving the following rights:

Waiver of Trial Rights and Consequences of Guilty Plea

The defendant understands that he has the right to be represented by an attorney at every stage of the proceeding and, if necessary, one will be appointed to represent him.

The defendant understands that he has the right to plead not guilty or to persist in that plea if it has already been made, the right to a public trial, the right to be tried by a jury with the assistance of counsel, the right to confront and cross-examine the witnesses against him, the right not to be compelled to incriminate himself, the right to testify and present evidence, and the right to compel the attendance of witnesses to testify in his defense. The defendant understands that by pleading guilty he waives those rights and that, if the plea of guilty is accepted by the Court, there will not be a further trial of any kind.

The defendant understands that, if he pleads guilty, the Court may ask him questions about each offense to which he pleads guilty, and if he answers those questions falsely under oath, on the record, and in the presence of counsel, his answers may later be used against him in a prosecution for perjury or making false statements.

Waiver of Statute of Limitations

The defendant agrees that, should the conviction following defendant's guilty plea be vacated for any reason, then any prosecution that is not time-barred by the applicable statute of limitations on the date of the signing of this plea agreement (including any indictment or counts the Government has agreed to dismiss at sentencing pursuant to this plea agreement) may be commenced or reinstated against the defendant, notwithstanding the expiration of the statute of limitations between the signing of this plea agreement and the commencement or reinstatement of such prosecution. The defendant agrees to waive all defenses based on the statute of limitations with respect to any prosecution that is not time-barred on the date the plea agreement is signed.

Waiver of Right to Challenge Conviction

The defendant acknowledges that under certain circumstances he is entitled to challenge his conviction. By pleading guilty, the defendant waives his right to appeal or collaterally attack his conviction in any proceeding, including but not limited to a motion under 28 U.S.C. § 2255 and/or § 2241. In addition to any other claims he might raise, the defendant waives his right to challenge his conviction based on (1) any non-jurisdictional defects in the proceedings before entry of this plea, (2) a claim that the statute(s) to which the defendant is pleading guilty is unconstitutional, and (3) a claim that the admitted conduct does not fall within the scope of the statute. This waiver does not preclude the defendant from raising a claim of ineffective assistance of counsel in an appropriate forum.

Waiver of Right to Appeal or Collaterally Attack Sentence

The parties reserve their respective rights to appeal and to oppose each other's appeal of the sentence imposed as permitted by 18 U.S.C. § 3742.

## ACKNOWLEDGMENT OF GUILT AND VOLUNTARINESS OF PLEA

The defendant acknowledges that he is entering into this agreement and is pleading guilty freely and voluntarily because he is guilty. The defendant further acknowledges that he is entering into this agreement without reliance upon any discussions between the Government and him (other than those described in the plea agreement letter), without promise of benefit of any kind (other than the concessions contained in the plea agreement letter), and without threats, force, intimidation, or coercion of any kind. The defendant further acknowledges his understanding of the nature of the offense to which he is pleading guilty, including the penalties provided by law. The defendant also acknowledges his complete satisfaction with the representation and advice received from his undersigned attorney. The defendant and his undersigned counsel are unaware of any conflict of interest concerning counsel's representation of the defendant in the case.

The defendant acknowledges that he is not a "prevailing party" within the meaning of Public Law 105-119, section 617 ("the Hyde Amendment") with respect to the count of conviction or any other count or charge that may be dismissed pursuant to this agreement. The defendant voluntarily, knowingly, and intelligently waives any rights he may have to seek attorney's fees and other litigation expenses under the Hyde Amendment.

## SCOPE OF THE AGREEMENT

The defendant acknowledges that this agreement is limited to the undersigned parties and cannot bind any other federal authority, or any state or local authority.

The defendant acknowledges that no representations have been made to him with respect to any civil or administrative consequences that may result from this plea of guilty because such matters are solely within the province and discretion of the specific administrative or governmental entity involved. Finally, the defendant acknowledges that this agreement has been reached without regard to any civil tax matters that may be pending or which may arise involving him.

## COLLATERAL CONSEQUENCES

The defendant understands that he will be adjudicated guilty of each offense to which he has pleaded guilty, may thereby be deprived of certain federal benefits as provided in 21 U.S.C. § 862, and will be deprived of certain rights, such as the right to hold public office, to serve on a jury, to possess firearms and ammunition, and in some states, the right to vote. Further, the defendant understands that if he is not a citizen of the United States, a plea of guilty may result in removal from the United States, denial of citizenship, and denial of admission to the United States in the future. The defendant understands that pursuant to section 203(b) of the Justice For All Act, the Federal Bureau of Prisons or the United States Probation Office will collect a DNA sample from the defendant for analysis and indexing. Finally, the defendant understands that the Government reserves the right to notify any state or federal agency by which he is licensed, or with which he does business, as well as any current or future employer of the fact of his conviction.

## SATISFACTION OF FEDERAL CRIMINAL LIABILITY; BREACH

The defendant's guilty plea, if accepted by the Court, will satisfy the federal criminal liability of the defendant in the District of Connecticut as a result of his participation in the conduct which forms the basis of the indictment in this case, as well as any additional conduct described in the Stipulation of Offense Conduct and Relevant Conduct. After sentencing, the Government will move to dismiss Counts Two through Twelve of the indictment, because the conduct underlying the dismissed counts will have been taken into account in determining the appropriate sentence.

The defendant understands that if, before sentencing, he violates any term or condition of this agreement, engages in any criminal activity, or fails to appear for sentencing, the Government may void all or part of this agreement. If the agreement is voided in whole or in part, the defendant will not be permitted to withdraw his guilty plea.

**NO OTHER PROMISES**

The defendant acknowledges that no other promises, agreements, or conditions have been entered into other than those set forth in this plea agreement, and none will be entered into unless set forth in writing, signed by all the parties.

This letter shall be presented to the Court, in open court, and filed in this case.

Very truly yours,

JOHN H. DURHAM
UNITED STATES ATTORNEY

JOHN T. PIERPONT, JR.
ASSISTANT UNITED STATES ATTORNEY

The defendant certifies that he has read this plea agreement letter and its attachment(s) or has had it read or translated to him, that he has had ample time to discuss this agreement and its attachment(s) with counsel and that he fully understands and accepts its terms.

ERIC TINGLEY
The Defendant

10/22/19
Date

I have thoroughly read, reviewed and explained this plea agreement and its attachment(s) to my client who advises me that he understands and accepts its terms.

ALLISON NEAR, ESQ.
Attorney for the Defendant

10/22/19
Date

**STIPULATION OF OFFENSE CONDUCT AND RELEVANT CONDUCT**

The defendant and the Government stipulate to the following offense conduct and relevant conduct that give rise to the defendant's agreement to plead guilty to Count One of the indictment:

Between approximately October 2016 and July 2017, the defendant, who was employed at the time as a pharmacist in Norwich, Connecticut, forged prescriptions and falsified pharmacy records to obtain oxycodone and alprazolam from the pharmacy where he was employed.

Between approximately February 2018 and June 2018, the defendant, who was employed at the time as a pharmacist in Las Vegas, Nevada, forged prescriptions and falsified pharmacy records to obtain oxycodone from the pharmacy where he was employed.

In total, between approximately October 2016 and June 2018, the quantity of oxycodone which was part of the defendant's relevant and readily foreseeable conduct was between 448 grams and 940 grams (corresponding to between approximately 3,001 kilograms and 6,298 kilograms of Converted Drug Weight under the Drug Equivalency Tables in the Sentencing Guidelines), and the quantity of alprazolam which was part of the defendant's relevant and readily foreseeable conduct was approximately 4 grams (corresponding to approximately 8 kilograms of Converted Drug Weight).

This written stipulation is part of the plea agreement. The defendant and the Government reserve their right to present additional offense conduct and relevant conduct to the Court in connection with sentencing.

ERIC TINGLEY
The Defendant

JOHN T. PIERPONT, JR.
ASSISTANT UNITED STATES ATTORNEY

ALLISON NEAR, ESQ.
Attorney for the Defendant

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway – Suite 206 • Reno, NV 89521
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
• Web Page: bop.nv.gov

November 6, 2019

**VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL TO:** [redacted]

Eric Tingley
[redacted] Seven Hills Drive [redacted]
Henderson NV 89052

***Re: Suspension of Certificate of Registration No. 14697***

Dear Mr. Tingley:

The Nevada State Board of Pharmacy (Board) has been notified by the U.S. Department of Justice that you have pled guilty to a felony for a violation of 21 U.S.C. §§ 841(a)(l), 841(b)(l)(C), and 841(b)(2) (documentation enclosed).

Please be advised that pursuant to NRS 639.2121 your plea agreement operates as an immediate suspension of your Certificate of Registration No. 14697 with the Board. Furthermore, your access to the Nevada Prescription Monitoring Program (PMP) database is terminated effective immediately since you are no longer authorized to access the PMP pursuant to NRS 453.221.

You may request a hearing before the Board to contest the suspension of your registration by submitting a written request to the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Please be aware that the forgoing does not preclude a formal investigation or filing of an accusation pursuant to NRS 639.241. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Enclosure

**U.S. Department of Justice**

*United States Attorney*
*District of Connecticut*

*Connecticut Financial Center* *(203)821-3700*
*157 Church Street, 25th Floor* *Fax (203) 773-5376*
*New Haven, Connecticut 06510* *www.justice.gov/usao/ct*

October 22, 2019

Allison Near, Esq.
Assistant Federal Public Defender
265 Church St # 702
New Haven, CT 06510

Re: *United States v. Eric Tingley*
Criminal No. 3:18cr130(RNC)

Dear Attorney Near:

This letter confirms the plea agreement between your client, Eric Tingley (the "defendant"), and the United States Attorney's Office for the District of Connecticut (the "Government") in this criminal matter.

**THE PLEA AND OFFENSE**

In consideration for the benefits offered under this agreement, the defendant agrees to plead guilty to Count One of the indictment charging him with possession with intent to distribute oxycodone and alprazolam, in violation of 21 U.S.C. §§ 841(a)(1), 841(b)(1)(C), and 841(b)(2).

The defendant understands that, to be guilty of this offense, the following essential elements must be satisfied:

1. From in or about October 2016 until in or about July 2017, the defendant possessed two controlled substances, namely oxycodone and alprazolam;

2. The defendant knew the substances he possessed were oxycodone and alprazolam

3. The defendant knowingly and intentionally possessed the substances with the intent to distribute it

**THE PENALTIES**

Imprisonment

This offense carries a maximum penalty of 20 years of imprisonment.

Supervised Release

In addition, the Court must impose a term of supervised release of at least 3 years and as much as life to begin after any term of imprisonment.

The defendant understands that, should he violate any condition of supervised release, he may be required to serve a further term of imprisonment of up to 2 years per violation pursuant to 18 U.S.C. § 3583 with no credit for time already spent on supervised release.

Fine

This offense carries a maximum fine of $1,000,000. The defendant is also subject to the alternative fine provision of 18 U.S.C. § 3571. Under this section, the maximum fine that may be imposed on the defendant is the greatest of the following amounts: (1) twice the gross gain to the defendant resulting from the offense; (2) twice the gross loss resulting from the offense; (3) $250,000; or (4) the amount specified in the section defining the offense, which is $1,000,000.

Special Assessment

In addition, the defendant is obligated by 18 U.S.C. § 3013 to pay a special assessment of $100. The defendant agrees to pay the special assessment to the Clerk of the Court on the day the guilty plea is accepted.

Restitution

The parties agree that restitution is not applicable in this case.

Interest, penalties and fines

Unless otherwise ordered, should the Court impose a fine or restitution of more than $2,500 as part of the sentence, interest will be charged on the unpaid balance of the fine or restitution not paid within 15 days after the judgment date. 18 U.S.C. § 3612(f). Other penalties and fines may be assessed on the unpaid balance of a fine or restitution pursuant to 18 U.S.C. § 3572(h), (*i*) and § 3612(g).

**THE SENTENCING GUIDELINES**

Applicability

The defendant understands that the Court is required to consider any applicable Sentencing Guidelines as well as other factors enumerated in 18 U.S.C. § 3553(a) to tailor an appropriate sentence in this case and is not bound by this plea agreement. The defendant agrees that the Sentencing Guideline determinations will be made by the Court, by a preponderance of the evidence, based upon input from the defendant, the Government, and the United States Probation Office. The defendant further understands that he has no right to withdraw his guilty plea if his sentence or the Guideline application is other than he anticipated, including if the sentence is outside any of the ranges set forth in this agreement.

Acceptance of Responsibility

At this time, the Government agrees to recommend that the Court reduce by two levels the defendant's adjusted offense level under § 3E1.1(a) of the Sentencing Guidelines, based on the defendant's prompt recognition and affirmative acceptance of personal responsibility for the offense. Moreover, should the defendant qualify for a decrease under § 3E1.1(a) and his offense level determined prior to the operation of subsection (a) is level 16 or greater, the Government will file a motion with the Court pursuant to § 3E1.1(b) which recommends that the Court reduce the defendant's Adjusted Offense Level by one additional level based on his prompt notification of his intention to enter a plea of guilty. The defendant understands that the Court is not obligated to accept the Government's recommendations on the reductions.

The above-listed recommendations are conditioned upon the defendant's affirmative demonstration of acceptance of responsibility, by (1) truthfully admitting the conduct comprising the offense(s) of conviction and truthfully admitting or not falsely denying any additional relevant conduct for which the defendant is accountable under § 1B1.3 of the Sentencing Guidelines, and (2) truthfully disclosing to the United States Attorney's Office and the United States Probation Office personal information requested, including the submission of a complete and truthful financial statement detailing the defendant's financial condition. The defendant expressly authorizes the United States Attorney's Office to obtain a credit report concerning the defendant.

In addition, the Government expressly reserves the right to seek denial of the adjustment for acceptance of responsibility if the defendant engages in any acts, unknown to the Government at the time of the signing of this agreement, which (1) indicate that the defendant has not terminated or withdrawn from criminal conduct or associations (§ 3E1.1 of the Sentencing Guidelines); (2) could provide a basis for an adjustment for obstructing or impeding the administration of justice

(§ 3C1.1 of the Sentencing Guidelines); or (3) constitute a violation of any condition of release. Moreover, the Government reserves the right to seek denial of the adjustment for acceptance of responsibility if the defendant seeks to withdraw his guilty plea or takes a position at sentencing, or otherwise, which, in the Government's assessment, is inconsistent with affirmative acceptance of personal responsibility. The defendant understands that he may not withdraw his plea of guilty if, for the reasons explained above, the Government does not make one or both of the recommendations or seeks denial of the adjustment for acceptance of responsibility.

Determination of Drug Quantity

The parties agree and acknowledge that the determination of the quantity of oxycodone and alprazolam which was part of the defendant's relevant and readily foreseeable conduct as to the offense charged in Count One will be determined by the Court at sentencing by a preponderance of the evidence standard.

The parties agree and stipulate that the quantity of oxycodone which was part of the defendant's relevant and readily foreseeable conduct as to the offense charged in Count One was between 448 grams and 940 grams (corresponding to between approximately 3,001 kilograms and 6,298 kilograms of Converted Drug Weight under the Drug Equivalency Tables in the Sentencing Guidelines), and the quantity of alprazolam which was part of the defendant's relevant and readily foreseeable conduct was approximately 4 grams (corresponding to approximately 8 kilograms of Converted Drug Weight).

The defendant waives any right to a jury trial or a sentencing hearing on these issues.

Stipulation

Pursuant to § 6B1.4 of the Sentencing Guidelines, the defendant and the Government have entered into the attached stipulation, which is a part of this plea agreement. The defendant understands that this stipulation does not set forth all of the relevant conduct and characteristics that may be considered by the Court for purposes of sentencing. The defendant understands that this stipulation is not binding on the Court. The defendant also understands that the Government and the United States Probation Office are obligated to advise the Court of any additional relevant facts that subsequently come to their attention.

Guideline Stipulation

The parties agree as follows:

The Guidelines Manual in effect on the date of sentencing is used to determine the applicable Guidelines range.

The defendant's base offense level under U.S.S.G. § 2D1.1 is 32. That level is increased by 2, because the defendant abused a position of trust and/or used a special skill in a manner that significantly facilitated the commission of the offense. U.S.S.G. § 3B1.1. The defendant's level is decreased by 2 under the so-called 'safety valve' provision of U.S.S.G. § 2D1.1(b)(18) and 5C1.2 because the parties agree that the defendant has met the five criteria of U.S.S.G. § 5C1.2. Three levels are subtracted under U.S.S.G. § 3E1.1 for acceptance of responsibility, as noted above, resulting in a total offense level of 29.

Based on an initial assessment, the parties agree that the defendant falls within Criminal History Category I. The parties reserve the right to recalculate the defendant's Criminal History Category and corresponding sentencing ranges if this initial assessment proves inaccurate.

A total offense level of 29, assuming a Criminal History Category I, would result in a range of 87 to 108 months of imprisonment (sentencing table) and a fine range of $30,000 to $300,000, U.S.S.G. § 5E1.2(c)(3). The defendant is also subject to a supervised release term of at least 3 years. U.S.S.G. § 5D1.2.

The Government and the defendant reserve their rights to seek a departure or a non-Guidelines sentence, and both sides reserve their right to object to a departure or a non-Guidelines sentence.

The defendant understands that the Court is not bound by this agreement on the Guideline ranges specified above. The defendant further understands that he will not be permitted to withdraw the guilty plea if the Court imposes a sentence outside any of the ranges set forth in this agreement.

In the event the United States Probation Office or the Court contemplates any sentencing calculations different from those stipulated by the parties, the parties reserve the right to respond to any inquiries and make appropriate legal arguments regarding the proposed alternate calculations. Moreover, the parties reserve the right to defend any sentencing determination, even if it differs from that stipulated by the parties, in any post-sentencing proceeding.

Information to the Court

The Government reserves its right to address the Court with respect to an appropriate sentence to be imposed in this case. Moreover, the Government will discuss the facts of this case, including information regarding the defendant's background and character, 18 U.S.C. § 3661, with the United States Probation Office

and will provide the Probation Officer with access to material in its file, with the exception of grand jury material.

**WAIVER OF RIGHTS**

The defendant acknowledges and agrees that he is knowingly, intelligently, and voluntarily waiving the following rights:

Waiver of Trial Rights and Consequences of Guilty Plea

The defendant understands that he has the right to be represented by an attorney at every stage of the proceeding and, if necessary, one will be appointed to represent him.

The defendant understands that he has the right to plead not guilty or to persist in that plea if it has already been made, the right to a public trial, the right to be tried by a jury with the assistance of counsel, the right to confront and cross-examine the witnesses against him, the right not to be compelled to incriminate himself, the right to testify and present evidence, and the right to compel the attendance of witnesses to testify in his defense. The defendant understands that by pleading guilty he waives those rights and that, if the plea of guilty is accepted by the Court, there will not be a further trial of any kind.

The defendant understands that, if he pleads guilty, the Court may ask him questions about each offense to which he pleads guilty, and if he answers those questions falsely under oath, on the record, and in the presence of counsel, his answers may later be used against him in a prosecution for perjury or making false statements.

Waiver of Statute of Limitations

The defendant agrees that, should the conviction following defendant's guilty plea be vacated for any reason, then any prosecution that is not time-barred by the applicable statute of limitations on the date of the signing of this plea agreement (including any indictment or counts the Government has agreed to dismiss at sentencing pursuant to this plea agreement) may be commenced or reinstated against the defendant, notwithstanding the expiration of the statute of limitations between the signing of this plea agreement and the commencement or reinstatement of such prosecution. The defendant agrees to waive all defenses based on the statute of limitations with respect to any prosecution that is not time-barred on the date the plea agreement is signed.

Waiver of Right to Challenge Conviction

The defendant acknowledges that under certain circumstances he is entitled to challenge his conviction. By pleading guilty, the defendant waives his right to appeal or collaterally attack his conviction in any proceeding, including but not limited to a motion under 28 U.S.C. § 2255 and/or § 2241. In addition to any other claims he might raise, the defendant waives his right to challenge his conviction based on (1) any non-jurisdictional defects in the proceedings before entry of this plea, (2) a claim that the statute(s) to which the defendant is pleading guilty is unconstitutional, and (3) a claim that the admitted conduct does not fall within the scope of the statute. This waiver does not preclude the defendant from raising a claim of ineffective assistance of counsel in an appropriate forum.

Waiver of Right to Appeal or Collaterally Attack Sentence

The parties reserve their respective rights to appeal and to oppose each other's appeal of the sentence imposed as permitted by 18 U.S.C. § 3742.

## ACKNOWLEDGMENT OF GUILT AND VOLUNTARINESS OF PLEA

The defendant acknowledges that he is entering into this agreement and is pleading guilty freely and voluntarily because he is guilty. The defendant further acknowledges that he is entering into this agreement without reliance upon any discussions between the Government and him (other than those described in the plea agreement letter), without promise of benefit of any kind (other than the concessions contained in the plea agreement letter), and without threats, force, intimidation, or coercion of any kind. The defendant further acknowledges his understanding of the nature of the offense to which he is pleading guilty, including the penalties provided by law. The defendant also acknowledges his complete satisfaction with the representation and advice received from his undersigned attorney. The defendant and his undersigned counsel are unaware of any conflict of interest concerning counsel's representation of the defendant in the case.

The defendant acknowledges that he is not a "prevailing party" within the meaning of Public Law 105-119, section 617 ("the Hyde Amendment") with respect to the count of conviction or any other count or charge that may be dismissed pursuant to this agreement. The defendant voluntarily, knowingly, and intelligently waives any rights he may have to seek attorney's fees and other litigation expenses under the Hyde Amendment.

## SCOPE OF THE AGREEMENT

The defendant acknowledges that this agreement is limited to the undersigned parties and cannot bind any other federal authority, or any state or local authority.

The defendant acknowledges that no representations have been made to him with respect to any civil or administrative consequences that may result from this plea of guilty because such matters are solely within the province and discretion of the specific administrative or governmental entity involved. Finally, the defendant acknowledges that this agreement has been reached without regard to any civil tax matters that may be pending or which may arise involving him.

**COLLATERAL CONSEQUENCES**

The defendant understands that he will be adjudicated guilty of each offense to which he has pleaded guilty, may thereby be deprived of certain federal benefits as provided in 21 U.S.C. § 862, and will be deprived of certain rights, such as the right to hold public office, to serve on a jury, to possess firearms and ammunition, and in some states, the right to vote. Further, the defendant understands that if he is not a citizen of the United States, a plea of guilty may result in removal from the United States, denial of citizenship, and denial of admission to the United States in the future. The defendant understands that pursuant to section 203(b) of the Justice For All Act, the Federal Bureau of Prisons or the United States Probation Office will collect a DNA sample from the defendant for analysis and indexing. Finally, the defendant understands that the Government reserves the right to notify any state or federal agency by which he is licensed, or with which he does business, as well as any current or future employer of the fact of his conviction.

**SATISFACTION OF FEDERAL CRIMINAL LIABILITY; BREACH**

The defendant's guilty plea, if accepted by the Court, will satisfy the federal criminal liability of the defendant in the District of Connecticut as a result of his participation in the conduct which forms the basis of the indictment in this case, as well as any additional conduct described in the Stipulation of Offense Conduct and Relevant Conduct. After sentencing, the Government will move to dismiss Counts Two through Twelve of the indictment, because the conduct underlying the dismissed counts will have been taken into account in determining the appropriate sentence.

The defendant understands that if, before sentencing, he violates any term or condition of this agreement, engages in any criminal activity, or fails to appear for sentencing, the Government may void all or part of this agreement. If the agreement is voided in whole or in part, the defendant will not be permitted to withdraw his guilty plea.

**NO OTHER PROMISES**

The defendant acknowledges that no other promises, agreements, or conditions have been entered into other than those set forth in this plea agreement, and none will be entered into unless set forth in writing, signed by all the parties.

This letter shall be presented to the Court, in open court, and filed in this case.

Very truly yours,

JOHN H. DURHAM
UNITED STATES ATTORNEY

JOHN T. PIERPONT, JR.
ASSISTANT UNITED STATES ATTORNEY

The defendant certifies that he has read this plea agreement letter and its attachment(s) or has had it read or translated to him, that he has had ample time to discuss this agreement and its attachment(s) with counsel and that he fully understands and accepts its terms.

ERIC TINGLEY
The Defendant

10/22/19
Date

I have thoroughly read, reviewed and explained this plea agreement and its attachment(s) to my client who advises me that he understands and accepts its terms.

ALLISON NEAR, ESQ.
Attorney for the Defendant

10/22/19
Date

**STIPULATION OF OFFENSE CONDUCT AND RELEVANT CONDUCT**

The defendant and the Government stipulate to the following offense conduct and relevant conduct that give rise to the defendant's agreement to plead guilty to Count One of the indictment:

Between approximately October 2016 and July 2017, the defendant, who was employed at the time as a pharmacist in Norwich, Connecticut, forged prescriptions and falsified pharmacy records to obtain oxycodone and alprazolam from the pharmacy where he was employed.

Between approximately February 2018 and June 2018, the defendant, who was employed at the time as a pharmacist in Las Vegas, Nevada, forged prescriptions and falsified pharmacy records to obtain oxycodone from the pharmacy where he was employed.

In total, between approximately October 2016 and June 2018, the quantity of oxycodone which was part of the defendant's relevant and readily foreseeable conduct was between 448 grams and 940 grams (corresponding to between approximately 3,001 kilograms and 6,298 kilograms of Converted Drug Weight under the Drug Equivalency Tables in the Sentencing Guidelines), and the quantity of alprazolam which was part of the defendant's relevant and readily foreseeable conduct was approximately 4 grams (corresponding to approximately 8 kilograms of Converted Drug Weight).

This written stipulation is part of the plea agreement. The defendant and the Government reserve their right to present additional offense conduct and relevant conduct to the Court in connection with sentencing.

ERIC TINGLEY
The Defendant

JOHN T. PIERPONT, JR.
ASSISTANT UNITED STATES ATTORNEY

ALLISON NEAR, ESQ.
Attorney for the Defendant

# 5C

FILED
AUG 30 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**SMITH'S PHARMACY #348,**<br>**Pharmacy License No. PH01097,**<br><br>**and,**<br><br>**D. MAHENDER NATH, RPH,**<br>**Certificate of Registration No. 09133,**<br><br>**Respondents.** | **CASE NOS. 20-217-PH-S**<br>**20-217-RPH-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent D. Mahender Nath ("Nath") because Nath holds a certificate of registration issued by the Board pursuant to NRS 639.127. Certificate of registration no. 09133 authorizes Nath to engage in the practice of pharmacy within Nevada.

2. The Board has personal jurisdiction over Respondent Smith's Pharmacy #348 ("Smith's Pharmacy") because Smith's Pharmacy holds a license issued by the Board pursuant to NRS 639.230. Pharmacy license no. PH01097 authorizes Smith's Pharmacy to operate a pharmacy at 1000 N. Green Valley Parkway in Henderson, Nevada.

3. The Board has jurisdiction over the subject matter of this accusation because, at the time of the violations alleged herein, Nath was a Nevada registered pharmacist engaged in the practice of pharmacy and employed by Smith's Pharmacy as a staff pharmacist and/or a managing pharmacist.

## FACTUAL ALLEGATIONS

*Prescription No. 4529270*

4. Between November 28, 2018, and April 12, 2019, practitioner JT treated patient LW for obesity. As part of the treatment plan, practitioner JT prescribed phentermine for patient LW. The federal Drug Enforcement Administration lists phentermine as a Schedule IV controlled substance. *See* 21 C.F.R. § 1308.14. Pursuant to NRS 453.166, the Board also lists phentermine as a Schedule IV controlled substance. *See* NAC 453.540(5).

5. Practitioner JT ordered phentermine for patient LW on March 19, 2019, issuing an electronic prescription to Smith's Pharmacy in which she instructed the responsible pharmacist to dispense a quantity of thirty tablets (37.5 mg) to be ingested once daily by patient LW for one month.

6. Smith's Pharmacy identified practitioner JT's order as prescription no. 4529270. In that order, practitioner JT authorized two refills for patient LW, each for the same dose and dosage as the initial 30-day supply. Smith's Pharmacy dispensed the initial supply and each of the two refills on March 19, 2019, May 15, 2019, and June 22, 2019, respectively.

*Prescription No. 4530039*

7. On August 16, 2019, someone telephoned Smith's Pharmacy claiming to be "Nikki" from practitioner JT's office. The caller left a voicemail indicating that practitioner JT had issued a prescription to patient LW for more phentermine. The purported dose and dosage were the same as for prescription no. 4529270, but the number of purported refills had increased from two to three.

8. In Nikki's message as described above, the caller neglected to provide the diagnostic code and the DEA registration number for the prescribing practitioner. Smith's Pharmacy records indicate that Nath or someone under Nath's supervision contacted a person named "Jessie" to obtain the diagnostic code for the alleged prescription. Nath and/or the person under Nath's supervision failed to inquire about the prescribing practitioner's DEA registration number.

9. Nath prepared a written record of the prescription allegedly communicated by Nikki and subsequently confirmed by Jessie, including the diagnostic code, but Nath omitted the prescribing

practitioner's DEA registration number. Smith's Pharmacy identified the alleged second order for phentermine as prescription number 4530039.

10. Based upon Nath's written record of prescription number 4530039, Smith's Pharmacy dispensed phentermine to patient LW, and/or to someone claiming to be patient LW, on August 24, 2019, October 18, 2019, November 27, 2019, and February 14, 2020.

*Prescription No. 4531170*

11. On April 7, 2020, someone telephoned Smith's Pharmacy claiming to be "Lorraine" from practitioner JT's office. The caller left a voicemail indicating that practitioner JT had issued a prescription to patient LW for more phentermine. The purported dose and dosage were the same as for prescription number 4529270. As with the call from Nikki on August 16, 2019, the caller named Lorraine requested three refills for patient LW.

12. In Lorraine's message as described above, the caller neglected to provide the diagnostic code and the DEA registration number for the prescribing practitioner. Smith's Pharmacy records indicate that Nath or someone under Nath's supervision contacted "Tyler" to obtain the diagnostic code for the alleged third prescription. Nath and/or the person under Nath's supervision failed to inquire about the prescribing practitioner's DEA registration number.

13. Nath prepared a written record of the prescription allegedly communicated by Lorraine and subsequently confirmed by Tyler, including the diagnostic code, but Nath once again omitted the prescribing practitioner's DEA registration number. Smith's Pharmacy identified the alleged third order for phentermine as prescription no. 4531170.

14. Based upon Nath's written record of prescription no. 4531170, Smith's Pharmacy dispensed phentermine to patient LW, and/or to someone claiming to be patient LW, on April 10, 2020, May 18, 2020, July 7, 2020, and August 20, 2020.

*Summary of Investigation*

15. In an interview with Board Investigator Kenneth Scheuber, practitioner JT stated that she has never employed a person named Nikki, Jessie, Lorraine, or Tyler. She further stated that she

did not issue prescription nos. 4530039 and 4531170. Practitioner JT confirmed that she issued prescription no. 4529270. According to practitioner JT, Smith's Pharmacy first alerted her about suspicious activity on September 24, 2020. Practitioner JT subsequently reviewed the history of her prescribing activity for patient LW and then made a complaint to the Henderson Police Department.

16. Patient LW admitted to Investigator Scheuber that she had acquired the phentermine dispensed by Smith's Pharmacy under prescription nos. 4529270, 4530039, and 4531170. Patient LW offered evasive responses to Investigator Scheuber's questions about who had issued prescription nos. 4530039 and 4531170, and under what circumstances.

17. Nath provided a written statement to Investigator Scheuber in which he acknowledged his role, as described above, in processing prescription nos. 4530039 and 4531170.

18. Smith's Pharmacy provided written records concerning prescription nos. 4529270, 4530039, and 4531170. Those records support the allegations stated above.

## APPLICABLE LAW

19. The Board may revoke or suspend the registration of any pharmacist who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4). Likewise, the Board may revoke or suspend the registration of any pharmacist who has violated any provision of Nevada law relating to prescription drugs. *See* NRS 639.210(12). In lieu of revoking or suspending such a pharmacist's registration, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

20. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to confer with the person writing, making, or ordering a prescription or chart order if there is an error or omission in it which should be questioned. *See* NAC 639.945(1)(e). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. *See* NAC 639.945(1)(i).

21. Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), pharmacy owners, managing pharmacists, and pharmacists are responsible for the acts and omissions of the pharmacy employees under their supervision or control.

22. Pursuant to NAC 435.440, a prescription for a controlled substance must include certain details about the prescription and the patient, including the ICD-10 code that corresponds to the diagnosis for which the controlled substance is prescribed, and the prescribing practitioner's DEA registration number. *See* NAC 453.440(1)(i) and (k).

23. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including, *but not limited to*, verifying the selection and strength of the drug, the dosage form, and the labeling of the prescription. NRS 639.252(2) (emphasis added).

24. Subject to enumerated exceptions, a prescription for a controlled substance must be given to a pharmacy by electronic transmission in accordance with the regulations adopted by the Board. *See* NRS 639.23535(1). If a pharmacist receives a prescription transmitted via the oral order of a practitioner or the practitioner's agent (as opposed to electronic transmission), the pharmacist must record the name of the person who orally transmitted the prescription. *See* NAC 639.7125.

25. A pharmacist shall not fill a prescription for a controlled substance if the prescription shows evidence of alteration, erasure, or addition, unless the pharmacist obtains approval of the practitioner who issued the prescription. NRS 453.431(3).

## COUNT ONE

**Unprofessional Conduct by a Pharmacist-Failure to Confer**

26. On or about August 16, 2019, Nath engaged in unprofessional conduct because he failed to confer directly with practitioner JT, the person who ostensibly issued prescription no. 4530039, regarding omissions that Nath should reasonably have questioned.

27. Omissions that Nath should reasonably have questioned were: 1) the omission to include practitioner JT's DEA registration number on the alleged prescription; 2) the omission to include the

ICD-10 code corresponding to the diagnosis for which the controlled substance was allegedly prescribed; 3) the omission to include the full first and last name of the agent who allegedly transmitted the prescription on practitioner JT's behalf; and/or 4) the omission to transmit the alleged prescription electronically consistent with prescription no. 4529270.

28. Because Nath failed to confer directly with practitioner JT regarding prescription no. 4530039, Nath and/or Smith's Pharmacy illegally dispensed phentermine to patient LW and/or to one or more persons claiming to be patient LW.

29. Nath's conduct as described above amounts to unprofessional conduct for which the Board may discipline him. NRS 639.210(4); NRS 639.255, NAC 639.945(1)(e); NAC 639.955.

30. Smith's Pharmacy is also subject to discipline because Smith's Pharmacy is responsible for Nath's unprofessional conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

## COUNT TWO

### Unprofessional Conduct by a Pharmacist-Negligence

31. On or about August 16, 2019, Nath engaged in unprofessional conduct because he performed his duties in an incompetent, unskillful or negligent manner. More specifically, given the facts and circumstances surrounding prescription no. 4530039, Nath had a duty: 1) to confer directly with practitioner JT regarding practitioner JT's DEA registration number and the diagnostic code for the prescription; 2) to record the full name of the person(s) with whom Nath and/or his subordinates spoke telephonically regarding prescription no. 4530039; 3) to verify that practitioner JT had in fact issued prescription no. 4530039 for patient LW.

32. Nath breached the duties listed above by delegating them to a subordinate, by failing to adequately supervise the subordinate, and/or by failing to confer directly with practitioner JT after it became apparent that Nath's subordinate had not collected enough information to confirm that practitioner JT had in fact issued prescription no. 4530039.

33. Because Nath performed his duties in an incompetent, unskillful or negligent manner regarding prescription no. 4530039, Nath and/or Smith's Pharmacy illegally dispensed phentermine to patient LW and/or to one or more persons claiming to be patient LW.

34. Nath's conduct as described above amounts to unprofessional conduct for which the Board may discipline him. NRS 639.210(4); NRS 639.255, NAC 639.945(1)(i); NAC 639.955.

35. Smith's Pharmacy is also subject to discipline because Smith's Pharmacy is responsible for Nath's unprofessional conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

## COUNT THREE
### Violations of State Law

36. On or about August 16, 2019, Nath violated NRS 453.377, NRS 453.381(8), NRS 639.252(2), and/or NRS 453.431(3). Nath violated one or more of these provisions because he filled prescription no. 4530039: 1) without having verified practitioner JT's DEA registration number; 2) without having conferred directly with practitioner JT regarding the relevant details of the prescription; 3) without having obtained a facsimile or written order from practitioner JT; and/or 4) without having recorded the full name of the agent who allegedly transmitted the prescription on behalf of practitioner JT.

37. The Board may discipline Nath for the violations described above. NRS 639.210(12); NRS 639.255, NAC 639.945(1)(i); NAC 639.955.

38. Because Nath violated NRS 453.377, NRS 453.381(8), NRS 639.252(2), and/or NRS 453.431(3) regarding prescription no. 4530039, Nath and/or Smith's Pharmacy illegally dispensed phentermine to patient LW and/or to one or more persons claiming to be patient LW.

39. Smith's Pharmacy is also subject to discipline because Smith's Pharmacy is responsible for Nath's unlawful conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

## COUNT FOUR
### Unprofessional Conduct by a Pharmacist-Failure to Confer

40. On or about April 7, 2020, Nath engaged in unprofessional conduct because he failed to confer directly with practitioner JT, the person who ostensibly issued prescription no. 4531170, regarding omissions that Nath should reasonably have questioned.

41. Omissions that Nath should reasonably have questioned were: 1) the omission to include practitioner JT's DEA registration number on the alleged prescription; 2) the omission to include the ICD-10 code corresponding to the diagnosis for which the controlled substance was allegedly prescribed; 3) the omission to include the full first and last name of the agent who allegedly transmitted the prescription on practitioner JT's behalf; and/or 4) the omission to transmit the alleged prescription electronically consistent with prescription no. 4529270.

42. Because Nath failed to confer directly with practitioner JT regarding prescription no. 4531170, Nath and/or Smith's Pharmacy illegally dispensed phentermine to patient LW and/or to one or more persons claiming to be patient LW.

43. Nath's conduct as described above amounts to unprofessional conduct for which the Board may discipline him. NRS 639.210(4); NRS 639.255, NAC 639.945(1)(e); NAC 639.955.

44. Smith's Pharmacy is also subject to discipline because Smith's Pharmacy is responsible for Nath's unprofessional conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

## COUNT FIVE
### Unprofessional Conduct by a Pharmacist-Negligence

45. On or about April 7, 2020, Nath engaged in unprofessional conduct because he performed his duties in an incompetent, unskillful or negligent manner. More specifically, given the facts and circumstances surrounding prescription no. 4531170, Nath had a duty: 1) to confer directly with practitioner JT regarding practitioner JT's DEA registration number and the diagnostic code for the prescription; 2) to record the full name of the person(s) with whom Nath and/or his subordinates

spoke telephonically regarding prescription no. 4531170; 3) to verify that practitioner JT had in fact issued prescription no. 4531170 for patient LW.

46. Nath breached the duties listed above by delegating them to a subordinate, by failing to adequately supervise the subordinate, and/or by failing to confer directly with practitioner JT after it became apparent that Nath's subordinate had not collected enough information to confirm that practitioner JT had in fact issued prescription no. 4531170.

47. Because Nath performed his duties in an incompetent, unskillful or negligent manner regarding prescription no. 4531170, Nath and/or Smith's Pharmacy illegally dispensed phentermine to patient LW and/or to one or more persons claiming to be patient LW.

48. Nath's conduct as described above amounts to unprofessional conduct for which the Board may discipline him. NRS 639.210(4); NRS 639.255, NAC 639.945(1)(e); NAC 639.955.

49. Smith's Pharmacy is also subject to discipline because Smith's Pharmacy is responsible for Nath's unprofessional conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

**COUNT SIX**
**Unprofessional Conduct by a Pharmacist-Violating State Law**

50. On or about April 7, 2020, Nath violated NRS 453.377, NRS 453.381(8), NRS 639.252(2), and/or NRS 453.431(3). Nath violated one or more of these provisions because he filled prescription no. 4531170: 1) without having verified practitioner JT's DEA registration number; 2) without having conferred directly with practitioner JT regarding the relevant details of the prescription; 3) without having obtained a facsimile or written order from practitioner JT; and/or 4) without having recorded the full name of the agent who allegedly transmitted the prescription on behalf of practitioner JT.

51. The Board may discipline Nath for the violations described above. NRS 639.210(12); NRS 639.255, NAC 639.945(1)(i); NAC 639.955.

52. Because Nath violated NRS 453.377, NRS 453.381(8), NRS 639.252(2), and/or NRS 453.431(3) regarding prescription no. 4531170, Nath and/or Smith's Pharmacy illegally dispensed phentermine to patient LW and/or to one or more persons claiming to be patient LW.

53. Smith's Pharmacy is also subject to discipline because Smith's Pharmacy is responsible for Nath's unlawful conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent D. Mahender Nath and the pharmacy license of Respondent Smith's Pharmacy #348.

DATED this 30th day of AUGUST 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**D. MAHENDER NATH, RPH,**<br>**Certification of Registration No. 09133,**<br><br>**Respondent.** | **CASE NO. 20-217-RPH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 6, 2023, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of AUGUST, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br>**D. MAHENDER NATH, RPH,**<br>**Certification of Registration No. 09133,**<br><br>**Respondent.** | **CASE NO. 20-217-RPH-S**<br><br><br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

**D. MAHENDER NATH, RPH**

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of September, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

D. Mahender Nath, RPH
[redacted] Chadwick Circle
Henderson, NV 89014

Smiths Pharmacy #348
1000 N. Green Valley Pkwy.
Henderson, NV 89074

SHIRLEY HUNTING

FILED
NOV 13 2023
NEVADA STATE BOARD OF PHARMACY

# BEFORE THE NEVADA STATE BOARD OF PHARMACY

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**SMITHS PHARMACY #348,**
**Pharmacy License No. PH01097,**

**Respondent.**

**Case No. 20-217-PH-S**

**ANSWER AND NOTICE OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

None

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

Respondent Smith's Pharmacy #348 admits in Counts One through Six that as Respondent D. Mahender Nath's ("Nath") employer, at the time of the incidents described in the Notice of Intended Action and Accusation, that it is responsible for his conduct. Respondent Smith's is not in a position to admit to or deny any counts and/or allegations that relate specifically to Nath.

As previously communicated in a statement from Lisa Hammel, Pharmacy Practice Coordinator, provided to Kenneth Scheuber on 4/12/22, Smith's policies require our pharmacies and pharmacy personnel to comply with all federal and state laws, including the content requirements for controlled substance prescriptions as defined in 21 CFR §1306 and NAC 453.440.
On 3/21/22 Lisa Hammel reviewed NAC 453.440, specifically the requirement of the ICD-10 code, and Smith's Controlled Substance Policy and Procedures, specifically Policy 501.15.1 regarding required information for scheduled prescriptions, including the prescriber's DEA registration number, and Policy 501.15.3 regarding telephone prescriptions, including requiring the agent's first and last name, with Devendranath Mahender Nath. After this discussion with Mr. Nath, Lisa Hammel spoke with the current pharmacy manager at this location, who replaced Mr. Nath in January 2021, who then reviewed these policies and procedures with her pharmacy technicians and staff pharmacist. Devendranath Mahender Nath retired and was separated from Smith's Pharmacy on 10/31/22.

Thank you for the opportunity to respond as it relates to Case No: 20-217-PH-S.
If there are any questions, please feel free to contact Lisa Hammel at lisa.hammel@sfdc.com.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 10th day of November, 2023.

Lisa Hammel

**TYPE OR PRINT NAME**

**AUTHORIZED REPRESENTATIVE FOR SMITHS PHARMACY #348,**

# 5D

FILED
OCT 13 2023
NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| NEVADA STATE BOARD OF PHARMACY,<br><br>Petitioner<br><br>vs.<br><br>SMITH'S PHARMACY #348,<br>Pharmacy License No. PH01097,<br><br>and,<br><br>D. MAHENDER NATH, RPH<br>Certificate of Registration No. 09133,<br><br>Respondents. | CASE NOS.: 20-217-PH-S<br>20-217-RPH-S<br><br>**RESPONDENT D. MAHENDER NATH, RPH'S ANSWER AND NOTICE OF DEFENSE** |

Respondent, D. MAHENDER NATH, RPH, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares that Respondent has no objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him. In answer to the Notice of Intended Action and Accusation, Respondent responds to the factual statements and allegations made in the Notice of Intended Action and Accusation as follows:

**JURISDICTION**

1. Answering Paragraphs 1, 2, and 3 of the Notice of Intended Action and Accusation, Respondent admits the allegations contained therein.

**FACTUAL ALLEGATIONS**

*Prescription No. 4529270*

2. Answering Paragraph 4 of the Notice of Intended Action and Accusation Respondent admits that JT prescribed phentermine for patient LW, that the Federal Drug Enforcement Administration and the Board list phentermine as a Schedule IV controlled substance, and is without sufficient knowledge or information to form a belief as to the truth or

falsity of the remaining allegations contained therein, and on that basis Respondent denies each and every remaining allegation contained therein.

3. Answering Paragraphs 5 and 6 of the Notice of Intended Action and Accusation, Respondent admits the allegations contained therein.

*Prescription No. 4530039*

4. Answering Paragraphs 7 and 10 of the Notice of Intended Action and Accusation, Respondent admits the allegations contained therein.

5. Answering Paragraph 8 of the Notice of Intended Action and Accusation, Respondent denies that Nath and/or the person under Nath's supervision failed to inquire about the prescribing practitioner's DEA registration number, and is without sufficient knowledge or information to form a belief as to the truth or falsity of the remaining allegations contained therein, and on that basis Respondent denies each and every remaining allegation contained therein.

6. Answering Paragraph 9 of the Notice of Intended Action and Accusation, Respondent denies that Nath omitted the prescribing practitioner's DEA registration number, and admits the remaining allegations contained therein.

*Prescription No. 4531170*

7. Answering Paragraphs 11 and 14 of the Notice of Intended Action and Accusation, Respondent admits the allegations contained therein.

8. Answering Paragraph 12 of the Notice of Intended Action and Accusation, Respondent denies that Nath and/or the person under Nath's supervision failed to inquire about the prescribing practitioner's DEA registration number, and is without sufficient knowledge or information to form a belief as to the truth or falsity of the remaining allegations contained therein, and on that basis Respondent denies each and every remaining allegation contained therein.

9. Answering Paragraph 13 of the Notice of Intended Action and Accusation, Respondent denies that Nath once again omitted the prescribing practitioner's DEA registration number, and admits the remaining allegations contained therein.

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*Summary of Investigation*

10. Answering Paragraphs 15, 16, and 18 of the Notice of Intended Action and Accusation, Respondent is without sufficient knowledge or information to form a belief as to the truth of the allegations contained therein, and on that basis denies each and every allegation contained therein.

11. Answering Paragraph 17 of the Notice of Intended Action and Accusation, Respondent denies that his role was accurately described in the Notice of Intended Action and Accusation, and admits the remaining allegations contained therein.

**APPLICABLE LAW**

12. Answering Paragraphs 19, 20, 21, 23, and 25 of the Notice of Intended Action and Accusation, Respondent admits the allegations contained therein.

13. Answering Paragraphs 22 and 24 of the Notice of Intended Action and Accusation, Respondent is without sufficient knowledge or information to form a belief as to the truth of the allegations contained therein, and on that basis denies each and every allegation contained therein.

**COUNT ONE**

**Unprofessional Conduct by a Pharmacist-Failure to Confer**

14. All of the responses to the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

15. Answering Paragraphs 26, 27, 28, and 29 of the Notice of Intended Action and Accusation, Respondent denies the allegations contained therein.

16. Answering Paragraph 30 of the Notice of Intended Action and Accusation, Respondent denies that his conduct was unprofessional, and is without sufficient knowledge or information to form a belief as to the truth or falsity of the remaining allegations contained therein, and on that basis denies each and every remaining allegation contained therein.

**COUNT TWO**

**Unprofessional Conduct by a Pharmacist-Negligence**

17. All of the responses to the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

18. Answering Paragraphs 31, 32, 33, and 34 of the Notice of Intended Action and Accusation, Respondent denies the allegations contained therein.

19. Answering Paragraph 35 of the Notice of Intended Action and Accusation, Respondent denies that his conduct was unprofessional, and is without sufficient knowledge or information to form a belief as to the truth or falsity of the remaining allegations contained therein, and on that basis denies each and every remaining allegation contained therein.

**COUNT THREE**

**Violations of State Law**

20. All of the responses to the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

21. Answering Paragraphs 36, 37 and 38 of the Notice of Intended Action and Accusation, Respondent denies the allegations contained therein.

22. Answering Paragraph 39 of the Notice of Intended Action and Accusation, Respondent denies that his conduct was unlawful, and is without sufficient knowledge or information to form a belief as to the truth or falsity of the remaining allegations contained therein, and on that basis denies each and every remaining allegation contained therein.

**COUNT FOUR**

**Unprofessional Conduct by a Pharmacist-Failure to Confer**

23. All of the responses to the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

24. Answering Paragraphs 40, 41, 42, and 43 of the Notice of Intended Action and Accusation, Respondent denies the allegations contained therein.

25. Answering Paragraph 44 of the Notice of Intended Action and Accusation, Respondent denies that his conduct was unprofessional, and is without sufficient knowledge or information to form a belief as to the truth or falsity of the remaining allegations contained therein, and on that basis denies each and every remaining allegation contained therein.

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## COUNT FIVE

**Unprofessional Conduct by a Pharmacist-Negligence**

26. All of the responses to the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

27. Answering Paragraphs 45, 46, 47, and 48 of the Notice of Intended Action and Accusation, Respondent denies the allegations contained therein.

28. Answering Paragraph 49 of the Notice of Intended Action and Accusation, Respondent denies that his conduct was unprofessional, and is without sufficient knowledge or information to form a belief as to the truth or falsity of the remaining allegations contained therein, and on that basis denies each and every remaining allegation contained therein.

## COUNT SIX

**Unprofessional Conduct by a Pharmacist-Violating State Law**

29. All of the responses to the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

30. Answering Paragraphs 50, 51, and 52 of the Notice of Intended Action and Accusation, Respondent denies the allegations contained therein.

31. Answering Paragraph 53 of the Notice of Intended Action and Accusation, Respondent denies that his conduct was unlawful, and is without sufficient knowledge or information to form a belief as to the truth or falsity of the remaining allegations contained therein, and on that basis denies each and every remaining allegation contained therein.

## AFFIRMATIVE DEFENSES

1. Respondent denies that he is guilty of unprofessional conduct in allegedly failing to confer with the person writing the prescription.

2. Respondent denies that he is guilty of unprofessional conduct in allegedly performing his duties in an incompetent, unskillful or negligent manner.

3. Respondent asserts that all of his conduct with regard to the subject prescriptions met the appropriate standard of care. At no time was Respondent guilty of negligence.

4. Respondent asserts that he performed his duties with respect to the subject prescriptions in a competent, skillful, and professional manner.

5. Respondent contends that each and every purported count or alleged cause for discipline contained in the Notice of Intended Action and Accusations fail to allege facts sufficient to constitute a cause for discipline against Respondent.

6. Patient LW engaged in an unlawful scheme to obtain a controlled substance through deceit and trickery by calling-in prescriptions that were purportedly ordered by Practitioner JT. In processing the prescriptions that were placed by telephone, Respondent acted appropriately and acted as a reasonable pharmacist would have done in the same or similar situation. There was nothing more that Respondent could have done to determine that the prescriptions were not valid.

7. The conduct alleged in the Notice of Intended Action and Accusations were caused by the acts of persons beyond the control or right of control of Respondent and for whom Respondent is not liable to responsible.

8. Respondent alleges that invalid prescriptions can and do get filled in the absence of negligence or any wrongdoing on the part of the pharmacist.

9. The Notice of Intended Action and Accusations, or portions thereof, should be dismissed on the grounds of due process and equal protection, including the right to an unbiased investigation.

10. The Notice of Intended Action and Accusations does not further the goal of public protection or protection of the public health, safety or morals.

11. The Notice of Intended Action and Accusations, or portions thereof, should be dismissed on grounds of equitable estoppel.

12. The Notice of Intended Action and Accusations is barred by the doctrine of laches.

13. All possible affirmative defenses may not have been alleged herein insofar as sufficient facts were not available after a reasonable inquiry upon the filing of this Answer and Notice of Defense. Respondent therefore reserves the right to amend this Answer to allege additional affirmative defenses if subsequent investigation warrants.

Based on the above, Respondent respectfully requests that he be assessed no administrative penalty, including but not limited to revocation or suspension of his registration as a pharmacist, or any disciplinary measure.

DATED: October 13, 2023

LAW OFFICE OF LAURA S. LUCERO

By /s/ Laura S. Lucero

LAURA S. LUCERO
Nevada Bar No. 8843
36 Contra Costa Pl.
Henderson, Nevada 89052
Tel. (310) 339-9906
*Attorney for Respondent, D. Mahender Nath, RPH*

**CERTIFICATE OF SERVICE**

I hereby certify that on this 13th day of October, 2023, I served a true and correct copy of foregoing document by electronically by emailing a copy to the following:

TeamBC@Pharmacy.nv.gov
zunino@pharmacy.nv.gov

By /s/ Laura S. Lucero
Laura S. Lucero

FILED
AUG 30 2023
NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br>**v.**<br><br>**SMITH'S PHARMACY #348,**<br>**Pharmacy License No. PH01097,**<br><br>**and,**<br><br>**D. MAHENDER NATH, RPH,**<br>**Certificate of Registration No. 09133,**<br><br>**Respondents.** | **CASE NOS. 20-217-PH-S**<br>**20-217-RPH-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent D. Mahender Nath ("Nath") because Nath holds a certificate of registration issued by the Board pursuant to NRS 639.127. Certificate of registration no. 09133 authorizes Nath to engage in the practice of pharmacy within Nevada.

2. The Board has personal jurisdiction over Respondent Smith's Pharmacy #348 ("Smith's Pharmacy") because Smith's Pharmacy holds a license issued by the Board pursuant to NRS 639.230. Pharmacy license no. PH01097 authorizes Smith's Pharmacy to operate a pharmacy at 1000 N. Green Valley Parkway in Henderson, Nevada.

3. The Board has jurisdiction over the subject matter of this accusation because, at the time of the violations alleged herein, Nath was a Nevada registered pharmacist engaged in the practice of pharmacy and employed by Smith's Pharmacy as a staff pharmacist and/or a managing pharmacist.

## FACTUAL ALLEGATIONS

*Prescription No. 4529270*

4. Between November 28, 2018, and April 12, 2019, practitioner JT treated patient LW for obesity. As part of the treatment plan, practitioner JT prescribed phentermine for patient LW. The federal Drug Enforcement Administration lists phentermine as a Schedule IV controlled substance. *See* 21 C.F.R. § 1308.14. Pursuant to NRS 453.166, the Board also lists phentermine as a Schedule IV controlled substance. *See* NAC 453.540(5).

5. Practitioner JT ordered phentermine for patient LW on March 19, 2019, issuing an electronic prescription to Smith's Pharmacy in which she instructed the responsible pharmacist to dispense a quantity of thirty tablets (37.5 mg) to be ingested once daily by patient LW for one month.

6. Smith's Pharmacy identified practitioner JT's order as prescription no. 4529270. In that order, practitioner JT authorized two refills for patient LW, each for the same dose and dosage as the initial 30-day supply. Smith's Pharmacy dispensed the initial supply and each of the two refills on March 19, 2019, May 15, 2019, and June 22, 2019, respectively.

*Prescription No. 4530039*

7. On August 16, 2019, someone telephoned Smith's Pharmacy claiming to be "Nikki" from practitioner JT's office. The caller left a voicemail indicating that practitioner JT had issued a prescription to patient LW for more phentermine. The purported dose and dosage were the same as for prescription no. 4529270, but the number of purported refills had increased from two to three.

8. In Nikki's message as described above, the caller neglected to provide the diagnostic code and the DEA registration number for the prescribing practitioner. Smith's Pharmacy records indicate that Nath or someone under Nath's supervision contacted a person named "Jessie" to obtain the diagnostic code for the alleged prescription. Nath and/or the person under Nath's supervision failed to inquire about the prescribing practitioner's DEA registration number.

9. Nath prepared a written record of the prescription allegedly communicated by Nikki and subsequently confirmed by Jessie, including the diagnostic code, but Nath omitted the prescribing

practitioner's DEA registration number. Smith's Pharmacy identified the alleged second order for phentermine as prescription number 4530039.

10. Based upon Nath's written record of prescription number 4530039, Smith's Pharmacy dispensed phentermine to patient LW, and/or to someone claiming to be patient LW, on August 24, 2019, October 18, 2019, November 27, 2019, and February 14, 2020.

*Prescription No. 4531170*

11. On April 7, 2020, someone telephoned Smith's Pharmacy claiming to be "Lorraine" from practitioner JT's office. The caller left a voicemail indicating that practitioner JT had issued a prescription to patient LW for more phentermine. The purported dose and dosage were the same as for prescription number 4529270. As with the call from Nikki on August 16, 2019, the caller named Lorraine requested three refills for patient LW.

12. In Lorraine's message as described above, the caller neglected to provide the diagnostic code and the DEA registration number for the prescribing practitioner. Smith's Pharmacy records indicate that Nath or someone under Nath's supervision contacted "Tyler" to obtain the diagnostic code for the alleged third prescription. Nath and/or the person under Nath's supervision failed to inquire about the prescribing practitioner's DEA registration number.

13. Nath prepared a written record of the prescription allegedly communicated by Lorraine and subsequently confirmed by Tyler, including the diagnostic code, but Nath once again omitted the prescribing practitioner's DEA registration number. Smith's Pharmacy identified the alleged third order for phentermine as prescription no. 4531170.

14. Based upon Nath's written record of prescription no. 4531170, Smith's Pharmacy dispensed phentermine to patient LW, and/or to someone claiming to be patient LW, on April 10, 2020, May 18, 2020, July 7, 2020, and August 20, 2020.

*Summary of Investigation*

15. In an interview with Board Investigator Kenneth Scheuber, practitioner JT stated that she has never employed a person named Nikki, Jessie, Lorraine, or Tyler. She further stated that she

did not issue prescription nos. 4530039 and 4531170. Practitioner JT confirmed that she issued prescription no. 4529270. According to practitioner JT, Smith's Pharmacy first alerted her about suspicious activity on September 24, 2020. Practitioner JT subsequently reviewed the history of her prescribing activity for patient LW and then made a complaint to the Henderson Police Department.

16. Patient LW admitted to Investigator Scheuber that she had acquired the phentermine dispensed by Smith's Pharmacy under prescription nos. 4529270, 4530039, and 4531170. Patient LW offered evasive responses to Investigator Scheuber's questions about who had issued prescription nos. 4530039 and 4531170, and under what circumstances.

17. Nath provided a written statement to Investigator Scheuber in which he acknowledged his role, as described above, in processing prescription nos. 4530039 and 4531170.

18. Smith's Pharmacy provided written records concerning prescription nos. 4529270, 4530039, and 4531170. Those records support the allegations stated above.

## APPLICABLE LAW

19. The Board may revoke or suspend the registration of any pharmacist who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4). Likewise, the Board may revoke or suspend the registration of any pharmacist who has violated any provision of Nevada law relating to prescription drugs. *See* NRS 639.210(12). In lieu of revoking or suspending such a pharmacist's registration, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

20. A pharmacist's conduct is deemed unprofessional if the pharmacist fails to confer with the person writing, making, or ordering a prescription or chart order if there is an error or omission in it which should be questioned. *See* NAC 639.945(1)(e). Additionally, a pharmacist's conduct is deemed unprofessional if the pharmacist performs his or her duties in an incompetent, unskillful or negligent manner. *See* NAC 639.945(1)(i).

21. Pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2), pharmacy owners, managing pharmacists, and pharmacists are responsible for the acts and omissions of the pharmacy employees under their supervision or control.

22. Pursuant to NAC 435.440, a prescription for a controlled substance must include certain details about the prescription and the patient, including the ICD-10 code that corresponds to the diagnosis for which the controlled substance is prescribed, and the prescribing practitioner's DEA registration number. *See* NAC 453.440(1)(i) and (k).

23. If a pharmaceutical technician performs one or more of the functions necessary to prepare a prescription, the pharmacist supervising the pharmaceutical technician is responsible for the filled prescription, including, *but not limited to*, verifying the selection and strength of the drug, the dosage form, and the labeling of the prescription. NRS 639.252(2) (emphasis added).

24. Subject to enumerated exceptions, a prescription for a controlled substance must be given to a pharmacy by electronic transmission in accordance with the regulations adopted by the Board. *See* NRS 639.23535(1). If a pharmacist receives a prescription transmitted via the oral order of a practitioner or the practitioner's agent (as opposed to electronic transmission), the pharmacist must record the name of the person who orally transmitted the prescription. *See* NAC 639.7125.

25. A pharmacist shall not fill a prescription for a controlled substance if the prescription shows evidence of alteration, erasure, or addition, unless the pharmacist obtains approval of the practitioner who issued the prescription. NRS 453.431(3).

## COUNT ONE
## Unprofessional Conduct by a Pharmacist-Failure to Confer

26. On or about August 16, 2019, Nath engaged in unprofessional conduct because he failed to confer directly with practitioner JT, the person who ostensibly issued prescription no. 4530039, regarding omissions that Nath should reasonably have questioned.

27. Omissions that Nath should reasonably have questioned were: 1) the omission to include practitioner JT's DEA registration number on the alleged prescription; 2) the omission to include the

ICD-10 code corresponding to the diagnosis for which the controlled substance was allegedly prescribed; 3) the omission to include the full first and last name of the agent who allegedly transmitted the prescription on practitioner JT's behalf; and/or 4) the omission to transmit the alleged prescription electronically consistent with prescription no. 4529270.

28. Because Nath failed to confer directly with practitioner JT regarding prescription no. 4530039, Nath and/or Smith's Pharmacy illegally dispensed phentermine to patient LW and/or to one or more persons claiming to be patient LW.

29. Nath's conduct as described above amounts to unprofessional conduct for which the Board may discipline him. NRS 639.210(4); NRS 639.255, NAC 639.945(1)(e); NAC 639.955.

30. Smith's Pharmacy is also subject to discipline because Smith's Pharmacy is responsible for Nath's unprofessional conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

## COUNT TWO
### Unprofessional Conduct by a Pharmacist-Negligence

31. On or about August 16, 2019, Nath engaged in unprofessional conduct because he performed his duties in an incompetent, unskillful or negligent manner. More specifically, given the facts and circumstances surrounding prescription no. 4530039, Nath had a duty: 1) to confer directly with practitioner JT regarding practitioner JT's DEA registration number and the diagnostic code for the prescription; 2) to record the full name of the person(s) with whom Nath and/or his subordinates spoke telephonically regarding prescription no. 4530039; 3) to verify that practitioner JT had in fact issued prescription no. 4530039 for patient LW.

32. Nath breached the duties listed above by delegating them to a subordinate, by failing to adequately supervise the subordinate, and/or by failing to confer directly with practitioner JT after it became apparent that Nath's subordinate had not collected enough information to confirm that practitioner JT had in fact issued prescription no. 4530039.

33. Because Nath performed his duties in an incompetent, unskillful or negligent manner regarding prescription no. 4530039, Nath and/or Smith's Pharmacy illegally dispensed phentermine to patient LW and/or to one or more persons claiming to be patient LW.

34. Nath's conduct as described above amounts to unprofessional conduct for which the Board may discipline him. NRS 639.210(4); NRS 639.255, NAC 639.945(1)(i); NAC 639.955.

35. Smith's Pharmacy is also subject to discipline because Smith's Pharmacy is responsible for Nath's unprofessional conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

## COUNT THREE
### Violations of State Law

36. On or about August 16, 2019, Nath violated NRS 453.377, NRS 453.381(8), NRS 639.252(2), and/or NRS 453.431(3). Nath violated one or more of these provisions because he filled prescription no. 4530039: 1) without having verified practitioner JT's DEA registration number; 2) without having conferred directly with practitioner JT regarding the relevant details of the prescription; 3) without having obtained a facsimile or written order from practitioner JT; and/or 4) without having recorded the full name of the agent who allegedly transmitted the prescription on behalf of practitioner JT.

37. The Board may discipline Nath for the violations described above. NRS 639.210(12); NRS 639.255, NAC 639.945(1)(i); NAC 639.955.

38. Because Nath violated NRS 453.377, NRS 453.381(8), NRS 639.252(2), and/or NRS 453.431(3) regarding prescription no. 4530039, Nath and/or Smith's Pharmacy illegally dispensed phentermine to patient LW and/or to one or more persons claiming to be patient LW.

39. Smith's Pharmacy is also subject to discipline because Smith's Pharmacy is responsible for Nath's unlawful conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

## COUNT FOUR
### Unprofessional Conduct by a Pharmacist-Failure to Confer

40. On or about April 7, 2020, Nath engaged in unprofessional conduct because he failed to confer directly with practitioner JT, the person who ostensibly issued prescription no. 4531170, regarding omissions that Nath should reasonably have questioned.

41. Omissions that Nath should reasonably have questioned were: 1) the omission to include practitioner JT's DEA registration number on the alleged prescription; 2) the omission to include the ICD-10 code corresponding to the diagnosis for which the controlled substance was allegedly prescribed; 3) the omission to include the full first and last name of the agent who allegedly transmitted the prescription on practitioner JT's behalf; and/or 4) the omission to transmit the alleged prescription electronically consistent with prescription no. 4529270.

42. Because Nath failed to confer directly with practitioner JT regarding prescription no. 4531170, Nath and/or Smith's Pharmacy illegally dispensed phentermine to patient LW and/or to one or more persons claiming to be patient LW.

43. Nath's conduct as described above amounts to unprofessional conduct for which the Board may discipline him. NRS 639.210(4); NRS 639.255, NAC 639.945(1)(e); NAC 639.955.

44. Smith's Pharmacy is also subject to discipline because Smith's Pharmacy is responsible for Nath's unprofessional conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

## COUNT FIVE
### Unprofessional Conduct by a Pharmacist-Negligence

45. On or about April 7, 2020, Nath engaged in unprofessional conduct because he performed his duties in an incompetent, unskillful or negligent manner. More specifically, given the facts and circumstances surrounding prescription no. 4531170, Nath had a duty: 1) to confer directly with practitioner JT regarding practitioner JT's DEA registration number and the diagnostic code for the prescription; 2) to record the full name of the person(s) with whom Nath and/or his subordinates

spoke telephonically regarding prescription no. 4531170; 3) to verify that practitioner JT had in fact issued prescription no. 4531170 for patient LW.

46. Nath breached the duties listed above by delegating them to a subordinate, by failing to adequately supervise the subordinate, and/or by failing to confer directly with practitioner JT after it became apparent that Nath's subordinate had not collected enough information to confirm that practitioner JT had in fact issued prescription no. 4531170.

47. Because Nath performed his duties in an incompetent, unskillful or negligent manner regarding prescription no. 4531170, Nath and/or Smith's Pharmacy illegally dispensed phentermine to patient LW and/or to one or more persons claiming to be patient LW.

48. Nath's conduct as described above amounts to unprofessional conduct for which the Board may discipline him. NRS 639.210(4); NRS 639.255, NAC 639.945(1)(e); NAC 639.955.

49. Smith's Pharmacy is also subject to discipline because Smith's Pharmacy is responsible for Nath's unprofessional conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

**COUNT SIX**
**Unprofessional Conduct by a Pharmacist-Violating State Law**

50. On or about April 7, 2020, Nath violated NRS 453.377, NRS 453.381(8), NRS 639.252(2), and/or NRS 453.431(3). Nath violated one or more of these provisions because he filled prescription no. 4531170: 1) without having verified practitioner JT's DEA registration number; 2) without having conferred directly with practitioner JT regarding the relevant details of the prescription; 3) without having obtained a facsimile or written order from practitioner JT; and/or 4) without having recorded the full name of the agent who allegedly transmitted the prescription on behalf of practitioner JT.

51. The Board may discipline Nath for the violations described above. NRS 639.210(12); NRS 639.255, NAC 639.945(1)(i); NAC 639.955.

52. Because Nath violated NRS 453.377, NRS 453.381(8), NRS 639.252(2), and/or NRS 453.431(3) regarding prescription no. 4531170, Nath and/or Smith's Pharmacy illegally dispensed phentermine to patient LW and/or to one or more persons claiming to be patient LW.

53. Smith's Pharmacy is also subject to discipline because Smith's Pharmacy is responsible for Nath's unlawful conduct as described above. NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent D. Mahender Nath and the pharmacy license of Respondent Smith's Pharmacy #348.

DATED this 30th day of AUGUST 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**SMITHS PHARMACY #348,**<br>**Pharmacy License No. PH01097, and**<br><br>**Respondents.** | **Case No. 20-217-PH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 6, 2023, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of AUGUST, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**SMITHS PHARMACY #348,**<br>**Pharmacy License No. PH01097,**<br>**Respondent.** | **Case No. 20-217-PH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

None

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

Respondent Smith's Pharmacy #348 admits in Counts One through Six that as Respondent D. Mahender Nath's ("Nath") employer, at the time of the incidents described in the Notice of Intended Action and Accusation, that it is responsible for his conduct. Respondent Smith's is not in a position to admit to or deny any counts and/or allegations that relate specifically to Nath.

As previously communicated in a statement from Lisa Hammel, Pharmacy Practice Coordinator, provided to Kenneth Scheuber on 4/12/22, Smith's policies require our pharmacies and pharmacy personnel to comply with all federal and state laws, including the content requirements for controlled substance prescriptions as defined in 21 CFR §1306 and NAC 453.440.
On 3/21/22 Lisa Hammel reviewed NAC 453.440, specifically the requirement of the ICD-10 code, and Smith's Controlled Substance Policy and Procedures, specifically Policy 501.15.1 regarding required information for scheduled prescriptions, including the prescriber's DEA registration number, and Policy 501.15.3 regarding telephone prescriptions, including requiring the agent's first and last name, with Devendranath Mahender Nath. After this discussion with Mr. Nath, Lisa Hammel spoke with the current pharmacy manager at this location, who replaced Mr. Nath in January 2021, who then reviewed these policies and procedures with her pharmacy technicians and staff pharmacist. Devendranath Mahender Nath retired and was separated from Smith's Pharmacy on 10/31/22.

Thank you for the opportunity to respond as it relates to Case No: 20-217-PH-S.
If there are any questions, please feel free to contact Lisa Hammel at lisa.hammel@sfdc.com.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 10th day of November, 2023.

Lisa Hammel

**TYPE OR PRINT NAME**

**AUTHORIZED REPRESENTATIVE FOR SMITHS PHARMACY #348,**

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 1st day of September, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

D. Mahender Nath, RPH
[redacted] Chadwick Circle
Henderson, NV 89014

Smiths Pharmacy #348
1000 N. Green Valley Pkwy.
Henderson, NV 89074

SHIRLEY HUNTING

# 5E

FILED
AUG 11 2023
NEVADA STATE BOARD OF PHARMACY

State of Nevada Board of Pharmacy
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**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**MANINDER HERR, DVM,**<br>**Certificate of Registration Nos. CS26975 and DV00698,**<br><br>**Respondent.** | **Case No. 21-147-CS-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Maninder Herr ("Herr") because Herr holds: 1) a certificate of registration to prescribe controlled substances, specifically certificate of registration no. CS26975; and 2) a certificate of registration to dispense dangerous drugs and controlled substances, specifically DV00698. These were issued by the Board pursuant to NRS 453.226, NRS 453.231, NRS 454.215, and NAC 639.7423.

2. The Board has jurisdiction over the subject matter of this accusation because, at the time of the violations alleged herein, Herr was engaged in the "practice of pharmacy" as that term is defined at NRS 639.0124.

## FACTUAL ALLEGATIONS

3. Herr is a Doctor of Veterinary Medicine licensed by the Nevada Board of Veterinary Medical Examiners ("Veterinary Board"). Since June 1, 2006, the Veterinary Board has disciplined Herr at least eight times for violating various rules and/or standards of practice relating to the practice of veterinary medicine.

4. Most recently, the Veterinary Board indefinitely suspended Herr's license to practice veterinary medicine in Nevada. By operation of NRS 639.2107, Herr's registrations with the Board have also been suspended.

5. At all times relevant to this accusation, Herr practiced veterinary medicine at the Homestead Animal Hospital, a veterinary facility located at 2740 South Homestead Road in Pahrump, Nevada. Herr was and remains a "practitioner" as that term is defined at NRS 639.0125 and NRS 453.126.

6. On or about September 16, 2021, the federal Drug Enforcement Administration notified Board Investigator Dena McClish that Herr had failed to maintain an accurate and complete inventory of controlled substances as required by 21 C.F.R. § 1304.11.

7. On or about July 21, 2022, Investigator McClish conducted a site visit and inspection of Homestead Animal Hospital, where she reviewed Herr's medical records, inventory logs, and dispensing logs. Upon review of the records and/or logs, Investigator McClish determined that Herr's records and/or logs were missing, incomplete, and/or inaccurate in various respects.

8. The entries, omissions and/or inaccuracies in Herr's records and/or logs indicated, among other things, that Herr: 1) allowed his veterinary assistants to prepare dispensed medications; 2) failed to prepare and maintain adequate medical records for the animals that he treated with prescription drugs; 3) failed to verify prescriptions for dangerous drugs and/or controlled substances

before dispensing them; 4) failed to maintain accurate inventory and dispensing logs from which one could reasonably determine the name, strength, and quantity of dangerous drugs and controlled substances in Herr's possession, and the dates upon which dangerous drugs and/or controlled substances were added to, or removed from inventory; 5) failed to supervise veterinary technicians who prepared and/or dispensed dangerous drugs and/or controlled substances; 6) failed to maintain medical records, inventory logs, and dispensing logs for at least four years as required by state law.

9. By letter dated August 30, 2022, Herr informed Investigator McClish that he had implemented various procedures to ensure that he and his employees properly documented the acquisition, possession, storage, preparation, verification, and dispensing of dangerous drugs and controlled substances.

10. By letter dated June 7, 2023, the Veterinary Board notified Herr that it had summarily suspended his license to practice veterinary medicine in Nevada. Proceedings in that matter are ongoing.

## APPLICABLE LAW

11. The Board may revoke or suspend the registration of any practitioner who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any of the provisions of NRS chapter 639 or any state or federal law or regulation relating to drugs, the manufacture or distribution of drugs, or the practice of pharmacy. *See* NRS 639.210(12); NRS 453.231(1)(b); NRS 453.236(1)(e).

12. Additionally, the Board may revoke or suspend the registration of any practitioner who is guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4); NRS 453.231(1)(h); NRS 453.236(1)(e).

13. In lieu of revoking or suspending a practitioner's registration for violating the law or engaging in unprofessional conduct, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

14. A practitioner's conduct is deemed unprofessional if the practitioner performs his or her duties in an incompetent, unskillful or negligent manner. *See* NAC 639.945(1)(i).

15. It is unlawful for a practitioner to dispense a controlled substance or dangerous drug in violation of any regulation adopted by the Board. *See* NRS 453.381(8); NRS 454.215; NRS 455.301. Further, it is unlawful for a veterinary technician to dispense controlled substances except at the direction of his or her supervising veterinarian. *See* NRS 453.375(1)(h).

16. A veterinarian may not allow veterinary assistants to prepare controlled substances for dispensing. *See* NAC 639.7423(2)(b). This function must be performed by the veterinarian or a veterinary technician.

17. A veterinarian must maintain adequate medical records for the animals that the veterinarian treats with prescription drugs. These records must include: 1) the name, strength and quantity of the prescription drug; 2) the date the prescription drug was prescribed and dispensed; 3) the directions for use; 4) the name, signature or initials of the veterinarian who prescribed the prescription drug; 5) the name, signature or initials of the veterinarian, veterinary technician or veterinary technician in training who prepared the prescription drug for dispensing; and 6) the name, signature or initials of the veterinarian or veterinary technician who verified the prescription drug before the prescription drug was dispensed. *See* NAC 639.7423(2)(e).

18. A veterinarian must keep controlled substances and dangerous drugs in a secure container and must maintain a log of activity related to the acquisition, possession, storage, administration, and dispensing of the dangerous drugs and controlled substances contained therein. The log must include: 1) the name of the veterinarian or veterinary technician who accessed the secure container and the date that he or she accessed the secure container; 2) the name, strength and quantity of the controlled substance or dangerous drug removed from or placed into the secure container and the total amount of all quantities of that particular controlled substance or dangerous drug remaining inside the secure container; 3) the name and quantity of any controlled substance or dangerous drug

that will be destroyed and the date and time that the controlled substance or dangerous drug will be destroyed. *See* NAC 639.7423(5)(d) and (e).

19. A veterinarian must ensure that all controlled substances and dangerous drugs received by the veterinary facility are verified by a veterinarian or with the knowledge of the veterinarian. *See* NAC 639.7423(5)(g).

20. A veterinarian must maintain records and logs for at least 4 years and make those records and logs available for inspection by the Board or its representative or any authorized federal, state, or local regulatory agency or law enforcement agency. *See* NAC 639.7423(6).

**COUNT ONE**
**Unprofessional Conduct by a Practitioner**

21. Between July 22, 2021, and July 21, 2022, Herr engaged in unprofessional conduct because he performed his duties in an incompetent, unskillful or negligent manner. Herr's duties to his patients and others included those identified below.

22. Herr had a duty to ensure that unauthorized persons including veterinary assistants did not prepare dispensed medications. *See* NAC 639.7423(2)(b).

23. Herr had a duty to ensure that all controlled substances and dangerous drugs received by the veterinary facility were verified by a veterinarian or with the knowledge of the veterinarian. *See* NAC 639.7423(5)(g).

24. Herr had the duty to maintain adequate medical records for the animals that Herr treated with prescription drugs. Such records must include: 1) the name, strength and quantity of the prescription drug; 2) the date the prescription drug was prescribed and dispensed; 3) the directions for use; 4) the name, signature or initials of the veterinarian who prescribed the prescription drug; 5) the name, signature or initials of the veterinarian, veterinary technician or veterinary technician in training who prepared the prescription drug for dispensing; and 6) the name, signature or initials of the veterinarian or veterinary technician who verified the prescription drug before the prescription drug

was dispensed. *See* NAC 639.7423(2)(e). Herr's records failed to satisfy one or more of these requirements.

25. Herr had the duty to maintain accurate inventory and dispensing logs from which one could reasonably determine the name, strength, and quantity of dangerous drugs and controlled substances in Herr's possession, and the dates upon which dangerous drugs and/or controlled substances were added to or removed from inventory. *See* NAC 639.7423(5)(d) and (e). Herr's logs failed to satisfy one or more of these requirements.

26. Herr had the duty to maintain medical records, inventory logs, and/or dispensing logs for at least four years. *See* NAC 639.7423(6).

27. Herr failed to perform one or more of the duties listed above and/or performed one or more of said duties in an incompetent, unskillful or negligent manner. This amounts to unprofessional conduct for which the Board may discipline Herr. NRS 639.210(4); NRS 639.255, NAC 639.945(1)(i); NAC 639.955.

## COUNT TWO

### Violations of State Law Related to the Practice of Pharmacy

28. Between July 22, 2021, and July 21, 2022, Herr violated one or more of the Board's regulations related to the practice of pharmacy. These violations are identified below.

29. Herr allowed unauthorized persons including veterinary assistants to prepare prescription drugs for dispensing. NAC 639.7423(2)(b).

30. Herr failed to ensure that all controlled substances and dangerous drugs received by the veterinary facility were verified by a veterinarian or with the knowledge of the veterinarian. NAC 639.7423(5)(g).

31. Herr failed to maintain adequate medical records for the animals that Herr treated with prescription drugs, a violation of NAC 639.7423(2)(e). Such records must include: 1) the name, strength and quantity of the prescription drug; 2) the date the prescription drug was prescribed and dispensed; 3) the directions for use; 4) the name, signature or initials of the veterinarian who

prescribed the prescription drug; 5) the name, signature or initials of the veterinarian, veterinary technician or veterinary technician in training who prepared the prescription drug for dispensing; and 6) the name, signature or initials of the veterinarian or veterinary technician who verified the prescription drug before the prescription drug was dispensed. *See id.* Herr's records failed to satisfy one or more of these requirements.

32. Herr failed to maintain accurate inventory and dispensing logs from which one could reasonably determine the name, strength, and quantity of dangerous drugs and controlled substances in Herr's possession, and the dates upon which dangerous drugs and/or controlled substances were added to, or removed from inventory, a violation of NAC 639.7423(5)(d). Herr's logs failed to satisfy one or more of these requirements.

33. Herr failed to maintain medical records, inventory logs, and dispensing logs for at least four years, a violation of NAC 639.7423(6).

34. Herr and/or persons under Herr's supervision dispensed controlled substances and/or dangerous drugs while in violation of the above-referenced regulations of the Board. This constitutes a violation of NRS 453.381(8), NRS 454.215, and/or NRS 455.301.

35. The Board may discipline Herr for any one or more of the violations of regulation or statute identified above. *See* NRS 639.210(12); NRS 453.231(1)(b); NRS 453.236(1)(e).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of Respondent Maninder Herr.

DATED this 11th day of AUGUST 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

# BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**MANINDER HERR, DVM,**<br>**Certificate of Registration Nos. CS26975 and DV00698,**<br><br>**Respondent.** | **CASE NO. 21-147-CS-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 6, 2023, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 11th day of AUGUST, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br>**MANINDER HERR, DVM,**<br>**Certificate of Registration Nos. CS26975 and DV00698,**<br><br>**Respondent.** | **CASE NO. 21-147-CS-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

**MANINDER HERR, DVM**

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of August 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Maninder Herr, DVM
[redacted]S. Homestead Rd.
Pahrump, NV 89048

SHIRLEY HUNTING

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**MANINDER HERR, DVM,**<br>**Certificate of Registration Nos. CS26975 and DV00698,**<br>**Respondent.** | **Case No. 20-147-S**<br><br>**STIPULATION AND ORDER** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy ("Board"), by and through its Senior General Counsel, Gregory L. Zunino, and Respondent Maninder Herr, D.V.M, ("Respondent"), by and through counsel, Tony Abbatangelo, Esq., hereby stipulate and agree as follows:

1. The Board has jurisdiction over Respondent and this matter.

2. The Board's staff properly served Respondent with the Notice of Intended Action and Accusation ("Accusation") on file in this matter, together with the Statement to Respondent and Notice of Hearing.

3. Respondent acknowledges that he understands the terms of this Stipulation, and that he has executed it knowingly and voluntarily.

4. Respondent acknowledges that he is aware of the right to a hearing on the matters alleged in the Accusation, the right to reconsideration of a Board determination in a contested case, the right to appeal a Board determination in a contested case, and all other rights afforded Respondent under NRS Chapter 233B, the Nevada Administrative Procedure Act, NRS Chapter 622A, which governs administrative procedure before the Board, NRS Chapter 639, the Nevada Pharmacy Act, and NRS Chapter 453, the Nevada Uniform Controlled Substances Act.

5. Conditioned on the acceptance of this Stipulation by the Board and excluding the right to challenge any determination that Respondent has failed to comply with its provisions, Respondent hereby freely and voluntarily waives the right to a hearing, reconsideration, appeal, and other rights related to this action as identified above.

6. Without admitting to a violation of law, Respondent admits that evidence exists, and that the Board counsel prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation.

7. To resolve this matter without incurring any further costs or the expenses associated with a hearing, the Board and Respondent agree as follows:

A. Respondent, a veterinarian, holds two certificates of registration issued by the Board: 1) Certificate of Registration No. CS26975, which authorizes Respondent to prescribe controlled substances; and 2) Certificate of Registration DV00698, which authorizes Respondent to dispense dangerous drugs and controlled substances. Both certificates shall be **REVOKED** as of the effective date of this Order. Respondent shall not be eligible to apply to the Board for reinstatement of either certificate of registration until at least one (1) year after the effective date of this Order.

B. Respondent shall pay an administrative fine of Two Thousand Five Hundred and 00/100 Dollars ($2,500.00) for the violations alleged in the Accusation. Further, Respondent shall pay the sum of One Thousand and 00/100 Dollars ($1,000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

8. Failure by Respondent to comply with the terms stated herein may result in issuance by the Executive Secretary of an order to show cause, pursuant to NAC 639.965, directing Respondent to appear before the Board at the next regularly scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapters 453 and 639.

9. The Board's Senior General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on December 6, 2023, in Las Vegas, Nevada. The Board Members and Staff may discuss and deliberate regarding this Stipulation even if Respondent fails to appear for the meeting.

10. The Board may accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330 and shall be reported to the National Practitioner Data Bank pursuant to 42 U.S.C. § 1396r–2 and 45 CFR Part 60.

11. If the Board rejects any part or all this Stipulation, and unless the parties reach an alternative agreement on the record during the hearing, the parties agree that the Board may hear a full contested hearing on the merits of all alleged violations as stated in the Accusation. The terms and admissions herein may not be used, relied upon, or referred to by any party during any such hearing.

12. Upon approval of this Stipulation by the Board, Respondent shall pay the applicable fine agreed to herein *by check* or *money order* payable to **"State of Nevada, Office of the Treasurer."** Payment shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by December 31, 2024.

13. Upon approval of this Stipulation by the Board, Respondent shall pay the attorney's fees and costs agreed to herein by *check* or *money order* payable to **"Nevada State Board of Pharmacy."** Payment shall be remitted in full to the Board's Reno office, located at 985 Damonte Ranch Parkway, Suite 206, Reno, Nevada 89521, by December 31, 2024.

**[The Remainder of this Page Left Intentionally Blank]**

14. Subject to the approval of this Stipulation by the Board, the parties agree to release each other from any or all additional claims arising from the facts set forth in the Accusation on file herein.

**AGREED:**

**Signed this 20th day of November 2023.** **Signed this ____ day of November 2023.**

**NEVADA STATE BOARD OF PHARMACY**

**MANINDER HERR, D.V.M**

**By** Gregory Zunino
**GREGORY L. ZUNINO**
**Senior General Counsel**
**Nevada Bar No. 4805**

**Approved as to Form and Content:**

**Tony Abbatangelo, Esq.**
**Nevada Bar No. 3897**
***Attorney for Respondent D. Maninder Herr***

## DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its final decision in Case No. 21-147-S and hereby orders that the terms of the foregoing Stipulation be made effective upon the date of entry set forth below.

**IT IS SO ORDERED.**

Entered this 6th day of December 2023.

Helen Park, President
Nevada State Board of Pharmacy

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FILED
AUG 15 2023
NEVADA STATE BOARD OF PHARMACY

State of Nevada Board of Pharmacy
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Reno, Nevada 89521
(775) 850-1440

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**SHARRON THOMPSON, M.D.,**<br>**Certificate of Registration No. CS31142,**<br>**Respondent.** | **CASE NO. 21-183-CS-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Sharron Thompson, M.D. ("Thompson"), because Thompson holds a certificate of registration issued by the Board that authorizes her to prescribe controlled substances in Nevada. Thompson holds certificate of registration no. CS31142, which was issued by the Board pursuant to NRS 453.226 and NRS 453.231.

2. The Board has jurisdiction over the subject matter of this accusation because, at the time of the violations alleged herein, Thompson was engaged in the "practice of pharmacy" as that term is defined at NRS 639.0124.

## FACTUAL ALLEGATIONS

3. Thompson is a physician licensed by the Nevada Board of Medical Examiners to practice medicine in Nevada. In 2021, Thompson practiced medicine at the Las Vegas Comprehensive Pain Management Center ("LVCPMC"), located at 8930 West Sunset Road, Suite 350, in Las Vegas, Nevada.

4. At all times relevant to this accusation, Thompson was a "practitioner" as that term is defined at NRS 639.0125 and NRS 453.126.

5. In 2021, Thompson worked in partnership or association with, or was employed by David James Smith, M.D. ("Smith"), who then identified himself as the "Medical Director" of the LVCPMC.

6. Smith has never held a certificate of registration issued by the Board. Thompson has held her certificate of registration since December 15, 2020.

7. In 2019 and 2020, Smith held a financial interest in Direct Compounding and Outsourcing, LLC ("Direct Compounding"), which owned and operated a compounding pharmacy in Henderson, Nevada. In 2021, the Board revoked Direct Compounding's pharmacy license due to mismanagement and lack of drug security.

8. On information and belief, Smith relied upon Thompson to procure and prescribe any controlled substances that were administered or dispensed to patients of the LVCPMC.

9. On information and belief, Thompson permitted Smith to use Thompson's name and credentials to prescribe and/or dispense controlled substances to patients of the LVCPMC. On information and belief, Thompson did so by signing prescription blanks and then leaving them at the LVCPMC in an area where Smith could access them, complete the necessary information on the blank, and then transmit the completed prescriptions to pharmacies.

10. On information and belief, Thompson knew or should have known that Smith used Thompson's name and credentials to prescribe and/or dispense controlled substances to patients of the LVCPMC.

11. On September 2, 2021, agents from the Federal Bureau of Investigation searched and/or occupied the premises of the LVCPMC based on suspicions that Smith had over-prescribed fentanyl and other controlled substances. On information and belief, Smith has since been indicted by a federal grand jury in California on charges related to his prescribing activity. Smith is also the subject of pending disciplinary action by the Nevada Board of Medical Examiners.

12. Board Investigator Kenneth Scheuber accompanied federal agents as they searched and/or occupied the premises of the LVCPMC on September 2, 2021. While on the premises, Investigator Scheuber discovered prescription blanks that had ostensibly been signed by Thompson. Three signed prescription blanks contained no date, no patient information, and no drug information. A fourth signed prescription was dated and contained patient information, but it contained no drug information.

13. While on the premises of the LVCPMC, Investigator Scheuber photographed the areas where the LVCPMC stored dangerous drugs and controlled substances. Investigator Scheuber later asked Thompson to respond to his written questions about the storage and labeling of the dangerous drugs and controlled substances depicted in the photographs, some of which had been purchased from Direct Compounding.

14. In her written communications with Investigator Scheuber, Thompson admitted to a lack of familiarity with LVCPMC's practices and procedures concerning the procurement, storage, and disposal of dangerous drugs and controlled substances. Thompson stated that questions would be more appropriately directed to Smith.

15. While on the premises of the LVCPMC, Investigator Scheuber observed several vials and containers with labels indicating that their drug contents had been held beyond their expiration

dates. When asked about these expired drugs, Thompson could not explain why the expired drugs were commingled with other non-expired drugs, or why the expired drugs had not been destroyed.

16. According to their labels, the expired drugs at the LVCPMC included fentanyl, clonidine hydrochloride, baclofen, dexamethasone, and injectable vitamin solutions. Fentanyl is classified as a controlled substance under both state and federal law. *See* 21 C.F.R. § 1308.11; NAC 453.520(3). The others are "dangerous drugs" as that term is defined at NRS 454.201.

17. In her written statement dated March 27, 2023, Thompson generally acknowledged that the LVCPMC had improperly stored and/or had failed to label dangerous drugs and controlled substances. Thompson attributed blame to Smith and stated that she had terminated her employment with the LVCPMC.

18. Thompson admitted that she had signed prescription blanks before filling them out.

19. Between January 1, 2021, and September 2, 2021, Thompson commingled or allowed persons under her supervision to commingle expired drugs and controlled substances with non-expired drugs and controlled substances.

20. The expired and non-expired drugs and controlled substances were commingled in an area where LVCPMC maintained its stock of useable drugs and controlled substances.

21. Between January 1, 2021, and September 2, 2021, Thompson stored or allowed persons under her supervision to store unlabeled dangerous drugs and/or controlled substances in an area where LVCPMC maintained its stock of useable drugs and controlled substances. On information and belief, these dangerous drugs and/or controlled substances were "nonsterile compounded drug products" as that term is defined at NAC 639.6665.

22. When asked about the unlabeled drugs and/or controlled substances, Thompson could not identify them or confirm their origin.

23. Between January 1, 2021, and September 2, 2021, Thompson possessed at least 3 prescription blanks that she had signed before filling them out. During the same time frame, Thompson possessed at least 1 signed prescription that contained no drug information. This supports an inference

that Thompson planned to allow other persons at the LVCPMC, including Smith, to use her name and credentials to prescribe controlled substances in her absence.

24. As the holder of a certificate of registration issued by the Board, Thompson had a legal duty to understand and comply with Nevada's statutes and regulations governing the storage, labeling, prescribing, and dispensing of dangerous drugs and controlled substances.

## APPLICABLE LAW

25. The Board may revoke or suspend the registration of any practitioner who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any of the provisions of NRS chapter 639 or any state or federal law or regulation relating to drugs, the manufacture or distribution of drugs, or the practice of pharmacy. *See* NRS 639.210(12); NRS 453.231(1)(b); NRS 453.236(1)(e).

26. Additionally, the Board may revoke or suspend the registration of any practitioner who is guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4); NRS 453.231(1)(h); NRS 453.236(1)(e).

27. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the person performs his or her duties as the holder of a license issued by the Board in an incompetent, unskillful, or negligent manner, or if the person aids or abets a person not licensed to practice pharmacy in Nevada. NAC 639.945(1)(i) and (j).

28. "'Practice of pharmacy' includes, but is not limited to, the . . . [p]erformance or supervision of activities associated with manufacturing, compounding, labeling, dispensing and distributing of a drug, including the receipt, handling and storage of prescriptions and other confidential information relating to patients." NRS 639.0124(1)(a).

29. It is unlawful for a practitioner to dispense a controlled substance or dangerous drug in violation of any regulation adopted by the Board. *See* NRS 453.381(8); NRS 454.215; NRS 454.301. The term "dispense" includes the prescribing by a practitioner, administering, packaging, labeling, or

compounding necessary to prepare a substance for delivery to a patient. NRS 639.0065; NRS 453.056.

30. In lieu of revoking or suspending a practitioner's registration for violating the law or engaging in unprofessional conduct, the Board may impose fines as a disciplinary measure. *See* NRS 639.255; NAC 639.955.

31. It is unlawful for a practitioner to knowingly or intentionally "[p]ossess prescription blanks which have been signed before being filled out." NRS 453.331(1)(h).

32. It is unlawful for a practitioner to knowingly or intentionally "falsely make, alter, forge, utter, publish or pass, as genuine, any prescription for a controlled substance." NRS 453.331(1)(f).

33. A practitioner who maintains a stock of controlled substances and/or dangerous drugs must not commingle expired substances and unexpired substances in a storage area from which the substances are withdrawn from inventory for administering or dispensing to patients. NAC 639.050(2); NAC 639.473.

34. Any pharmacist who prepares nonsterile compounded drug products must label each product with "[t]he name of the final compounded drug product or the name of each active ingredient present in the nonsterile compounded drug product and, as appropriate, the concentration of each active ingredient in the final compounded drug product." NAC 639.6703(1)(a). A practitioner who procures, stores, administers, or dispenses an unlabeled nonsterile compounded drug product assists or abets in the violation by the pharmacist who failed to label that product.

## COUNT ONE
### Possession/Use of Signed Prescription Blanks

35. Between January 1, 2021, and September 2, 2021, Thompson possessed at least 3 prescription blanks that she had signed before filling them out. During the same time frame, Thompson possessed at least 1 signed prescription that contained no drug information.

36. By knowingly possessing the signed prescription blanks as described above, Thompson violated NRS 453.331(1)(h). This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(12).

37. By possessing the signed prescription blanks as described above, Thompson performed her duties as the holder of a license issued by the Board in an incompetent, unskillful, or negligent manner. This is unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

38. The Board may discipline Thompson based upon any one of the grounds stated above.

**COUNT TWO**
**Assisting or Abetting the Unlicensed Practice of Pharmacy**

39. By knowingly possessing the signed prescription blanks as described above and then leaving them at the LVCPMC where Smith had access to them, Thompson assisted or abetted Thompson to falsely make or pass as genuine a prescription for a controlled substance. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 453.331(1)(f); NRS 639.210(12).

40. By signing prescription blanks as described above and then leaving them at the LVCPMC where Smith had access to them, Thompson assisted or abetted Smith in the unlicensed practice of pharmacy. This is unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(j).

41. By signing prescription blanks as described above and then leaving them at the LVCPMC where Smith had access to them, Thompson performed her duties as the holder of a license issued by the Board in an incompetent, unskillful, or negligent manner. This is unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

42. The Board may discipline Thompson based upon any one of the grounds stated above.

## COUNT THREE
### Improper Storage of Dangerous Drugs and/or Controlled Substances

43. Between January 1, 2021, and September 2, 2021, Thompson stored or allowed persons under her supervision to store dangerous drugs and/or controlled substances in an area from which LVCPMC withdrew those drugs and/or controlled substances from inventory for administering or dispensing to patients.

44. Thompson commingled or allowed persons under her supervision to commingle the expired drugs and/or controlled substances and the unexpired drugs and/or controlled substances in an area where LVCPMC maintained its stock of useable drugs and controlled substances.

45. By commingling expired and unexpired drugs and/or controlled substances as described above, Thompson violated NAC 639.050(2) and/or NAC 639.473. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(12).

46. By allowing persons under her supervision to commingle expired and unexpired drugs and/or controlled substances as described above, Thompson assisted or abetted in violation of NAC 639.050(2) and/or NAC 639.473. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(12).

47. By engaging in the conduct described above, Thompson performed her duties as the holder of a license issued by the Board in an incompetent, unskillful, or negligent manner. This is unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

48. The Board may discipline Thompson based upon any one of the grounds stated above.

## COUNT FOUR
### Failure To Label Compounded Drug Product

49. Between January 1, 2021, and September 2, 2021, Thompson stored or allowed persons under her supervision to store unlabeled dangerous drugs and/or controlled substances in an area where LVCPMC maintained its stock of useable drugs and controlled substances. On information and belief,

these dangerous drugs and/or controlled substances were "nonsterile compounded drug products" as that term is defined at NAC 639.6665.

50. By engaging in the conduct described above, Thompson assisted or abetted in violation of NAC 639.6703(1)(a) by the pharmacy and/or pharmacist who dispensed such nonsterile compounded drug products. This is a violation of law for which the Board may impose administrative discipline. *See* NRS 639.210(12); NRS 453.381(8).

51. By engaging in the conduct described above, Thompson performed her duties as the holder of a license issued by the Board in an incompetent, unskillful, or negligent manner. This is unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

52. The Board may discipline Thompson based upon any one of the grounds stated above

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Shannon Thompson.

DATED this 15th day of AUGUST 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

# BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**SHARRON THOMPSON, M.D.,**<br>**Certificate of Registration No. CS31142,**<br><br>**Respondent.** | **CASE NO. 21-183-CS-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 6, 2023, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of AUGUST, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br>**SHARRON THOMPSON, M.D.,**<br>**Certificate of Registration No. CS31142,**<br><br>**Respondent.** | **CASE NO. 21-183-CS-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

**SHARRON THOMPSON, M.D.**

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 15th day of August 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Sharron Thompson, MD
[redacted]W. Sunset Rd. #350
Las Vegas, NV 89148

SHIRLEY HUNTING

# 5G

FILED
AUG 31 2023
NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**JOANNA REINA REYES, APRN,**<br>**Certificate of Registration No. CS29711,**<br>**Respondent.** | **CASE NO. 22-447-CS-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has personal jurisdiction over Respondent Joanna Reina Reyes, APRN ("Reyes"), because Reyes holds a certificate of registration issued by the Board that authorizes her to prescribe controlled substances in Nevada. Reyes holds certificate of registration no. CS29711, which was issued by the Board pursuant to NRS 453.226 and NRS 453.231.

2. The Board has jurisdiction over the subject matter of this accusation because Reyes has had a certificate, license or permit suspended or revoked in California on grounds which would cause suspension or revocation of her Nevada certificate of registration to prescribe controlled substances.

## FACTUAL ALLEGATIONS

3. Reyes is an advanced practice registered nurse licensed by the Nevada State Board of Nursing to practice advanced nursing in Nevada. Reyes also holds licenses and registrations issued by the California Board of Registered Nursing authorizing her to practice advanced nursing in California.

4. Pursuant to a Stipulated Settlement and Disciplinary Order (the "California Order"), approved on March 15, 2023, the California Board of Registered Nursing revoked Reyes' license and certificates authorizing her to practice advanced nursing in California. Although the revocations

became effective on April 14, 2023, their implementation was stayed subject to Reyes' compliance with the terms and conditions of a three-year period of probation.

5. On or about June 26, 2023, Reyes placed her Nevada nursing license on inactive status.

6. On or about July 21, 2023, after learning that Reyes had placed her Nevada nursing license on inactive status, the Board placed Reyes' certificate of registration to prescribe controlled substances on inactive status. The Board did so pursuant to the Approved Regulation of the Nevada State Board of Pharmacy, LCB File No. R071-19 (February 7, 2020).

7. According to the terms of the California Order, Reyes acknowledged that there was a factual basis for the allegations and disciplinary charges against her. These included allegations that Reyes' "charting lacked sufficient information to ascertain the medical necessity of prescribing psychotropic medications; her quality of care was poor and substandard; and her prescribing history of benzodiazepines was excessive and medically not indicated."

8. Reyes further acknowledged that there was a factual basis to establish that she had commonly prescribed alprazolam for her patients without having properly evaluated the risks and benefits to the patients, and without having considered the possibility of prescribing different medications, lower doses, and/or alternative treatments for her patients. Alprazolam is classified as a Schedule IV controlled substance under both state and federal law. *See* 21 CFR § 1301.14(c)(2); NAC 453.540(3).

9. The California Order was supported by documentation indicating that Reyes regularly prescribed alprazolam for patients between April 19, 2016, and April 24, 2018.

10. According to the California Order, Reyes engaged in unprofessional conduct because she "failed to provide comprehensive evidence-based assessment, treatment, medication management, or provide documentation of such." Reyes was disciplined for several violations of California law, including a violation of Cal. Bus. & Prof. Code § 2761(a)(1), which subjects nurses to

discipline for "[i]ncompetence, or gross negligence in carrying out usual certified or licensed nursing functions."

## APPLICABLE LAW

11. The Board may revoke or suspend the registration of any practitioner who has violated, attempted to violate, assisted, or abetted in the violation of, or conspired to violate any of the provisions of NRS chapter 639 or any state or federal law or regulation relating to drugs, the manufacture or distribution of drugs, or the practice of pharmacy. *See* NRS 639.210(12); NRS 453.231(1)(b); NRS 453.236(1)(e).

12. An advanced practice registered nurse who is authorized to prescribe controlled substances may prescribe a controlled substance only "[f]or a legitimate medical purpose that is within the scope of practice in which the advanced practice registered nurse is trained, qualified and competent and subject to any limitations prescribed by the State Board of Nursing." NAC 639.854(1)(a).

13. The Board may revoke or suspend the registration of any practitioner who is guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4); NRS 453.231(1)(h); NRS 453.236(1)(e).

14. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner prescribes "a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship." NAC 639.945(1)(o). Additionally, a practitioner's conduct is deemed to be unprofessional and contrary to the public interest if the practitioner performs "any of his or her duties as the holder of a license, certificate or registration issued by the Board . . . in an incompetent, unskillful or negligent manner." NAC 639.945(1)(i).

15. The Board may revoke or suspend the registration of any practitioner who "[h]as had a certificate, license or permit suspended or revoked in another state on grounds which would cause suspension or revocation of a certificate, license or permit in this State." NRS 639.210(14).

## COUNT ONE
### Failure to Establish Bona Fide Therapeutic Relationships

16. Between April 19, 2016, and April 24, 2018, while practicing advanced nursing in California, Reyes prescribed alprazolam for one or more patients with whom she had not established bona fide therapeutic relationships. This amounts to unprofessional conduct for which the Board may discipline Reyes under Nevada law. *See* NAC 639.945(1)(o).

17. That Reyes did not establish bona fide therapeutic relationships with her patients may be inferred from the California Order, including statements that Reyes commonly prescribed alprazolam for her patients without having properly evaluated the risks and benefits to the patients, and without having considered the possibility of prescribing different medications, lower doses, and/or alternative treatments for her patients.

18. That Reyes did not establish bona fide therapeutic relationships with her patients may be inferred from the California Order, including the statement that Reyes "failed to provide comprehensive evidence-based assessment, treatment, medication management, or provide documentation of such."

19. The Board may discipline Reyes because the unprofessional conduct for which she was disciplined in California is grounds to suspend or revoke her certificate of registration to prescribe controlled substances in Nevada. See NRS 639.210(4) & (14); NAC 639.945(1)(o).

## COUNT TWO
### Prescribing Controlled Substances in Violation of NAC 639.854

20. Between April 19, 2016, and April 24, 2018, while practicing advanced nursing in California, Reyes prescribed alprazolam for one or more patients when she did not have a legitimate medical purpose for doing so.

21. Between April 19, 2016, and April 24, 2018, while practicing advanced nursing in California, Reyes prescribed alprazolam for one or more patients even though her prescribing activity was not within the scope of practice in which she was trained, qualified and competent.

22. Given her conduct as described above, Reyes would have violated NAC 639.854(1)(a) had the conduct occurred in Nevada. This may be inferred from the California Order, including the statements detailed in paragraphs 16 and 17 above.

23. The Board may discipline Reyes because the conduct for which she was disciplined in California is grounds to suspend or revoke her certificate of registration to prescribe controlled substances in Nevada. *See* NRS 639.210(12) & (14); NAC 639.854(1)(a).

**COUNT THREE**
**Incompetence**

24. Between April 19, 2016, and April 24, 2018, while practicing advanced nursing in California, Reyes prescribed alprazolam for one or more patients when she did not have a legitimate medical purpose for doing so.

25. Between April 19, 2016, and April 24, 2018, while practicing advanced nursing in California, Reyes prescribed alprazolam for one or more patients even though her prescribing activity was not within the scope of practice in which she was trained, qualified and competent.

26. NAC 639.854(1)(a) imposes the duty upon an advanced practice registered nurse to prescribe a controlled substance only "[f]or a legitimate medical purpose that is within the scope of practice in which the advanced practice registered nurse is trained, qualified and competent and subject to any limitations prescribed by the State Board of Nursing."

27. Reyes performed her duty as described above in an incompetent, unskillful or negligent manner. This amounts to unprofessional conduct for which the Board may discipline Reyes under Nevada law. See NAC 639.945(1)(i).

28. That Reyes engaged in unprofessional conduct may be inferred from the California Order, including the statements detailed in paragraphs 16 and 17 above.

29. The Board may discipline Reyes because the unprofessional conduct for which she was disciplined in California is grounds to suspend or revoke her certificate of registration to prescribe controlled substances in Nevada. *See* NRS 639.210(12) & (14); NAC 639.854(1)(a)

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent Joanna Reina Reyes.

DATED this 30th day of AUGUST 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

# BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**JOANNA REINA REYES, APRN,**<br>**Certificate of Registration No. CS29711,**<br><br>**Respondent.** | **CASE NO. 22-447-CS-S**<br><br><br><br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 6, 2023, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and zunino@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of AUGUST, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

# BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br>**JOANNA REINA REYES, APRN,**<br>**Certificate of Registration No. CS29711,**<br><br>**Respondent.** | **CASE NO. 22-447-CS-S**<br><br><br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

**JOANNA REINA REYES, APRN**

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of August, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. to the following:

Joanna Reina Reyes, APRN
[redacted]S Pecos Rd[redacted]
Henderson, NV 89074

SHIRLEY HUNTING

# 5H

FILED
OCT 19 2023
NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br>**v.**<br><br>**CVS PHARMACY #5811,**<br>**Pharmacy License No. PH01912,**<br><br>**HEIDI WICKHAM, RPH,**<br>**Certificate of Registration No. 16474, and**<br><br>**ADALBERTO GARZA, RPH,**<br>**Certificate of Registration No. 18029,**<br><br>**Respondents.** | **CASE NOS. 19-046-PH-S**<br>**19-046-RPH-A-S**<br>**19-046-RPH-B-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Heidi Wickham, RPh (Wickham), Certificate of Registration No. 16474, and Respondent Adalberto Garza, RPh (Garza), Certificate of Registration No. 18029, were pharmacists registered with the Board, and Respondent CVS Pharmacy #5811, Pharmacy License No. PH01912, was a pharmacy licensed by the Board.

## FACTUAL ALLEGATIONS

2. Wickham was employed as managing pharmacist and Garza was employed as a staff pharmacist by CVS Pharmacy #5811 at the time of the events alleged herein.

3. On or about December 7, 2018, Dr. A.K. submitted an electronic prescription to CVS Pharmacy #5811 for patient N.T. for Clopidogrel Bisulfate 75mg, quantity 90, with directions to take one tablet daily with three (3) refills. CVS computer system designated this prescription no. 584696.

4. On or about January 30, 2019, Dr. A.K. submitted an electronic prescription to CVS Pharmacy #5811 for patient N.T. for Eliquis 5mg, quantity 180, with directions to take 1 tablet twice daily with three (3) refills. CVS computer system designated this prescription no. 591623.

5. In the course of dispensing prescription no. 591623 on January 30, 2019, Garza failed to counsel the patient.

6. On March 11, 2019, the first refill for prescription no. 584696 (Clopidogrel 75mg) was automatically processed by CVS computer system. DUR warnings showed a drug-drug interaction "Eliquis 5mg and Clopidogrel 75 mg may interact" and a warning that Clopidogrel 75mg should be used cautiously in geriatric patients. Wickham performed data entry and DUR verifications, failing to confer with the prescriber on the duplication of therapy, and the medication was dispensed to the patient on or about March 12, 2019.

7. Records of prescriptions dispensed by CVS Pharmacy #5811 from January 29, 2019, through January 31, 2019, reveal that one hundred and eighty-four (184) dispensed prescriptions lacked any documentation of medication counseling to the patient.

## COUNT ONE

**Error in Dispensing Prescription/Unprofessional Conduct**

(Respondent Wickham)

8. Unprofessional conduct includes failing to confer with the person writing or ordering a prescription if there is an error or omission which should be questioned. NAC 639.945(1)(e). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

9. A pharmacist shall review a patient's record before dispensing a prescription to determine its therapeutic appropriateness, including overutilization, therapeutic duplications, contraindications and interactions. NAC 639.707(4).

10. Wickham violated NAC 639.707(4) and engaged in unprofessional conduct as defined in NAC 639.945(1)(e) and/or (i) when she failed to confer with the prescriber on the duplication of therapy for patient N.T. and overrode DUR alerts, and each is therefore subject to discipline pursuant to NRS 639.210(4) and/or (12).

## COUNT TWO

**Failure to Provide Medication Counseling to Patient**

(Respondent Garza)

11. A pharmacist shall provide medication counseling to a patient when dispensing a prescription and a pharmacy shall maintain documentation of medication counseling in conformance with NRS 639.266, NAC 639.707 and NAC 639.708.

12. Garza violated NRS 639.266 and NAC 639.707 when he failed to provide medication counseling to N.T. for prescription no. 591623 and is subject to discipline pursuant to NRS 639.210(12).

## COUNT THREE

**Managing Pharmacist Responsibility**

(Respondent Wickham)

13. A managing pharmacist is responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy, including recordkeeping. NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

14. As the managing pharmacist of CVS Pharmacy #5811 at the time of the violations alleged herein, including the failure to provide medication counseling to patients and maintain documentation of medication counseling in violation of NRS 639.266, NAC 639.707 and NAC

639.708, Wickham is responsible for those violations and subject to discipline pursuant to NRS 639.210(12) and (15), NRS 639.220(1) and/or NAC 639.702.

**COUNT FOUR**

**Pharmacy/Pharmacy Owner Responsibility**

(Respondent CVS Pharmacy #5811)

15. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

16. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #5811 is responsible for those violations, including all errors and omissions of Wickham and Garza, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the licenses and certificates of registrations of these Respondents.

Signed this 19th day of October, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

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# BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**CVS PHARMACY #5811,**<br>**Pharmacy License No. PH01912,**<br><br>**Respondent.** | **CASE NO. 19-046-PH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

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TeamBC@Pharmacy.nv.gov and bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 19th day of October, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**CVS PHARMACY #5811,**<br>**Pharmacy License No. PH01912,**<br><br>**Respondent.** | **CASE NO. 19-046-PH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

**TYPE OR PRINT NAME**

_____

**AUTHORIZED REPRESENTATIVE FOR CVS PHARMACY #5811**

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 26th day of October , 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

Adalberto Garza, RPH
[redacted] Matese Dr.
Henderson, NV 89052

Heidi Wickham, RPH
[redacted] Bearclaw Ter
Henderson, NV 89014

CVS Pharmacy #5811
1990 W. Sunset Rd.
Henderson, NV 89014

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

SHIRLEY HUNTING

# 5I

# 5J

# 5K

FILED
SEP 28 2023
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**MATTHEW OKEKE, M.D.,**<br>**Certificate of Registration No. CS10935,**<br><br>**Respondent.** | **Case No. 19-013-CS-S**<br><br>**FIRST AMENDED NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a first amended notice of intended action under NRS 233B.127(3) and a first amended accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over Respondent Matthew Okeke, M.D. (Respondent), because Respondent, at the time of the violations alleged herein, held a Nevada controlled substance registration, Certificate of Registration No. CS10935.

2. Respondent is a physician licensed by the Nevada State Board of Medical Examiners to practice psychiatry in Nevada. During the time periods discussed herein, Respondent was a "practitioner" as that term is defined at NRS 453.126.

## FACTUAL ALLEGATIONS

3. Between February 28, 2017, and November 21, 2018, Respondent maintained a psychiatric practice in Las Vegas, Nevada. During that time frame, while engaged at various times in overseas travel, Respondent issued or caused to be issued at least one hundred twenty (120) prescriptions for controlled substances. These included prescriptions for alprazolam, clonazepam, diazepam, lacosamide, pregabalin, lisdexamfetamine, and buprenorphine.

4. Respondent was located outside of the United States during the periods from: 1) February 26 to March 11, 2017; 2) September 27 to October 2, 2017; 3) June 30 to July 17, 2018; and 4) November 9 to November 23, 2018.

5. While engaged in overseas travel as alleged above, Respondent employed the following methods of issuing prescriptions for controlled substances: 1) Respondent pre-signed certain of the prescriptions and supplied then to persons under his supervision or control for subsequent distribution to consumers; 2) Respondent authorized or directed one or more persons under his supervision or control to issue prescriptions to consumers by affixing Respondent's signature to those prescriptions via a rubber stamp imprinted with Respondent's signature; and 3) Respondent authorized or directed one or more persons under his supervision or control to telephonically issue prescriptions for consumers using Respondent's name and controlled substances registration number.

6. During the periods described herein, Respondent intentionally failed to maintain patient treatment charts and/or records from which a person could reasonably determine whether Respondent had a bona fide therapeutic relationship with the persons to whom prescriptions for controlled substances were issued under Respondent's name and controlled substances registration number.

7. Respondent caused, directed, or permitted one or more persons under his supervision or control to issue prescriptions for controlled substances even though such person(s) were not licensed or registered under state or federal law to prescribe controlled substances. Respondent knew or should have known that such person(s) were not licensed or registered under state or federal law to prescribe controlled substances.

8. On or about March 9, 2020, the Nevada State Board of Medical Examiners disciplined Respondent for malpractice and for failure to maintain proper medical records.

9. On or about September 7, 2022, Respondent entered a guilty plea pursuant to a plea agreement of committing the offense of intentional failure to maintain adequate records, a gross misdemeanor violation of NRS 422.510(1).

10. On or about September 7, 2022, Discovery Mind Center Ltd. (Discovery Mind Center), a Nevada limited-liability company, entered a guilty plea pursuant to a plea agreement of submitting false claims to defraud Medicaid, a felony violation of NRS 422.540; and of using the identifying information of an older person for unlawful purposes, a felony violation of NRS 205.463.

11. At the time of the offenses described in paragraph 10 above, Respondent owned, controlled, and/or managed Discovery Mind Center. Respondent entered guilty pleas on behalf of Discovery Mind Center.

12. On or about December 8, 2022, the Nevada State Board of Medical Examiners disciplined Respondent for failure to maintain proper medical records.

13. On or about January 17, 2023, Respondent and Discovery Mind Center were sentenced for the criminal offenses described in paragraph 10 above. Discovery Mind Center was ordered to pay $330,000 in restitution, and Respondent was sentenced to probation and ordered to pay $300,000 in costs and penalties.

14. On or about February 21, 2023, Matthew Okeke, M.D., Ltd., a Nevada limited-liability company, was convicted pursuant to a plea agreement of one count of submitting false claims: Medicaid fraud, a category D felony in violation of NRS 422.540(1)(a) and NRS 422.540(2)(a), and one count of obtaining and using personal identifying information of an older person for unlawful purposes, a category D felony in violation of NRS 205.463(1) and NRS 205.463(3)(a).

15. At the time of the offenses described in paragraph 14 above, Respondent owned, controlled, and/or managed Matthew Okeke, M.D., Ltd., a Nevada limited-liability company. Respondent entered guilty pleas on behalf of the company.

16. On or about February 21, 2023, Matthew Okeke, M.D., Ltd., a Nevada limited-liability company, was sentenced for the offenses described in paragraph 14 above. The company was ordered to pay a fine of $100,000, among other fees and assessments.

17. Respondent was charged individually with the offenses described in paragraphs 9, 10, and 14 above. However, Respondent entered into plea agreements whereby he avoided individual convictions for all offenses except the gross misdemeanor offense described in paragraph 9 above.

18. On or about October 25, 2022, Respondent submitted to the Board his application to renew his certificate of registration to prescribe controlled substances. The application specifically directed Respondent to disclose any charges, arrests, or convictions. Respondent disclosed the

conviction described in paragraph 9 above, referring to it as a "misdemeanor for record keeping," but he did not disclose the individual charges and/or arrests related to the felony fraud charges mentioned in paragraphs 10 and 14 above.

## APPLICABLE LAW

19. In Nevada, it is unlawful to dispense a controlled substance except as authorized by NRS Chapter 453. *See* NRS 453.321(1)(a). "Dispense" is defined to include the act of prescribing a controlled substance. *See* NRS 453.056.

20. Every practitioner who prescribes controlled substances in Nevada must secure and maintain a certificate of registration from the Board. NRS 453.226(1)(a); NRS 453.231(3). A practitioner who fails to secure and maintain such a registration is subject to criminal and/or civil penalties for prescribing controlled substances without a registration. *See* NRS 453.232; NRS 453.553; NRS 453.5531.

21. In addition to any criminal or civil penalties that may apply, the Board may revoke or suspend the existing registration of any practitioner who has been guilty of unprofessional conduct or conduct contrary to the public interest. *See* NRS 639.210(4).

22. A practitioner's conduct is deemed unprofessional and contrary to the public interest if the practitioner: 1) performs, without the required registration, any task or operation for which registration is required; 2) performs his or her duties in an incompetent, unskillful, or negligent manner; 3) performs or engages in any fraudulent or deceitful transaction; or, 4) prescribes a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship. *See* NAC 639.945(1)(h)-(o).

23. Additionally, the Board may revoke or suspend the registration of any practitioner who has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to controlled substances, *see* NRS 639.210(11), or who has violated any Nevada statute or regulation relating to drugs, the manufacture or distribution of drugs or the practice of pharmacy, *see* NRS 639.210(12).

24. Further, the Board may revoke or suspend the registration of any practitioner who has been convicted of a crime involving moral turpitude, dishonesty or corruption. *See* NRS 639.210(7)(c).

25. Finally, the Board may revoke or suspend the registration of any practitioner who "[h]as willfully made to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provisions of [NRS chapter 639]." *See* NRS 639.210(9).

26. In addition to or in lieu of revoking or suspending a practitioner's certificate of registration due to any violation described herein, the Board may impose an administrative fine upon such practitioner. The fine may not exceed $10,000 for each offense. *See* NRS 639.255(1)(f) and (3).

## COUNT ONE
### Failure to Comply with Federal Registration Requirements

27. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribed controlled substances in Nevada without their having obtained a registration from the Drug Enforcement Division of the U.S. Department of Justice. This constitutes a violation of federal law relating to controlled substances. *See* 21 U.S.C. 822(a)(2); 21 C.F.R. § 1306.03(a)(1). It also constitutes a violation of NRS 639.210(11), an offense for which the Board may impose administrative discipline.

## COUNT TWO
### Failure to Comply with State Registration Requirements

28. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada without their having obtained a registration from the Board. This violates state law relating to controlled substances. *See* NRS 453.321(1); NRS 453.226. It also constitutes a violation of NRS 639.210(12), an offense for which the Board may impose administrative discipline.

## COUNT THREE
### Participating in Deceitful Transactions

29. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada.

30. Respondent engaged in the conduct described herein as part of a scheme to bill Medicaid for services that Respondent did not provide. In this regard, Respondent used prescriptions to falsely document patient visits that never occurred.

31. By causing prescriptions to be issued in the manner described herein, Respondent engaged in unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(h).

## COUNT FOUR
### Issuing Pre-signed Prescriptions

32. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances in Nevada by supplying patients with written prescriptions that Respondent had signed or stamped in advance of his overseas travel.

33. By causing prescriptions to be issued in the manner described herein, Respondent violated NRS 639.2353 by issuing pre-signed prescriptions. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 639.210(12). Through his conduct, Respondent has potentially subjected other persons to administrative discipline. *See* NAC 639.295(15). (a physician assistant is subject to discipline for supplying patients with pre-signed prescriptions).

## COUNT FIVE
### Issuing Prescriptions from Unauthorized Locations

34. Between May 18, 2022, and January 22, 2023, while located outside the United States, Respondent caused prescriptions for controlled substances to be issued in his name and under his controlled substances registration number.

35. By engaging in the conduct described herein, Respondent prescribed controlled substances from locations other than his office and/or a location properly registered with the Board. This constitutes a violation of state law for which the Board may impose administrative discipline. *See* NRS 453.226; NRS 639.210(12); NAC 453.130(3).

**COUNT SIX**

**Performing Duties in an Incompetent, Unskillful, or Negligent Manner**

36. Respondent failed to maintain patient charts and records from which the Board and/or a member of the Board's staff could reasonably ascertain whether Respondent maintained bona fide therapeutic relationships with the persons to whom prescriptions for controlled substances were issued between May 18, 2022, and January 22, 2023. Pursuant to NRS 453.246 and NAC 639.945(1)(o), Respondent had a legal duty to maintain such records.

37. By failing to maintain records as required by NRS 453.246 and NAC 639.945(1)(o), Respondent violated state law relating to controlled substances and/or performed his duties in an incompetent, unskillful and/or negligent manner. This is conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4) and (12); NAC 639.945(1)(i).

38. By subjecting persons under his supervision or control to potential disciplinary action, Respondent performed his duties in an incompetent, unskillful and/or negligent manner. This too is conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(i).

**COUNT SEVEN**

**Failure to Establish Bona Fide Patient Relationships**

39. Between February 28, 2017, and November 21, 2018, Respondent caused, directed, or assisted one or more persons under his supervision or control to prescribe controlled substances for persons whom Respondent identified as his patients. Respondent did not establish bona fide therapeutic relationship with one or more of these ostensible patients.

40. Respondent's conduct as described above constitutes unprofessional conduct for which the Board may impose administrative discipline. *See* NRS 639.210(4); NAC 639.945(1)(o).

## COUNT EIGHT
**Conviction of Crime Involving Dishonesty**

41. As described above, Respondent was convicted of intentional failure to maintain adequate records, a gross misdemeanor.

42. Respondent's conviction for intentional failure to maintain adequate records, a gross misdemeanor, was directly related to a fraudulent billing scheme involving the Discovery Mind Center and Matthew Okeke, M.D., Ltd., both limited-liability companies under the ownership and control of Respondent.

43. Respondent's conviction for intentional failure to maintain adequate records, a gross misdemeanor, amounted to a conviction for a crime involving dishonesty. The Board may impose administrative discipline based upon that conviction. *See* NRS 639.210(7)(c).

## COUNT NINE
**Willfully Making False Statements in Connection with Renewal Application**

44. As alleged above, on or about October 25, 2022, Respondent submitted to the Board his application to renew his certificate of registration to prescribe controlled substances. On the application, Respondent falsely represented that he had never been charged with or arrested for a criminal offense other than a misdemeanor offense related to record keeping. When he made this representation, Respondent had recently been charged with and/or arrested for multiple felony offenses related to a scheme to defraud Medicaid.

45. When he made the above false representation, Respondent knew that he had recently been charged with and/or arrested for multiple felony offenses related to a scheme to defraud Medicaid.

46. Respondent's false statement was material to the Board's determination whether to renew Respondent's certificate of registration to prescribe controlled substances.

47. Having willfully made a false representation as alleged above, Respondent is subject to discipline pursuant to NRS 639.210(9).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

DATED this 26th day of September 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this First Amended Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br>**v.**<br><br>**MATTHEW OKEKE, MD,**<br>**Certificate of Registration No. CS10935,**<br><br>**Respondent.** | **CASE NO. 19-013-CS-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a First Amended Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the First Amended Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

2. You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the First Amended Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the First Amended Notice of Intended Action and Accusation served within. NRS 622A.320; NRS 639.243.

3. **The Board has rescheduled your hearing on this matter for Wednesday, December 6, 2023, at 9:00 AM PST or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 7th day of September, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**MATTHEW OKEKE, MD,**<br>**Certificate of Registration No. CS10935,**<br><br>**Respondent.** | **CASE NO. 19-013-CS-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the First Amended Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the First Amended Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the First Amended Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

MATTHEW OKEKE, MD

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 29th day of September 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Liborius Agwara, JD, PhD
Law Offices of Libo Agwara, LTD
2785 E. Desert Inn Road, Suite 280
Las Vegas, NV 89121

Matthew Okeke, MD
[redacted]S. Las Vegas Blvd.[redacted]
Las Vegas, NV 89101

SHIRLEY HUNTING

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FILED
OCT 20 2023
NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**MORGAN A. TOWLER, PTT,**<br>**Certificate of Registration No. PT23168,**<br><br>**Respondent.** | **CASE NO. 23-424-PTT-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Morgan A. Towler ("Towler"), Certificate of Registration No. PT23168, was registered with the Board.

## FACTUAL ALLEGATIONS

2. At the time of the events alleged herein, Respondent Towler was employed by Walgreens Pharmacy #3844 ("Walgreens #3844"), located at 5011 E. Sahara Avenue, in Las Vegas, Nevada, as a pharmaceutical technician in training.

3. On or about February 28, 2022 the managing pharmacist at Walgreens #3844 submitted a Loss or Theft report on behalf of Walgreens #3844 to the Board which reported a suspected large employee theft dating back to December 17, 2021, of four thousand seven (4,007) Oxycodone-acetaminophen 10/325 mg tablets and six thousand seventy-two (6,072) hydrocodone acetaminophen 10/325 mg tablets.

4. On or about May 3, 2022, the managing pharmacist at Walgreens #3844 submitted a Theft report to the Board concerning a March 23, 2022, shortage discovery. The May 3, 2022,

report identified a suspected employee theft of one hundred ninety-three (193) Oxycodone HCL acetaminophen 7.5mg/325 mg tablets.

5. On or about July 8, 2022, the managing pharmacist at Walgreens #3844 submitted a Loss or Theft report on behalf of Walgreens #3844 to the Board which reported a suspected employee theft on June 24, 2022, of fifty-eight (58) Dextroamp-Amphetamine 20 mg tablets, eighty-nine (89) Mixed Salt amphetamine 20 mg tablets, forty-three (43) carisoprodol 350 mg tablets, one thousand two hundred nineteen (1,219) Carisoprodol 350 mg tablets, and two hundred twenty-nine (229) Carisoprodol 350 mg tablets.

6. On or about August 6, 2022, Respondent Towler was interviewed by Walgreens #3844's Asset Protection Manager. During the interview, Towler admitted to taking drugs from Walgreens #3844 beginning in December 2021. Towler admitted to diverting drugs from the pharmacy, including 500 "Norcos" (Norco or hydrocodone, CII) and 500 "Percs" (Percocet or oxycodone, CII) and 120 "Somas" (Soma or carisoprodol, CIV), for financial gain. Towler's admission constitutes fraudulent and/or deceitful conduct.

7. Respondent Towler possessed and/or distributed controlled substances without a valid certificate of registration to dispense controlled substances.

8. On or about August 8, 2022, a Las Vegas Metropolitan police report was filed against Respondent Towler by Walgreens #3844 and a copy of Respondent Towler's statement admitting to diverting controlled substances was included.

9. Respondent Towler was terminated from Walgreens #3844.

10. On or about August 19, 2022, the managing pharmacist at Walgreens #3844 submitted a Loss or Theft report on behalf of Walgreens #3844 to the Board which reported a suspected employee theft on July 26, 2022, of one hundred forty-eight (148) alprazolam 1 mg tablets, seven hundred fifty-three (753) alprazolam 2 mg tablets, two hundred twelve (212)

oxycodone acetaminophen 7.5/325 mg tablets, and one hundred forty-two (142) carisoprodol 350 mg tablets.

11. On or about September 23, 2022, Respondent Towler's Certificate of Registration No. PT23168 was summarily suspended by the Board's Executive Secretary pursuant to NRS 233B.127(3), and a notice of hearing for October 12, 2022, was served upon Towler's last known address.

12. The Board heard the matter on October 12, 2022, and Respondent Towler failed to appear, whereupon the Board found that the continuation of Towler's hearing was warranted.

## APPLICABLE LAW

13. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

15. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

16. Violating, attempting to violate, assisting, or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

17. It is unlawful to possess and/or distribute controlled substances without a valid registration. 21 USC § 841(a), NRS 453.321, NRS 453.331(1), NRS 453.336.

18. The Board may impose a fine upon the holder of a certificate, license, or permit issued by the Board for up to $10,000.00 for each violation. NRS 639.255(3).

**COUNT ONE**
**Unprofessional Conduct- Fraudulent or Deceitful Practice**
**(Respondent Towler)**

19. Respondent Towler engaged in unprofessional conduct and fraudulent or deceitful practices, as defined in NAC 639.945(1)(h) and NAC 639.945(1)(g), when she diverted controlled substances, including Norco, Percocet, and Soma, from Walgreens #3844 and is therefore subject to discipline pursuant to NRS 639.210(4) and/or NRS 639.255(3).

**COUNT TWO**
**Violations of Federal and State Controlled Substances Act**
**(Respondent Towler)**

20. Respondent Towler violated federal and state law by possessing and distributing controlled substances, including Norco, Percocet, and Soma, without the requisite registration/license in violation of 21 USC 841(a), NRS 453.321, 453.331(1), NRS 453.336, and is therefore subject to discipline pursuant to NRS 639.210(11); and/or NRS 639.210(12); and/or NRS 639.255(3).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to Respondent Towler's Certificate of Registration No. PT23168.

Signed this 20th day of October 2023.

J. David Wuest, R.Ph., Executive Secretary,
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

# BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**MORGAN A. TOWLER, PTT,**<br>**Certificate of Registration No. PT23168,**<br><br>**Respondent.** | **CASE NO. 23-424-PTT-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 6, 2023, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and gvanderdonck@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 20th day of OCTOBER, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**MORGAN A. TOWLER, PTT,**<br>**Certificate of Registration No. PT23168,**<br><br>**Respondent.** | **CASE NO. 23-424-PTT-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

**MORGAN A. TOWLER, PTT**

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of October 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Morgan A. Towler, PTT
[redacted]S. Nellis Blvd.[redacted]
Las Vegas, NV 89121

SHIRLEY HUNTING

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NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**CVS PHARMACY #5113,**<br>**Pharmacy License No. PH01951, and**<br><br>**ARASH KHOSH, RPH,**<br>**Certificate of Registration No. 20020,**<br><br>**Respondents.** | **CASE NOS. 19-132-PH-S**<br>**19-132-RPH-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because at the time of the events alleged herein, Respondent Arash Khosh, RPh (Khosh), Certificate of Registration No. 20020, was a pharmacist registered with the Board, and Respondent CVS Pharmacy #5113, Pharmacy License No. PH01951, was a pharmacy licensed by the Board.

## FACTUAL ALLEGATIONS

2. Khosh was employed as managing pharmacist by CVS Pharmacy #5113 at the time of the events alleged herein.

3. On or about July 12, 2019, patient S.S. tendered a prescription issued by Dr. P.E. for Norco 7.51325, quantity 15 for a 5-day supply to CVS Pharmacy #5113. Khosh informed patient S.S. that the medication in the pharmacy stock was limited and refused to fill the prescription.

4. In the course of the Board's investigation, Khosh represented that there was a shortage of Norco 7.51325 in the pharmacy stock on July 12 ,2019.

5. Records from CVS Pharmacy #5113 including invoices and the perpetual inventory reveal 1008 tablets of hydrocodone-acetaminophen 7.5/325 in stock on July 12, 2019.

**COUNT ONE**

**Declination to Fill Prescription/Unprofessional Conduct**

(Respondent Khosh)

6. A pharmacist may only decline to fill a prescription in conformance with NAC 639.753. Unprofessional conduct includes performing or in any way being a party to any fraudulent or deceitful practice or transaction. NAC 639.945(1)(d). Unprofessional conduct also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

7. Khosh violated NAC 639.753 and engaged in unprofessional conduct as defined in NAC 639.945(1)(h) and (i) when he informed patient S.S. that the medication in the pharmacy stock was limited and refused to fill the prescription and is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

**COUNT TWO**

**False Statement in the Court of Board Investigation**

(Respondent Khosh)

8. Willfully making a materially false statement or falsifying records in the course of a Board investigation is a criminal offense and grounds for suspension or revocation of any license or registration issued by the Board. NRS 197.190; NRS 639.210(9).

9. Khosh violated NRS 197.190 and engaged in unprofessional conduct as defined in NAC 639.945(1)(h) when he falsely represented to the Board investigator that there was a shortage of Norco 7.51325 in the pharmacy stock on July 12 ,2019, and is therefore subject to discipline pursuant to NRS 639.210(4) and (9).

## COUNT THREE

**Pharmacy/Pharmacy Owner Responsibility**

(Respondent CVS Pharmacy #5113)

10. Any violation of any of the provisions of NRS Chapter 639 by a managing pharmacist or by personnel of the pharmacy is cause for the suspension or revocation of the license of the pharmacy by the Board. NRS 639.230(5); NAC 639.702. Further, the owner of any business or facility licensed, certified or registered by the Board is responsible for the acts of all personnel in his or her employ. NAC 639.945(2).

11. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Respondent CVS Pharmacy #5113 is responsible for those violations, including all errors and omissions of Khosh, pursuant to NRS 639.230(5), NAC 639.702 and/or NAC 639.945(2).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the pharmacy license, and certificates of registrations of these Respondents.

Signed this 19th day of October, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

# BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**CVS PHARMACY #5113,**<br>**Pharmacy License No. PH01951,**<br><br>**Respondent.** | **CASE NO. 19-132-PH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 6, 2023, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 S. Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and bkandt@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 19th day of OCTOBER, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**CVS PHARMACY #5113,**<br>**Pharmacy License No. PH01951,**<br><br>**Respondent.** | **CASE NO. 19-132-PH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

**TYPE OR PRINT NAME**

_____

**AUTHORIZED REPRESENTATIVE FOR CVS PHARMACY #5113**

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 25th day of October, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. mail to the following:

CVS Pharmacy #5113
7295 S. Rainbow Blvd
Las Vegas, NV 89118

Brian J. Convery, Esq.
200 Campus Drive, Suite 310
Florham Park, NJ 07932

Arash Khosh, RPH
[redacted]Caminito Rojo
Laguna Hills, CA 92653

Arash Khosh, RPH
[redacted]Newport Blvd
Costa Mesa, CA 92627

SHIRLEY HUNTING

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NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**KRISTIN A. HESTDALEN, MD,**<br>**Certificate of Registration No. CS11061,**<br>**Respondent.** | **Case No. 19-228-CS-N**<br>**ORDER TO SHOW CAUSE** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), makes the following that will serve both a notice of intended action under NRS 233B.127(3) and as an order to show cause under NAC 639.965:

1. Respondent Kristin Hestdalen, MD, Certificate of Registration No. CS11061, is hereby directed to appear before the Board for a hearing to show cause scheduled on December 6, 2023, 9:00 a.m. at the following location:

**Hilton Garden Inn Las Vegas Strip South**
**7830 Las Vegas Blvd**
**Las Vegas, NV 89123**

2. On June 10, 2020, the Board and Respondent entered into a Stipulation and Order in Case No. 19-228-CS-N imposing discipline on Respondent's Certificate of Registration No. CS11061 for failure to timely renew her certificate of registration, which expired on October 31, 2018, and writing prescriptions for controlled substances on an expired certificate of registration. Pursuant to Paragraphs 9(b) and (c), 14 and 15, Respondent agreed to pay a fine of Five-Thousand Dollars ($5000.00) for the violations, and Nine-Hundred and Fifty Dollars ($950.00) to partially reimburse the Board for recoverable attorney's fees and costs.

3. Prior to entry of the Stipulation and Order, Respondent appeared before the Board on December 4, 2019, and the Board approved reissuance of Certificate of Registration No. CS11061 as

a restricted controlled substance registration, subject to the condition that she comply with her drug and alcohol treatment plan.

4. Respondent has failed to make payment of the fine and attorney's fees and costs pursuant to the Stipulation and Order.

5. On or about March 18, 2022, the Board received notice that Respondent was terminated from drug and alcohol treatment for failure to comply with her drug and alcohol treatment plan and testing positive for cocaine, a schedule I controlled substance.

6. Respondent is therefore directed to show cause why her Certificate of Registration No. CS11061 should not be subject to revocation or suspension pursuant to NRS 453.241(1) or, alternatively, automatically forfeited pursuant to NRS 639.180(6).

**IT IS SO ORDERED.**

Entered this 20 day of October, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 23rd day of October, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Kristin A. Hestdalen, MD
[redacted]oltec Trail
Reno, Nevada 89511

Kristin A. Hestdalen, MD
[redacted] Kietzke Ln [redacted]
Reno, NV 89511

Lyn E. Beggs, Esq.
316 California Ave. #863
Reno, NV 89509

SHIRLEY HUNTING

FILED
JUN 10 2020
NEVADA STATE BOARD OF PHARMACY



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**KRISTIN A. HESTDALEN, MD,**<br>**Certificate of Registration No. CS11061,**<br><br>**Respondent.** | **Case No. 19-228-CS-N**<br><br>**STIPULATION AND ORDER** |

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Kristin A. Hestdalen, MD, Certificate of Registration No. CS11061, by and through counsel, Lyn E. Beggs, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about December 13, 2019, Board Staff properly served Respondent with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of her right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of Paragraphs 8, 13 and 14 below, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this



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NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**KRISTIN A. HESTDALEN, MD,**<br>**Certificate of Registration No. CS11061,**<br>**Respondent.** | **Case No. 19-228-CS-N**<br>**STIPULATION AND ORDER** |

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Kristin A. Hestdalen, MD, Certificate of Registration No. CS11061, by and through counsel, Lyn E. Beggs, Esq., **HEREBY STIPULATE AND AGREE THAT**:

1. The Board has jurisdiction over Respondent and this matter.

2. On or about December 13, 2019, Board Staff properly served Respondent with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.

3. Respondent is fully aware of her right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.

4. Respondent is aware of her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of Paragraphs 8, 13 and 14 below, Respondent hereby freely and voluntarily waives her rights to a hearing, reconsideration, appeal and any and all other rights related to this

action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent admits that evidence exists, and that Board staff prosecuting this case could present such evidence at an administrative hearing, to establish a factual basis for the violations alleged in the Accusation, *to wit,* that:

A. Respondent failed to timely renew her Certificate of Registration No. CS11061, which expired on October 31, 2018, in violation of NRS 639.210(13), and

B. While Respondent held an expired Nevada Controlled Substance Registration, she wrote two-hundred sixty-three prescriptions for controlled substances between November 1, 2018 and May 3, 2019, in violation of NRS 453.226(1), NRS 453.321(1)(a), NRS 639.100(1), NRS 639.2813(1) and/or 21 CFR § 1306.03.

7. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

8. The Board approved a new Controlled Substance Registration for Respondent on December 4, 2019, at which time Respondent appeared before the Board to answer questions and give testimony regarding her application and the facts and circumstances regarding this matter.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent stipulate to the following penalties. Respondent Kristin A. Hestdalen, MD, Certificate of Registration No. CS11061, shall:

A. Receive a letter of reprimand from Board Staff regarding her duties and responsibilities as a prescribing practitioner;

B. Pay a fine of Five-Thousand Dollars ($5000.00) for the alleged violations; and

C. Pay Nine-Hundred and Fifty Dollars ($950.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 3, 2020. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent or her counsel are not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

14. Upon approval of this Stipulation by the Board, Respondent shall pay the fines agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, in monthly installments of $500.00 for ten months and due on the first date of each month commencing July 1, 2020.

15. Upon approval of this Stipulation by the Board, Respondents shall pay the attorney's fees and costs agreed to herein by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) of the effective date of this Order.

16. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

**Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.**

**AGREED:**

**Signed this ___ day of March, 2020**

**KRISTIN A. HESTDALEN, MD,**
**Certificate of Registration NoCS11061**

**Signed this 2ND day of ~~March~~ JUNE, 2020**

**BRETT RANDT, ESQ.**
**General Counsel**
**Nevada State Board of Pharmacy**

**APPROVED AS TO FORM AND CONTENT this ___ day of March, 2020**

**LYN E. BEGGS, ESQ.**
**Counsel for Respondent**

## DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Kristin A. Hestdalen, MD, Certificate of Registration No. CS11061, in Case No. 19-228 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

**IT IS SO ORDERED.**

Entered this 9th day of June, 2020.

Helen Park, President
Nevada State Board of Pharmacy

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 10th day of June, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Lyn Beggs, Esq.
316 California Ave. #863
Reno NV 89509

KRISTOPHER MANGOSING

# 5P

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OCT 18 2023
NEVADA STATE BOARD
OF PHARMACY

# BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**PLUS ONE PHARMACY, LLC,**<br>**License No. PH04369,**<br><br>**Respondents.** | **Case No. 21-189-PH-S**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, files the following document that will serve as both a notice of intended action under NRS 233B.127(3) and an accusation under NRS 622A.300(1) and NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has personal jurisdiction over Respondent Plus One Pharmacy (Respondent), because Respondent, at the time of the violations alleged herein, held a License issued by the Board pursuant to NRS 639.230, authorizing the business to operate as a pharmacy. Since August 11, 2021, Respondent has held a license to operate a pharmacy issued by the Board pursuant to NRS 639.230.

2. The Board has jurisdiction over the subject matter of this accusation because the alleged violations involve the dispensing of poisons, drugs, chemicals and medicines and the regulation of the practice of pharmacy. NRS 639.070.

## FACTUAL ALLEGATIONS

3. Respondent has been licensed by the Board to operate as a pharmacy since August 11, 2021. *See* NRS 639.230. Such a license authorizes the holder to conduct a pharmacy and to sell and dispense drugs and poisons and devices and appliances that are restricted by federal law to sale by or on the order of a physician. NRS 639.231.

4. Respondent Plus One Pharmacy, LLC is located at 6545 Fort Apache Road, #140, Las Vegas, NV 89148.

5. The owner of Respondent Plus One Pharmacy, LLC is Anisha Patel (Ms. Patel).

6. Ms. Patel is not herself licensed by the Board.

7. Ms. Patel is not a pharmacist.

8. On or about August 11, 2021, D.S. was listed as the managing pharmacist for Respondent.

9. On or about November 5, 2021, D.S. noticed a large shipment of drugs that had been delivered to Respondent.

10. These drugs were ordered and received without the managing pharmacist's knowledge.

11. None of the drugs were controlled substances; however, some of the drugs required refrigeration but were stored at room temperature. (i.e., insulin).

12. Once managing pharmacist D.S. discovered the drugs that were delivered without his knowledge, he immediately contacted Respondent's owner Ms. Patel and demanded that she turn over her pharmacy key to him.

13. Ms. Patel complied with the managing pharmacist's demand.

14. The drugs were then locked and secured and managing pharmacist D.S. verified that the inventory was accurate as stated on the invoice.

15. Ms. Patel stated that the unsupervised receipt of drugs by Respondent was due to a "miscommunication."

16. After verifying that the shipment of drugs was correctly documented on the accompanying invoices, managing pharmacist D.S. resigned and, being that Respondent did not have a managing pharmacist for the time being, the shipment of drugs was returned to the seller.

## APPLICABLE LAW

17. In Nevada, the Board may suspend or revoke any registration if the holder or applicant is guilty of unprofessional conduct or conduct contrary to the public interest. NRS 639.210(4).

18. Conduct contrary to the public interest includes, "performing any duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

19. A pharmacy owner and managing pharmacist in charge of a licensed pharmacy shall maintain a representative stock of dangerous drugs and controlled substances which must be stored properly. NAC 639.510.

20. The security of the prescription department of a pharmacy must be maintained by a pharmacist, including key access. NAC 639.520

21. A pharmacist employed by the pharmacy shall acknowledge on every invoice that drugs shipped to the pharmacy were received at the address where the Board issued a pharmacy license. NAC 639.523.

22. In lieu of a suspension or revocation, the Board may impose a fine of up to $10,000 for each violation committed. NRS 639.255(1)(f) and (3).

## COUNT ONE
### Conduct Contrary to the Public Interest in Receiving Drugs

23. Respondent, acting by and through Ms. Patel, ordered drugs and received them without a pharmacist present. A pharmacy owner and managing pharmacist in charge of a licensed pharmacy must maintain a representative stock of dangerous drugs and controlled substances. NAC 639.510. However, the stock of drugs must be acquired in the manner required by Nevada statutes and regulations.

24. More specifically, when shipments of drugs are received by a pharmacy, a pharmacist employed by the pharmacy must be there to acknowledge on each invoice that the drugs were received at the physical address where the Board issued the pharmacy license. NAC 639.523. Respondent's owner, Ms. Patel, stated that the absence of a pharmacist to receive the drug shipment was a "miscommunication."

25. As the holder of a pharmacy license issued by the Board, Respondent had a duty to receive dangerous drugs and controlled substances in the manner required by NAC 639.523. Acting by

and through Ms. Patel, Respondent performed this duty in an incompetent, unskillful, or negligent manner.

26. Through her actions as described above, Ms. Patel caused Respondent to engage in conduct contrary to the public interest. NRS 639.210(4). Respondent engaged in conduct contrary to the public interest because the pharmacy performed its duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

27. Respondent performed its duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner because it failed to ensure that a pharmacist employed by the pharmacy was present to receive the shipment of drugs. *See* NAC 639.523; and NAC 639.945(1)(i).

28. Having engaged in conduct contrary to the public interest as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

## COUNT TWO
### Conduct Contrary to the Public Interest in Allowing Access to Drugs

29. Respondent's owner Ms. Patel possessed a key to the pharmacy's prescription department despite not being a pharmacist. The security of the pharmacy's prescription department must be maintained by a pharmacist, including key access. NAC 639.520. Additional keys, not being handled by a pharmacist for the time being, must be secured in a manner that is inaccessible to unauthorized persons. NAC 639.520.

30. Because of her actions, Ms. Patel caused Respondent to engage in conduct contrary to the public interest. NRS 639.210(4). Respondent engaged in conduct contrary to the public interest because the pharmacy performed its duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner. NAC 639.945(1)(i).

31. Respondent performed its duties as the holder of a license issued by the Board in an incompetent, unskillful or negligent manner because the pharmacy allowed other people, besides

registered pharmacists, key access into the pharmacy's prescription department. *See* NAC 639.520; and NAC 639.945(1)(i).

32. Having engaged in conduct contrary to the public interest as alleged above, Respondent is subject to discipline by the Board. NRS 639.210(4); NRS 639.255; NAC 639.945; and NAC 639.955.

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of Respondent.

DATED this 16th day of OCTOBER 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3). The hearing shall be conducted pursuant to NRS 639.241 through NRS 639.258. To be entitled to a hearing, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350. A regulatory body may recover from a person reasonable attorney's fees and costs that are incurred by the regulatory body as a part of its investigative, administrative, and disciplinary proceedings against the person if the regulatory body finds that the person has violated any provision of this title. NRS 622.400(1).

BEFORE THE NEVADA STATE BOARD OF PHARMACY

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| NEVADA STATE BOARD OF PHARMACY,<br><br>**Petitioner,**<br><br>**v.**<br><br>**PLUS ONE PHARMACY, LLC,**<br>**License No. PH04369,**<br><br>**Respondents.** | **Case No. 21-189-PH-S**<br><br>**STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING** |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

1. Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy ("Board") by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation ("Accusation") has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you.

2. **A hearing on the Accusation filed against you has been scheduled before the Board for Wednesday, December 6, 2023, at 9:00 AM PST, or soon thereafter at the following location:**

**Hilton Garden Inn Las Vegas Strip South**
**7830 Las Vegas Blvd**
**Las Vegas, NV 89123**

3. At the hearing, you have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). At the hearing, you are entitled to present argument and evidence including witness testimony on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241; NRS 639.246. To do so, you must complete, and file two (2) copies of the Answer and Notice of Defense served herewith, within twenty (20) days of your receipt of this Statement and Notice, and the Accusation. NRS 622A.320; NRS 639.243.

You may file your answer electronically by emailing a copy of your Answer and Notice of Defense to the Board's coordinating staff and its prosecuting attorney at the email addresses below:

TeamBC@Pharmacy.nv.gov and gvanderdonck@pharmacy.nv.gov

Alternatively, you may file your Answer and Notice of Defense by mailing two (2) copies to Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521. Upon receipt of your Answer and Notice of Defense, a file stamped copy will be returned to you.

4. Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

5. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 18th day of OCTOBER, 2023.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

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|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br><br>**Petitioner,**<br><br>**v.**<br><br>**PLUS ONE PHARMACY, LLC,**<br>**License No. PH04369,**<br><br>**Respondent.** | **Case No. 21-189-PH-S**<br><br>**ANSWER AND NOTICE OF DEFENSE** |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2023.

_____

**TYPE OR PRINT NAME**

_____

**AUTHORIZED REPRESENTATIVE FOR PLUS ONE PHARMACY, LLC**

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 24th day of October, 2023, I served a true and correct copy of the foregoing document by Certified U.S. Mail and Standard U.S. Mail to the following:

Plus One Pharmacy, LLC
6545 Fort Apache Rd #140
Las Vegas, NV 89148

SHIRLEY HUNTING

# 6

# 6A

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

**Non-Refundable $500 fee**

Rev (05/12/2022)

| | | |
|---|---|---|
| **Where is the facility located?** | ☒ Nevada | ☐ Out-of-State |
| **[a]Is the business also a wholesaler? (NRS 639.016)** | ☐ Yes | ☒ No |

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

| Type of Application (check applicable box) | | MDEG Business Type (check applicable box) |
|---|---|---|
| ☒ New MDEG | * If making a change, provide current license number: | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) |
| ☐ Ownership Change* | | ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) |
| ☐ Name Change* | | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) |
| ☐ Location Change* | M _____ | ☒ Sole Owner (complete sections 1, 2, 3, 4, 8, 9) |

### Section 1: General Information

Facility Name: CPAP LV

MDEG Physical Address: 2801 S Valley View Blvd #14

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address): Same as Facility Address

City: _____ State: _____ Zip: _____

Telephone: (702)982-1203 Website: In Progress

Email: contactcpaplv@gmail.com

Name of MDEG Administrator (NAC 639.694): Jerrell Anderson

| Entities the MDEG will Serve | Type of MDEG products that will be sold (check all applicable) |
|---|---|
| ☒ Patients by prescriptions | ☐ Medical Gases** |
| ☐ Pharmacies[a] | ☐ Respiratory Equipment** |
| ☐ Practitioners[a] | ☐ Life-sustaining equipment** |
| ☐ Hospitals/Clinics[a] | ☐ Parenteral and Enteral Equipment** |
| ☐ Clinics[a] | ☐ Assistive Equipment |
| ☐ Wholesalers[a] | ☐ Diabetic Supplies |
| ☐ Other business entities (specify)[a]: | ☐ Orthotics and Prosthetics |
| | ☒ Others: CPAP and BiPAP devices |
| This application is ONLY required if MDEG products will be sold to patients by prescription. | **These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): |
| [a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov) | Name: _____ |
| | Telephone: _____ |

| Check the Days the Business will be Opened and provide the Hours of Operation | | | | |
|---|---|---|---|---|
| ▣ Mon: 9am 45pm | ▣ Tue: 9am -4pm | ▣ Wed: 9am -4pm | ▣ Thurs: 9am -4pm | ▣ Fri: 9am -4pm |
| ☐ Sat: Closedf | ☐ Sun: Closed | ☐ Holidays: Closed | | |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

| Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner (NAC 639.6942(4)(j)) |
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**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)**

Name: _____ Credentials: _____ %: _____

Name: NO Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

Name: _____ Credentials: _____ %: _____

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.

2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

## Section 5: Publicly Traded Corporation

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

## Section 6: Non-Publicly Traded Corporation or Company

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

## Section 7: Partnership

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

## Section 8: Sole Owner

Owner's Name: Yordanos Mersha

Business Name: Metto Land LLC, dba CPAP LV

Business Address: 2801 S Valley View Blvd #14

City: Las Vegas State: NV Zip: 89102

Telephone: (702) 982-1203 Email: contactcpaplv@gmail.com

| Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List of all general and limited partner names and their percent ownership (NAC 639.6942).** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Medical products provider located** outside of this State **must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Yordanos Mersha

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

Date 8/24/2023

| Board Use Only | Date Received: 8/28/23 | Amount: 500-CK-1029 |
|---|---|---|

SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **METTO LAND LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 03/10/2023, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/05/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202306053704657
You may verify this certificate online at http://www.nvsos.gov

2023

# BUSINESS LICENSE

## CITY OF LAS VEGAS | LAS VEGAS, NEVADA

IN ACCORDANCE WITH THE PROVISIONS OF THE LAS VEGAS MUNICIPAL CODE, AS AMENDED, LICENSE IS HEREBY GRANTED TO OPERATE THE BUSINESS REFERENCED BELOW. FAILURE TO MAINTAIN AN ACTIVE STATE LICENSE OR SNHD HEALTH PERMIT, IF REQUIRED, RENDERS THIS LICENSE INVALID.

**LICENSE #:** G71-02943

**DATE ISSUED:** 6/23/2023

**TYPE:** G50-MEDICAL EQUIPMENT/DEVICES

**EXPIRATION DATE:** 12/1/2023

**BUSINESS LOCATION:** 2801 S VALLEY VIEW BLVD 14

**ISSUED TO:** **CPAP LV**
2801 S VALLEY VIEW BLVD 14
LAS VEGAS, NV 89102

Darcy Adelbal-Hurd
Business Licensing Manager

**POST IN A CONSPICUOUS PLACE**

FM-0152-08-22
Form 167,

recycled p

Please fold or cut along perforated line

***This space intentionally left blank***

# Business Owner's
(53 SBA AY0B9C)

| | |
|---|---|
| Policy Effective Dates | 05/17/2023 - 05/17/2024 |
| Estimated Annual Premium | $522.00 |
| Coverage Type | Property & Liability |

## Property Coverage Information

| | |
|---|---|
| Property Deductible | $1,000 |
| Building Limit | No Coverage |
| Personal Property | $10,000 |
| Stretch* | Basic Stretch |

## Liability Coverage Information

| | |
|---|---|
| Liability and Medical Expenses | $1,000,000 Each Occurrence |
| General Aggregate | $2,000,000 |
| Personal and Advertising Injury | $1,000,000 |
| Damages to Premises Rented to You | $1,000,000 |
| Products-Completed Operations Hazard | $2,000,000 |
| Employment Practices Liability | $25,000 Each Occurrence |
| | $25,000 Aggregate |

To see all of your coverage details and limits, please refer to your **policy documents**.

## Covered Locations

2801 S VALLEY VIEW BLVD,
LAS VEGAS, NV 89102 — Edit Coverage — Manage Location

Add a Location

## Business Details

| | |
|---|---|
| Named Insured | Metto Land LLC |
| Additional Named Insured | CPAPLV |

## Common Request

- View Policy Docume
- Get a Certificate of I
- Manage a Location
- Edit Property Cover
- Edit Liability Limits
- Edit Umbrella Cover
- Manage Additional I
- Report a Claim
- Update Mailing Addı
- Change Business Na
- More Requests

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Metto Land LLC, dba CPAP LV

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 2801 S Valley View Blvd #14

City: Las Vegas State: NV Zip: 89102

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-982-1203 Website:

Licensing Company Email: contactcpaplv@gmail.com

### Section 2: Personal Information

First: Yordanos Middle: Last: Mersha

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address: [redacted] Las Vegas Blvd S #3405

City: Las Vegas State: NV Zip: 89109

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| Cambridge Rindge and Latin High School | 1995-1997 | | |
| Address | City | State | Zip |
| 459 Broadway Ct | Cambridge, MA 02138 | MA | 02138 |
| Diploma/Degree obtained, if any | | | |
| Deploma | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| Boston University 1 year Bio Tech program | 9/1997-6/1998 | | |
| Address | City | State | Zip |
| | Boston | MA | 02118 |
| Diploma/Degree obtained, if any | | | |
| 1 Year program | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| The University of Massachusetts Boston | 1998-2002 | | |
| Address | City | State | Zip |
| 100 Morrissey Blvd | Boston | MA | 02125 |
| Diploma/Degree obtained, if any | | | |
| BA in computer Science | | | |

| School Name | From - To (MM/YY – MM/YY) | | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | From - To (MM/YY – MM/YY | | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/2009-8/2014 | [redacted]Dalmahoy Place | Las Vegas | NV | 89145 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 8/14-2/2015 | [redacted]Las Vegas blvd. S | LAs Vegas | NV | 89109 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 2/15-8/2018 | [redacted]Meridale Dr | Las Vegas | NV | 89117 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 9/2018-1/2022 | [redacted]Dalmahoy Place | Las Vegas | NV | 89145 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 1/2022-8/2022 | [redacted]Aquitaine ct | Las Vegas | NV | 89145 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 8/2022-Current | [redacted]LAS vegas Blvd S #3405 | Las Vegas | NV | 89109 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Aristocrat Gaming | | | 5/2019-4/2021 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 10220 Aristocrat Wy | | Las Vegas | NV | 89135 |
| **Phone** | **Title** | | | |
| (800) 482-3723 | Sr. Manager of TechOps and Support | | | |

**Description of Duties**

Leads and manages the development operations and technical operations engineering teams, effectively prioritizing competing demands, nurturing team members' growth, devising strategic operations plans, and fostering collaboration with cross-functional teams

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Sushi Wabi (resturant) | | | 8/2017-4/2018 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 8427 W. Lake Mead Blvd | | Las Vegas | NV | 89128 |
| **Phone** | **Title** | | | |
| N/A Sold | 50% owner | | | |

**Description of Duties**

I had a 50% ownership stake in the restaurant and was responsible for running and managing the day-to-day operations

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| RedHat Inc. | | | 8/2016-10/2018 | |
| **Business Address** | | **City** | **State** | **Zip** |
| Massachusetts (company sold to IBM) | | | MA | |
| **Phone** | **Title** | | | |
| | Principal of Qulaity Engineer | | | |

**Description of Duties**

Led the Customer Solutions and Scenarios team as the project lead, responsible for defining, developing, and implementing automated test strategies, methodologies, processes, and procedures

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Warner Brothers | | | 2/2015-8/2016 | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | Los Angeles | CA | 90094 |
| **Phone** | **Title** | | | |
| (310) 591-3200 | QUALITY ASSURANCE LEAD, MANAGER | | | |

**Description of Duties**

Accountable for conducting comprehensive testing of all products and quality-related deliverables for a prominent media outlet owned by Warner Brothers. Established and implemented robust quality assurance (QA) guidelines and procedures, ensuring their seamless integration across the department

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Sunstorm Games | | | 3/2013-4/2014 | |
| **Business Address** | | **City** | **State** | **Zip** |
| NA/Sold | | Las Vegas | NV | |
| **Phone** | **Title** | | | |
| | | | | |

**Description of Duties**

Took ownership of preparing and managing the testing environment, ensuring optimal conditions for comprehensive testing activities. Effectively coordinated the delivery and submission of over 40 games within a demanding six-month timeframe.

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| WMS Gaming (Light and Wonder inc) | | | 6/2008-3/2013 | |
| Business Address | | City | State | Zip |
| 6601 Bermuda Rd | | Las Vegas | NV | 89118 |
| Phone | Title | | | |
| (702) 584-7700 | PRINCIPAL SOFTWARE QUALITY ENGINEER | | | |
| Description of Duties | | | | |
| As the QE lead, I successfully managed projects across the entire software development life cycle, ensuring high-quality deliverables. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| Business Address | | City | State | Zip |
| | | | | |
| Phone | Title | | | |
| | | | | |
| Description of Duties | | | | |
| | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

8-25-2023
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Yordanos Mersha

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-25-2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Yordanos Mersha, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

8-25-2023

**Date**

Subscribed and Sworn to before me this 25th day of August.

**Notary Public Signature**

ALYSSA GARCIA
NOTARY PUBLIC
STATE OF NEVADA
APPT. No. 23-1432-01
MY APPT. EXPIRES MAR. 6, 2027

**(Seal)**

# JERRELL ANDERSON SR

Las Vegas, NV | [redacted] | [redacted]

## Professional summary

Dedicated and motivated individual seeking a rewarding position in a Durable Medical Equipment (DME) office. Eager to contribute my skills and passion for patient care to ensure seamless delivery and management of essential medical equipment. Committed to making a positive impact on patients' lives by providing timely and effective solutions for their healthcare needs within a dynamic DME environment. Trained in safe driving techniques excellent time management skills. CPR and A.E.D certified trained in respiratory devices concentrated and liquid based. Experience in management and operations

## Work Experience

**Temco logistics** — **Las Vegas, NV**
Master Field technician — 08/20021-Present

Delivery and installation of appliances gas stoves, Electric dryers and hanging microwaves, hardwiring dishwashers and insulation of refrigerators plumbing and electrical work performed (as needed)

**Advantage Home Medical** — **Las Vegas,NV**
**Service Technician** — 5/2021 – 5/2022

Deliver portable oxygen concentrators, as well as BiPAP and CPAP equipment, to meet respiratory requirements.

**Advacare systems DME** — **Milwaukee, WI**
**Logistic Operation Manager** — 06/2015 – 11/2020

With a proven track record as a Durable Medical Equipment (DME) delivery specialist, I bring a unique blend of expertise in both patient-focused services and administrative tasks. I have demonstrated unwavering dedication to ensuring patients' comfort, safety, and satisfaction. In the realm of patient services, I have adeptly maintained a 16-foot box truck, meticulously delivering and installing medical equipment with the utmost care and efficiency. My commitment extends beyond physical deliveries; I have taken pride in personally instructing patients, their families, and caregivers on equipment operation including CPAP, BiPAP and their oxygen, always maintaining a personable and professional demeanor. Handling minor repairs and troubleshooting in the field has allowed me to swiftly address any challenges that arise.

**Transit Express Inc** — **Milwaukee, WI**

Lead Driver-Dispatcher 9/2012 -6/2015

Coordinated same-day pick-ups for efficient service delivery. Cultivated and sustained strong customer rapport. Dispatched drivers for overnight assignments. Operated as a driver for Med Group Transportation, a non-emergency medical transportation company. Ensured safe and comfortable transportation of clients to their intended destinations.

**Med Group Transportation** **Thiensville, WI**
Driver 6/2011 – 8/2012

Established and maintained excellent customer relationships. Dispatched overnight for drivers Drove Clients to their Destination

**Big Lots** Milwaukee, WI
**Assistant Furniture MGR** 6/2008 – 6/ 2010

Provided customer assistance by addressing inquiries about store products, department details, and pricing. Arranged store merchandise displays systematically based on size, style, and color. Collaborated with store managers to gather insights into customer preferences and requirements. Offered consistent daily support to both the buyer and assistant buyer.

## Education

**Milwaukee Area Technical College** Milwaukee, WI
Business Degree 8/2005 – 12/2009

**Solomon Juneau Business High School** Milwaukee, WI
High school diploma in Business 9/2001 - June 2005

### Skills

- Compassionate patient care
- Efficient medical equipment delivery and management
- Strong problem-solving abilities
- Effective communication with patients and healthcare professionals
- Adaptable to dynamic DME office environments
- Detail-oriented and organized approach
- Certified in CPR and AED
- Trained in the use of respiratory devices, including both concentrated and liquid-based types

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**NAC 639.694**

1. **Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:**
   a. Be a natural person;
   b. Have a high school diploma or its equivalent;
   c. Have:
      i. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
      ii. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
   d. Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
   e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.
4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

**NAC 639.6946**

1. Except as otherwise provided in NAC 639.6945, a medical products provider shall:
   a. Provide services for all medical products sold, leased or otherwise provided by the medical products provider, including, without limitation, set up, repair and maintenance.
   b. Employ an administrator and other employees sufficient to provide the services described in paragraph (a).

**NAC 639.6957**

1. A medical products wholesaler shall:
   a. Employ a facility administrator and other employees sufficient to operate, set up, repair, maintain and service all medical products sold, leased or otherwise provided by the medical products wholesaler.

**Please mail this completed application and all other required documents with your MDEG and/or Wholesaler Application to the address indicated above.**

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG CPAP LV MDEG License # (if applicable) _____

Physical Address 2801 S Valley View Blvd #14

City Las Vegas State NV Zip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 702-982-1203 Website in progress

Licensing Company Email contactcpaplv@gmail.com

**Section 2: Personal Information**

First Jerrell Middle Braadford Last Anderson

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] N Rancho Dr # 1028

City Las Vegs State NV Zip 89130

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Solomon Juneau Business High School | | 9/2001 - 6/2005 | |
| **Address** | **City** | **State** | **Zip** |
| 6415 W MT Vernon ave | Milwaukee | WI | 53213 |
| Diploma/Degree obtained, if any | | | |
| Hiigh School Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Milwaukee Area Technical College | | 08/2005 - 12/2009 | |
| **Address** | **City** | **State** | **Zip** |
| 700 W State St. | Milwaukee | WI | 53233 |
| Diploma/Degree obtained, if any | | | |
| Business Degree | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/2021 -Present | [redacted] N Rancho Dr # 1028 | Las Vegas | NV | 89130 |
| 12/2020 - 9/2021 | [redacted] Jamestown way | Las Vegas | NV | 89102 |
| 09/1998-12/2020 | [redacted] N 15th St | Milwaukee | WI | 53206 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Advantage Home Medical | | | 5/2021-5/2022 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 2915 N Losee rd | | North Las Vegas | NV | 89030 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (702) 248-0056 | Service Technician | | over 1500 hours | |
| **Description of Duties** | | | | |
| Deliver portable oxygen concentrators, as well as BiPAP and CPAP equipment, to meet respiratory requirements | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Advacare systems DME | | | 6/2015 - 11/2020 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 6922 S 112th st | | Milwaukee | WI | 53132 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| (626) 378-7111 | Logistic Operation Manager | | 5 years (over 9000 hours) | |
| **Description of Duties** | | | | |
| Specialists in Delivering Durable Medical Equipment: Ensuring Patient Comfort and Safety. Taking orders, delivering, and installing medical equipment efficiently and securely. Proficient in setting up CPAP and BiPAP devices, adjusting settings, guiding patients, and providing comprehensive support. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✔ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

8/23/23
Date

I, Jerrell Anderson, **certify that as the MDEG Administrator for**

CPAP LV

**that I (initial that you have read and meet the following requirements):**

1. JA Have a high school diploma or its equivalent;
2. JA Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JA Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JA Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Jerrell Anderson
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/23/2023
Date

| Board Use Only | Date Received: |
|---|---|

# 6B

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Medical Products Provider- Medical Devices, Equipment and Gases (MDEG) Application

**Non-Refundable $500 fee**

Rev (05/12/2022)

**Where is the facility located?** ☒ Nevada ☐ Out-of-State

**[a]Is the business also a wholesaler? (NRS 639.016)** ☐ Yes ☒ No

Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient.** The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members.

| Type of Application (check applicable box) | | MDEG Business Type (check applicable box) |
|---|---|---|
| ☒ New MDEG | * If making a change, provide current license number: | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9) |
| ☐ Ownership Change* | | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9) |
| ☐ Name Change* | | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9) |
| ☐ Location Change* | M _____ | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9) |

### Section 1: General Information

Facility Name: SouthwestDME, Inc.

MDEG Physical Address: 1516 East Tropicana Ave. Suite 105

City: Las Vegas State: Nevada Zip: 89119

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 725-236-5586 Website: n/a

Email: southwestdmeinc@gmail.com

Name of MDEG Administrator (NAC 639.694): Juliet Ramos

| Entities the MDEG will Serve | Type of MDEG products that will be sold (check all applicable) |
|---|---|
| ☒ Patients by prescriptions | ☐ Medical Gases** |
| ☐ Pharmacies[a] | ☐ Respiratory Equipment** |
| ☐ Practitioners[a] | ☐ Life-sustaining equipment** |
| ☐ Hospitals/Clinics[a] | ☐ Parenteral and Enteral Equipment** |
| ☐ Clinics[a] | ☒ Assistive Equipment |
| ☐ Wholesalers[a] | ☐ Diabetic Supplies |
| ☐ Other business entities (specify)[a]: | ☐ Orthotics and Prosthetics |
| | ☐ Others: |
| This application is ONLY required if MDEG products will be sold to patients by prescription. | **These products require you to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact (NAC 639.6954): |
| [a]If MDEG products will ALSO be sold to the Entities with an ([a]) above, then a Wholesaler license will ALSO be required. Find the Wholesaler Application here: Businesses (nv.gov) | Name: Juliet Ramos<br>Telephone: 619-8769909 or 725-236-5586 |

| Check the Days the Business will be Opened and provide the Hours of Operation | | | | |
|---|---|---|---|---|
| ▣ Mon: 9am - 4pm | ▣ Tue: 9am - 4pm | ▣ Wed: 9am - 4pm | ▣ Thurs: 9am - 4pm | ▣ Fri: 9am- 4pm |
| ☐ Sat: CLOSE | ☐ Sun: CLOSE | ☐ Holidays: CLOSE ON ALL FEDERAL HOLIDAYS | | |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

| Section 3: List all Medicare and Medicaid provider numbers registered to the business or its owner. (NAC 639.6942(4)(i)) |
|---|
| PENDING |
| |
| |
| |

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name of the owner, their credentials and their percent ownership. (NAC 639.6943, NAC 693.6933)**

| | | | | | |
|---|---|---|---|---|---|
| Name: | N/A | Credentials: | N/A | %: | N/A |
| Name: | N/A | Credentials: | N/A | %: | N/A |
| Name: | N/A | Credentials: | N/A | %: | N/A |
| Name: | N/A | Credentials: | N/A | %: | N/A |
| Name: | N/A | Credentials: | N/A | %: | N/A |

1. The Board will not issue a license to conduct business as a medical products provider or medical products wholesaler to:
   a) A practicing health professional; or
   b) A partnership, corporation or association in which a practicing health professional has a controlling interest or in which ownership of 10 percent or more of the available stock is held by one or more practicing health professionals.
2. As used in this section, "practicing health professional" means a health professional who performs services within the scope of his or her licensure or registration in any capacity in a health care facility other than the facility of the medical products provider or medical products wholesaler.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Nevada

Parent Company (if any): n/a

Corporation/Organization Name: SouthwestDME, Inc.

Mailing Address: 1516 East Tropicana Ave Suite 105

City: Las Vegas State: NV Zip: 89119

Telephone: 619-876-9909 or 725-236-5586 Email: southwestdmeinc@gmail.com

Contact Person Name: Juliet Ramos

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

| Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • List of all Officers and Directors. | ✓ | ✓ | | |
| • List of all general and limited partner names and their percent ownership (NAC 639.6942). | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Medical products provider located outside of this State must submit evidence that the medical products provider is licensed, permitted, registered or otherwise lawfully authorized by the state of residence of the medical products provider to engage in the same business for which the medical products provider is seeking licensure in this State (NAC 639.6944). Provide a copy of the home state license, permit, registration or certification issued to the medical products provider (if applicable).** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of proof of insurance (NAC 639.6946).** The MDEG provider shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Find form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **MDEG Administrator Application (NAC 639.694).** Find form at http://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • [a]**Wholesaler Application** must be completed if the business will sell MDEG products to pharmacies, practitioners, hospitals, clinics, wholesalers or other business entities. Wholesaler" means a wholesale distributor as defined by 21 C.F.R. § 205.3(g) who supplies or distributes drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician to a person **other than the consumer or patient**. The term includes a person who derives, produces, prepares or repackages drugs, medicines or chemicals or devices or appliances that are restricted by federal law to sale by or on the order of a physician on sales orders for resale. The term does not include a nonprofit cooperative agricultural organization which supplies or distributes veterinary drugs and medicines only to its own members. Find the Wholesaler Application at http://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Juliet S. Ramos

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

10/11/2023

Date

| Board Use Only | Date Received: 10/18/23 | Amount: 500-MO-19-593967072 |
|---|---|---|

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/17/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER: VGM Insurance Services, Inc.<br>1111 W. San Marnan Dr.<br>Waterloo IA 50701 | CONTACT NAME: Kim Kulish<br>PHONE (A/C, No, Ext): (866) 859-0172 FAX (A/C, No):<br>E-MAIL ADDRESS: Kim.Kulish@vgm.com |
| INSURED: Southwest DME Inc.<br>1516 E Tropicana Ave., Ste 105<br>Las Vegas NV 89119 | INSURER(S) AFFORDING COVERAGE — NAIC #<br>INSURER A: BENCHMARK INSURANCE COMPANY — 41394<br>INSURER B: BENCHMARK INSURANCE COMPANY — 41394<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | D1022 G6842-1 | 02/11/2023 | 02/11/2024 | EACH OCCURRENCE | $ 1,000,000 |
| | CLAIMS-MADE X OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | X Professional Liability | | | | | | MED EXP (Any one person) | $ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | ALL OWNED AUTOS / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS / NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED RETENTION $ | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | | | | PER STATUTE / OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A | | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| B | Cyber Liability | | | D1022 G6842-1 | 02/11/2023 | 02/11/2024 | Aggregate Limit | $100,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

EVIDENCE OF INSURANCE

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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## ENTITY INFORMATION

### ENTITY INFORMATION

**Entity Name:**

SOUTHWEST DME INC

**Entity Number:**

E29025992023-5

**Entity Type:**

Domestic Corporation (78)

**Entity Status:**

Active

**Formation Date:**

01/25/2023

**NV Business ID:**

NV20232681596

**Termination Date:**

Perpetual

**Annual Report Due Date:**

1/31/2024

### REGISTERED AGENT INFORMATION

**Name of Individual or Legal Entity:**

Juliet Ramos

**Status:**

Active

**CRA Agent Entity Type:**

2048

**Registered Agent Type:**

Non-Commercial Registered Agent

**NV Business ID:**

**Office or Position:**

**Jurisdiction:**

**Street Address:**

[redacted] Villeroy Ave, Las Vegas, NV, 89141, USA

**Mailing Address:**

**Individual with Authority to Act:**

**Fictitious Website or Domain Name:**

## OFFICER INFORMATION

☐ VIEW HISTORICAL DATA

| Title | Name | Address | Last Updated | Status |
|---|---|---|---|---|
| President | Juliet Ramos | 1516 E Tropicana Ave, Suite 105, Las Vegas, NV, 89119, USA | 01/25/2023 | Active |
| Secretary | Robert Ramos | 1516 E Tropicana Ave , Suite 105, Las Vegas, NV, 89119, USA | 01/25/2023 | Active |

**Page 1 of 1, records 1 to 2 of 2**

## CURRENT SHARES

| Class/Series | Type | Share Number | Value |
|---|---|---|---|
| | Authorized | 10,000 | 0.01 |

**Page 1 of 1, records 1 to 1 of 1**

Number of No Par Value Shares:

**0**

2049

Total Authorized Capital:

**100**

Filing History Name History Mergers/Conversions

Return to Search Return to Results

Hi Jessette,

Thank you so much for your quick response, I do apologize beforehand if I have another question for you.

As far as the "List of Officers and Directors" I was looking at the MDEG Application and I am a little confused as to where to exactly fill out

for this. I filled out Section 6: Non-Publicly Traded Corporation and below are Section 7 & 8 for Partnership and Sole Owner, is it here where it should be?

The way the license is setup is me, Juliet Ramos as President with 50% and my husband Robert Ramos as Secretary with 50% ownership.

Again, I apologize for all the questions I just want to be sure before I resubmit to avoid going back and forth to meet the deadline.

Thank you again for your time,

On Thu, Oct 19, 2023 at 10:08 AM Jessette Phaynarikone <jphaynarikone@pharmacy.nv.gov> wrote:

Good morning,

Please input your hours for all your present and previous employer.

Kind Regards,

Jessette Phaynarikone

NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice nor overrule the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

## Officers and Directors:

**Juliet Ramos** - President/ Administrator – 50% owner

**Robert Ramos** – Secretary – 50% owner

SECRETARY OF STATE



STATE OF NEVADA

# NEVADA STATE BUSINESS LICENSE

**Southwest DME Inc**

**Nevada Business Identification # NV20232681596**
**Expiration Date: 01/31/2024**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/25/2023.

Certificate Number: B202301253335464
You may verify this certificate online at http://www.nvsos.gov

FRANCISCO V. AGUILAR
Secretary of State

SECRETARY OF STATE

STATE OF NEVADA

# DOMESTIC CORPORATION (78) CHARTER

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Southwest DME Inc** did, on 01/25/2023, file in this office the original Articles of Incorporation-For-Profit that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/25/2023.

FVAguilar

FRANCISCO V. AGUILAR
Secretary of State

Certificate
Number: B202301253335463
You may verify this certificate online at http://www.nvsos.gov

# BUSINESS LICENSE

**CITY OF LAS VEGAS | LAS VEGAS, NEVADA**

IN ACCORDANCE WITH THE PROVISIONS OF THE LAS VEGAS MUNICIPAL CODE, AS AMENDED, LICENSE IS HEREBY GRANTED TO OPERATE THE BUSINESS REFERENCED BELOW. FAILURE TO MAINTAIN AN ACTIVE STATE LICENSE OR SNHD HEALTH PERMIT, IF REQUIRED, RENDERS THIS LICENSE INVALID.

**LICENSE #:** G71-00662

**TYPE:** G50-MEDICAL SUPPLY SALES

**BUSINESS LOCATION:** 1516 E TROPICANA AVE

**ISSUED TO: SOUTHWEST DME INC**
1516 E TROPICANA AVE STE 105
LAS VEGAS, NV 89119

**RENEWAL:** 8/1/2023

**EXPIRATION DATE:** 2/1/2024

Darcy Adelbai-Hurd
Business Licensing Manager

**POST IN A CONSPICUOUS PLACE**

FM-0152-08-22
Form 167

recyclac paper

Please fold or cut along perforated line

***This space intentionally left blank***

LEXON INSURANCE COMPANY

# SURETY BOND
## SUPPLIERS OF DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES MEDICARE PROGRAM

**PRINCIPAL:** **Southwest DME Inc.** **BONDNUMBER:** LICX1217245

**ADDRESS:** 1516 E Tropicana Ave Suite 105 Las Vegas, NV 89119

**NPI #:** 1902502867 **TIN:** 92-1940234 **NSC/PTAN #:** In progress

KNOW ALL PERSONS BY THESE PRESENTS, that subject to the terms, conditions and limitations of this bond, **Southwest DME Inc.** 1516 E Tropicana Ave Suite 105 Las Vegas, NV 89119, as Principal, and Lexon Insurance Company, 12890 Lebanon Rd, Mt. Juliet, TN 37122, a corporation organized and existing under the laws of Texas, as Surety, are held and firmly bound unto the Centers for Medicare & Medicaid Services ("CMS"), an agency of the United States Department of Health and Human Services ("CMS"), as Obligee, in the Penal Sum of Fifty Thousand Dollars ($50,000.00) for the payment of which Principal and Surety bind themselves, their beirs, executors, administrators and assigns, jointly and severally, by these presents.

WHEREAS, Principal is enrolled in or is seeking to be enrolled in the Medicare program as a supplier of durable medical equipment, prosthetics, orthotics and supplics ("DMEPOS"); and

WHEREAS, pursuant to Section 4312(a) of the Balanced Budget Act of 1997 (Pub.L.105-33) and 42 CFR § 424.57, the Principal is required to provide a surety bond as a condition of participation in the Medicare program, and this bond is provided in compliance with the supplier's obligations as set forth in those autborities.

NOW THEREFORE, the condition of this Bond is that if the Principal shall pay the Obligee any unpaid claims, civil money penalties and assessments (as such terms are defined by 42 CFR § 424.57(a)) then this Bond shall be null and void, otherwise to remain in full force and effect, subject, however, to the following:

1. Principal and Surety are liable under this Bond for only the amount of any unpaid claim, civil money penalty or assessment imposed by CMS or the Office of Inspector General, plus accrued interest, for which the Principal is responsible and for which, subject to Paragraph 7, the Obligee first demands payment from the Surety during the term of this Bond; provided, however, that any claim under this Bond must be related to overpayments or other events that occurred on or after March 3, 2009.
2. Surety agrees to pay a claim within 30 days of receiving written notice of the claim and sufficient evidence (as such term is defined by 42 CFR § 424.57 (a)) to establish Surety's liability under this Bond.
3. CMS is the sole Obligee of this Bond, and no action may be brought on it by, or for the use or benefit of, any person or entity other than CMS or its contractors.
4. Regardless of the number of years this Bond is in effect, the number of premiums paid, or the number of claims made, the Surety's aggregate liability shall not be more than the penal sum of this Bond.
5. Subject to Paragraph 7, the Surety's liability under this Bond shall terminate and the Surety shall have no further liability upon the effective date of cancellation or expiration of this Bond by the Surety or Principal in accordance with Paragraph 6 of this Bond.
6. The Surety or Principal may cancel this Bond by providing written notice of such cancellation to tbe Obligee. Cancellation or expiration shall be effective 30 days after notice of cancellation is sent to the Obligee's contractor, the National Supplier Clearinghouse, provided such notice is actually received.
7. In the event this Bond is cancelled or expires, and the Principal fails to submit a new bond to the Obligee, the Surety remains liable for unpaid claims, civil money penalties or assessments that were imposed or assessed by CMS or the Office of Inspector General during the 2 years following the effective date of cancellation or expiration of this Bond.

**This Bond is effective February 21, 2023**

In witness whereof, the undersigned Principal and Surety have set their hands and seals on this 21 day of February, 2023

Principal: Southwest DME Inc.

Signature: _____

Print Name: Juliet Ramos

Title: President

Surety: Lexon Insurance Company, TIN 76-0128873
Agent: VGM Insurance, TIN 42-1280573

Signature: _____

Attorney-in-fact

SOMPO INTERNATIONAL
INSURANCE

# POWER OF ATTORNEY

**10233**

KNOW ALL BY THESE PRESENTS, that **Endurance Assurance Corporation**, a Delaware corporation, **Endurance American Insurance Company**, a Delaware corporation, **Lexon Insurance Company**, a Texas corporation, and/or **Bond Safeguard Insurance Company**, a South Dakota corporation, each, a "Company" and collectively, "**Sompo International**," do hereby constitute and appoint: **Janean Craig, Michelle Newman, Nancy Dahl, William Wilson, Elizabeth Kelly, Irina Hageman, Darla Porter, Emily McCormack** as true and lawful Attorney(s)-In-Fact to make, execute, seal, and deliver for, and on its behalf as surety or co-surety; bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking so made, executed and delivered shall obligate the Company for any portion of the penal sum thereof in excess of the sum of **ONE HUNDRED MILLION Dollars ($100,000,000.00).**

Such bonds and undertakings for said purposes, when duly executed by said attorney(s)-in-fact, shall be binding upon the Company as fully and to the same extent as if signed by the President of the Company under its corporate seal attested by its Corporate Secretary.

This appointment is made under and by authority of certain resolutions adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019, a copy of which appears below under the heading entitled "Certificate".

This Power of Attorney is signed and sealed by facsimile under and by authority of the following resolution adopted by the sole shareholder of each Company by unanimous written consent effective the 15th day of June, 2019 and said resolution has not since been revoked, amended or repealed:

RESOLVED, that the signature of an individual named above and the seal of the Company may be affixed to any such power of attorney or any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signature or seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN WITNESS WHEREOF, each Company has caused this instrument to be signed by the following officers, and its corporate seal to be affixed this 15th day of June, 2019.

**Endurance Assurance Corporation**
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

**Endurance American Insurance Company**
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

**Lexon Insurance Company**
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

**Bond Safeguard Insurance Company**
By: Richard M Appel
Richard Appel; SVP & Senior Counsel

## ACKNOWLEDGEMENT

On this 15th day of June, 2019, before me, personally came the above signatories known to me, who being duly sworn, did depose and say that he/they is/are officer of each of the Companies; and that he executed said instrument on behalf of each Company by authority of his office under the by-laws of each Company.

By: Amy Taylor
Amy Taylor, Notary Public - My Commission Expires 5/9/23

## CERTIFICATE

I, the undersigned Officer of each Company, DO HEREBY CERTIFY that:

1. That the original power of attorney of which the foregoing is a copy was duly executed on behalf of each Company and has not since been revoked, amended or modified; that the undersigned has compared the foregoing copy thereof with the original power of attorney, and that the same is a true and correct copy of the original power of attorney and of the whole thereof;
2. The following are resolutions which were adopted by the sole shareholder of each Company by unanimous written consent effective June 15, 2019 and said resolutions have not since been revoked, amended or modified:

   "RESOLVED, that each of the individuals named below is authorized to make, execute, seal and deliver for and on behalf of the Company any and all bonds, undertakings or obligations in surety or co-surety with others: RICHARD M. APPEL, BRIAN J. BEGGS, CHRISTOPHER DONELAN, SHARON L. SIMS, CHRISTOPHER L. SPARRO, MARIANNE L. WILBERT

   ; and be it further

   RESOLVED, that each of the individuals named above is authorized to appoint attorneys-in-fact for the purpose of making, executing, sealing and delivering bonds, undertakings or obligations in surety or co-surety for and on behalf of the Company."
3. The undersigned further certifies that the above resolutions are true and correct copies of the resolutions as so recorded and of the whole thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal this 21 day of February, 20 23.

By:
Daniel S. Lurie, Secretary

## NOTICE: U. S. TREASURY DEPARTMENT'S OFFICE OF FOREIGN ASSETS CONTROL (OFAC)

No coverage is provided by this Notice nor can it be construed to replace any provisions of any surety bond or other surety coverage provided. This Notice provides information concerning possible impact on your surety coverage due to directives issued by OFAC. **Please read this Notice carefully.**

The Office of Foreign Assets Control (OFAC) administers and enforces sanctions policy, based on Presidential declarations of "national emergency". OFAC has identified and listed numerous foreign agents, front organizations, terrorists, terrorist organizations, and narcotics traffickers as "Specially Designated Nationals and Blocked Persons". This list can be located on the United States Treasury's website – https://www.treasury.gov/resource-center/sanctions/SDN-List.

In accordance with OFAC regulations, if it is determined that you or any other person or entity claiming the benefits of any coverage has violated U.S. sanctions law or is a Specially Designated National and Blocked Person, as identified by OFAC, any coverage will be considered a blocked or frozen contract and all provisions of any coverage provided are immediately subject to OFAC. When a surety bond or other form of surety coverage is considered to be such a blocked or frozen contract, no payments nor premium refunds may be made without authorization from OFAC. Other limitations on the premiums and payments may also apply.

**Any reproductions are void.**

**Surety Claims Submission: LexonClaimAdministration@sompo-intl.com**
**Telephone: 615-553-9500 Mailing Address: Sompo International; 12890 Lebanon Road; Mount Juliet, TN 37122-2870**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**NAC 639.694**

1. **Each medical products provider or medical products wholesaler shall employ an administrator at all times. The administrator must:**
   a. Be a natural person;
   b. Have a high school diploma or its equivalent;
   c. Have:
      i. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
      ii. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
   d. Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
   e. Be approved by the Board.
2. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.
3. A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business days after the beginning of the employment.
4. A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

**NAC 639.6946**

1. Except as otherwise provided in NAC 639.6945, a medical products provider shall:
   a. Provide services for all medical products sold, leased or otherwise provided by the medical products provider, including, without limitation, set up, repair and maintenance.
   b. Employ an administrator and other employees sufficient to provide the services described in paragraph (a).

**NAC 639.6957**

1. A medical products wholesaler shall:
   a. Employ a facility administrator and other employees sufficient to operate, set up, repair, maintain and service all medical products sold, leased or otherwise provided by the medical products wholesaler.

**Please mail this completed application and all other required documents with your MDEG and/or Wholesaler Application to the address indicated above.**

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG SouthwestDME, Inc MDEG License # (if applicable) n/a

Physical Address 1516 E Tropicana Ave Suite 105

City Las Vegas State NV Zip 89119

Mailing Address (if different from physical address) same as above

City _____ State _____ Zip _____

Telephone 725-236-5586 Website n/a

Licensing Company Email southwestdmeinc@gmail.com

**Section 2: Personal Information**

First Juliet Middle Sobejana Last Ramos

Alias(es, nicknames, name changes, etc.) Samudio

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☒ F ☐ X

Mailing Address [redacted] Villeroy Ave

City Las Vegas State NV Zip 89141

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☐ Yes ☒ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Helix High School | | 06/1996-06/2000 | |
| **Address** | **City** | **State** | **Zip** |
| 4200 Lowell St | La Mesa | CA | 91941 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Cal State San Marcos | | 09/2002-06/2006 | |
| **Address** | **City** | **State** | **Zip** |
| | San Marcos | CA | |
| **Diploma/Degree obtained, if any** | | | |
| Business Management | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| UEI COllege | | 06/2009 | |
| **Address** | **City** | **State** | **Zip** |
| | Chula Vista | CA | |
| **Diploma/Degree obtained, if any** | | | |
| Certificate in Medical Billing & Coding | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/2012- PRESENT | [redacted] Villeroy Ave | Las Vegas | NV | 89141 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| SouthwestDME, Inc | | | 03/2023- PRESENT | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1516 E Tropicana Ave Suite 105 | | Las Vegas | Nv | 89119 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 725-236-5586 | CEO | | 40hrs/wk - 2080hrs/yr. | |
| **Description of Duties** | | | | |
| Daily Operations including but not limited in maintaining relationships with Drs and medical offices in introducing products the company offer. Keeping up to date with protocols in DME, training, billing, hiring, inventory. Keeping all licenses, policies and procedures current, etc. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Kynetic Medical Group Inc. | | | 11/2022 - 09/2023 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 5549 Mapledale Plaza | | Woodbridge | VA | 22193 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 703-763-3877 | Customer Care | | 40hrs/wk - 2080hrs/yr. | |
| **Description of Duties** | | | | |
| Handling Dr's referrals, Insurance verification, patient calls, inventory, product training of different durable medical equipment up to a Level 2, HIPAA training, policies and procedures, HR duties, pickup/drop-off of supplies procedure base on the job whether or not if it's a new order, repair or replacement. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Cosmetic Surgery Of Las Vegas | | | 11/2009 - 05/2022 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 690 S. Cimarron Rd Suite 150 | | Las Vegas | NV | 89113 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | Practice Manager | | 50hrs/wk - 2600hrs/yr. | |
| **Description of Duties** | | | | |
| Responsible for training employees with different products and services, surgery schedules, HR duties, HIPAA training, inventory, cash/credit transactions, patients' files, daily practice operations, marketing, new product training, bed side assist, EMR, Rx inventory, etc. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✓ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

10/11/2023
Date

I, Juliet S. Ramos, **certify that as the MDEG Administrator for** Southwest DME, Inc.,

**that I (initial that you have read and meet the following requirements):**

1. JR Have a high school diploma or its equivalent;
2. JR Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. JR Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. JR Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Juliet S Ramos
Print Name (First, Last)

Original Signature (electronic copies or stamps not accepted)

10/11/2023
Date

| Board Use Only | Date Received: |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (04/22/2021)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler SouthwestDME, Inc.

Physical Address 1516 East Tropicana Ave Suite 105

City Las Vegas State NV Zip 89119

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 619-876-9909 or 725-236-5586 Website _____

Licensing Company Email southwestdmeinc@gmail.com

**Section 2: Personal Information**

First Juliet Middle Sobejana Last Ramos

Alias(es, nicknames, name changes, etc.) Samudio

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ■ F ☐ X

Mailing Address 1516 East Tropicana Ave. Suite 105

City Las Vegas State NV Zip 89119

Telephone 619-876-9909 or 725-236-5586 Email southwestdmeinc@gmail.com

Are you a citizen of the United States? ☐ Yes ■ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |



Applicant's initials jr

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Helix High School | | 06/1996-06/2000 | |
| **Address** | **City** | **State** | **Zip** |
| 4200 Lowell St. | La Mesa | CA | 91941 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Cal State San Marcos | | 09/2002-06/2006 | |
| **Address** | **City** | **State** | **Zip** |
| | San Marcos | CA | |
| **Diploma/Degree obtained, if any** | | | |
| Busines Management | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| UEI College | | 06/2009 | |
| **Address** | **City** | **State** | **Zip** |
| | Chula Vista | CA | |
| **Diploma/Degree obtained, if any** | | | |
| Medical Billing & Coding | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/2012 - PRESENT | [redacted] Villeroy Ave. | Las Vegas | NV | 89141 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| SouthwestDME, Inc | | | 03/2023- present |
| **Business Address** | **City** | **State** | **Zip** |
| 1516 E Tropicana Ave. Suite 105 | Las Vegas | NV | 89119 |
| **Phone** | **Title** | | |
| 725-236-5586 or 619-876-9909 | CEO | | |
| **Description of Duties** | | | |
| Daily Operations | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Cosmetic Surgery of Las Vegas | | | 11/2019- 05/2022 |
| **Business Address** | **City** | **State** | **Zip** |
| 690 S Cimarron Rd Suite 150 | Las Vegas | NV | 89113 |
| **Phone** | **Title** | | |
| | Practice Manager | | |
| **Description of Duties** | | | |
| Daily Operations | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

10/11/2023
Date

Applicant's initials JM

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Juliet S. Ramos
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/11/2023
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Juliet S. Ramos, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10/17/2023
**Date**

Subscribed and Sworn to before me this 17th day of October.

Dennis Gonzalez
**Notary Public Signature**

Notary Public - State Of Nevada
COUNTY OF CLARK
DENNIS GONZALEZ
My Appointment Expires
No. 23-7332-01 April 28, 2027

**(Seal)**

Applicant's initials JR

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: SouthwestDME, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 1516 East Tropicana Ave Suite 105

City: Las Vegas State: NV Zip: 89119

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 619-876-9688 or 725-236-5586 Website:

Licensing Company Email: southwestdmeinc@gmail.com

**Section 2: Personal Information**

First: Robert Middle: L Last: Ramos

Alias(es, nicknames, name changes, etc.): n/a

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: 1516 East Tropicana Ave Suite 105

City: Las Vegas State: NV Zip: 89119

Telephone: 619-876-9688 or 725-236-5586 Email: southwestdmeinc@gmail.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Bonita High School | | 06/1995-06/1999 | |
| **Address** | **City** | **State** | **Zip** |
| 751 Otay Lakes Rd | Chula Vista | Ca | 91913 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Southwestern College | | 1999-2001 | |
| **Address** | **City** | **State** | **Zip** |
| | Chula Vista | Ca | |
| **Diploma/Degree obtained, if any** | | | |
| Associates in Business | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Cal State San Marcos | | 2001-2003 | |
| **Address** | **City** | **State** | **Zip** |
| | San Marcos | Ca | |
| **Diploma/Degree obtained, if any** | | | |
| Bachelors in Business | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/2012- Present | [redacted] Villeroy Ave. | Las Vegas | NV | 89141 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| The Blended Craft Barber Studios, LLC. | | | 05/2020- present |
| **Business Address** | **City** | **State** | **Zip** |
| 9711 S. Eastern Ave Suite H-11 | Las Vegas | NV | 89183 |
| **Phone** | **Title** | | |
| 702-830-5208 | Owner | | |
| **Description of Duties** | | | |
| Master Barber | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

10 | 19 | 23
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Robert Ramos
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/19/23
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Robert Ramos, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10/19/23
**Date**

Subscribed and Sworn to before me this 19th day of October.

Dennis Gonzalez
**Notary Public Signature**

Notary Public - State Of Nevada
COUNTY OF CLARK
DENNIS GONZALEZ
My Appointment Expires
No. 23-7332-01 April 26, 2027

(Seal)

# 7

# 7A

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (8/02/2022)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☒ Nevada | ☒ New Pharmacy | ☒ Retail/Community | ☒ Retail/Community |
| ☐ Out-of-State | ☐ Ownership Change* | ☐ Hospital (# beds _____) | ☐ Non-sterile Compounding |
| | ☐ Location Change * | ☐ Internet | ☐ Sterile Compounding |
| | ☐ Name Change* | ☐ Nuclear | ☐ Mail-Order Service |
| | | ☐ Other: | ☐ Off-site Cognitive Services |
| | * If making a change, provide license #: | | ☐ Long Term Care |
| | | | ☐ Hospital |
| | PH_____ | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☒ Saturday | ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☒ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☒ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Capital Care Pharmacy LLC

Physical Address: 6675 S Tenaya Way #160

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): 365 Fringe Ruff Dr.

City: Las Vegas State: NV Zip: 89148

Telephone: 201-699-9414 Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: _____

Website: _____

Nevada Business License # (if applicable) NV20232769499

Supervising/Managing Pharmacist Name (NRS 639.220): Laura Rongomas

Supervising/Managing Pharmacist NV Pharmacist Registration #: 14739

**Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Ma Lourdes Jauregui | NV Pharmacist Registration #: 17035 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: NA

Parent Company (if any):

Corporation Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: NA

Parent Company (if any):

Corporation/Organization Name:

Mailing Address:

City: State: Zip:

Telephone: Email:

Contact Person Name:

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 7: Partnership**

Partnership Name: Capital Care Pharmacy LLC

Mailing Address: 365 Fringe Ruff Dr

City: Las Vegas State: NV Zip: 89148

Telephone: 201-699-9414 Email: capitalcare702@gmail.com

Contact Person Name: Mark Yu

Please check type of partnership (NAC 639.214) ☐ General ☒ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 8: Sole Owner**

Owner's Name: NA

Business Name:

Business Address:

City: State: Zip:

Telephone: Email:

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

**Statement of Responsibility**

1. I am the Managing Member (title) for Capital Care Pharmacy LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Mark Kristoffer Yu

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5-22-2023

Date

**Section 11: Managing Pharmacist Acknowledgement; Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: Laura Rongomas Pharmacist Registration #: 14739

Pharmacy Name: CAPITAL CARE PHARMACY

**Initial each statement below to indicate you have read and agree with the following:**

LR I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

LR I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

LR I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

LR I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

LR I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? | | X |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | | X |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | X |

**If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| | | | |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Laura Rongomas
Original signature of Managing Pharmacist (copies or stamps not accepted)

05/11/2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.01 0, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nev da State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all ap, licable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark Kristoffer Yu

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

5-22-2023

Date

| Board Use Only | Date Received: 6-1-23 | Amount: 500.00 CC |
|---|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Capital Care Pharmacy LLC

Pharmacy/Wholesaler License # (if applicable): N/A

Physical Address: 6675 S. Tenaya Way #160

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 201-699-9414 Website:

Licensing Company Email: capitalcare702@gmail.com

### Section 2: Personal Information

First: Mark Kristoffer Middle: Co Last: Yu

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]Fringe Ruff Dr.

City: Las Vegas State: NV Zip: 89148

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☐ Yes ☒ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| San Beda College | | 06/98 - 03/02 | |
| Address | City | State | Zip |
| 638 Mendiola Street | Manila | NCR | 1005 |
| Diploma/Degree obtained, if any | | | |
| BSC - Computer Application & Information Science | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Aquinas School | | 06/94 - 03/98 | |
| Address | City | State | Zip |
| 183 F. Blumentritt Street | San Juan | NCR | 1500 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Holy Angel Montessori School | | 06/88 - 03/94 | |
| Address | City | State | Zip |
| 83 A. De Legaspi Street | Quezon City | NCR | 1800 |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/21 - Present | [redacted]Fringe Ruff Dr | Las Vegas | NV | 89148 |
| 04/20 - 6/21 | [redacted]Bettors Luck Ct | Las Vegas | NV | 89122 |
| 09/19 - 04/20 | [redacted] Dales Ave | Jersey City | NJ | 07306 |
| 9/17 - 9/19 | [redacted]Fulton Ave | Jersey City | NJ | 07305 |
| 03/17 - 09/17 | [redacted] Liberty Ave | Jersey City | NJ | 07306 |
| 01/15 - 03/17 | [redacted] Oxford Ave | Jersey City | NJ | 07304 |
| 04/13 - 01/15 | [redacted] French Lane, Morningside | Johannesburg | GAU | 2198 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Trinity Pharmacy | | | 04/2020 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 2797 S. Maryland Pkwy Ste 28 | Las Vegas | NV | 89109 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 702-776-8210 | Pharmacy Manager/ Administration | 6,248 | |
| **Description of Duties** | | | |
| Oversee all aspects of the pharmacy's operations this includes managing the pharmacy staff, monitoring inventory levels, maintaining compliance with all applicable laws and regulations, HR duties and payroll. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| NA | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| NA | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| NA | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| NA | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| NA | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| NA | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| NA | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| NA | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| NA | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # N/A . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

I, Mark Kristoffer Yu **, certify that as the designated representative for**

Capital Care Pharmacy LLC ,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. MY I am at least 21 years of age;
3. MY I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. MY I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. MY I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. MY I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. MY I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Mark Kristoffer Yu

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5-22-2023

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Mark Kristoffer Yu

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

5-22-2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

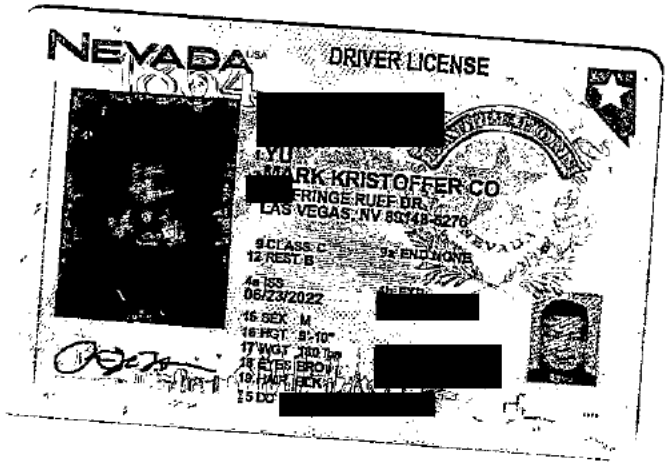
X _____
**Original Signature**

X 05/22/2023
**Date**

Subscribed and Sworn to before me this 22nd day of May, 2023

_____
**Notary Public Signature**

FRIDAY ODONG
Notary Public, State of Nevada
Appointment No. 17-1683-1
My Appt. Expires Apr 5, 2025
(Seal)


NEVADA USA
DRIVER LICENSE
[redacted]
[redacted]
RK KRISTOFFER CO
FRINGE RUFF DR
LAS VEGAS NV 89148-5276
9 CLASS C
12 REST B
9a END NONE
4a ISS
06/23/2022
[redacted]
15 SEX M
16 HGT 5'-10"
17 WGT 180 lb
18 EYES BRO
19 HAIR BLK
[redacted]
15 DD
[redacted]

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Capital Care Pharmacy LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable): N/A

Physical Address: 6675 S. Tenaya Way #160

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: 201-699-9414 Website:

Licensing Company Email: capitalcare702@gmail.com

**Section 2: Personal Information**

First: Mark Kristoffer Middle: Co Last: Yu

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Fringe Ruff Dr

City: Las Vegas State: NV Zip: 89148

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☐ Yes ☒ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520; NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| San Beda College | | 06/98 - 03/02 | |
| **Address** | **City** | **State** | **Zip** |
| 638 Mendiola Street | Manila | NCR | 1005 |
| Diploma/Degree obtained, if any | | | |
| BSC in Computer Application & Information Science | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Aquinas School | | 06/94 - 03/98 | |
| **Address** | **City** | **State** | **Zip** |
| 183 F. Blumentritt Street | San Juan | NCR | 1500 |
| Diploma/Degree obtained, if any | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Holy Angel Montessori School | | 06/88 - 03/94 | |
| **Address** | **City** | **State** | **Zip** |
| 83 A. De Legaspi Street | Quezon City | NCR | 1800 |
| Diploma/Degree obtained, if any | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/21 - Present | [redacted]Fringe Ruff Dr | Las Vegas | NV | 89148 |
| 04/20 - 6/21 | [redacted]Bettors Luck Ct | Las Vegas | NV | 89122 |
| 09/19 - 04/20 | [redacted] Dales Ave | Jersey City | NJ | 07306 |
| 9/17 - 09/19 | [redacted]Fulton Ave | Jersey City | NJ | 07305 |
| 03/17 - 09/17 | [redacted]Liberty Ave | Jersey City | NJ | 07306 |
| 01/15 - 03/17 | [redacted]Oxford Ave | Jersey City | NJ | 07304 |
| 04/13 - 01/15 | [redacted] French Lane, Morningside | Johannesburg | GAU | 2198 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Trinity Pharmacy LLC | | | 04/20 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 2797 S. Maryland Pkwy Ste 28 | | Las Vegas | NV | 89109 |
| **Phone** | **Title** | | | |
| 201-699-9414 | Pharmacy Manager / Admin Mgr | | | |
| **Description of Duties** | | | | |
| Oversee all aspects of the pharmacy's operations. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Sony South Africa PTY LTD | | | 07/13 - 12/14 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 42 Lebombo Rd, Ashlea Gardens | | Pretoria | GAU | 0081 |
| **Phone** | **Title** | | | |
| +27832551007 | Assistant Director | | | |
| **Description of Duties** | | | | |
| In-charge of Retail Management Dept., Project Management and Marketing Communications for Sony South Africa. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Sony Middle East and Africa FZe | | | 10/08 - 07/13 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 533rd St - Mina Jebel Ali - Jebel Ali Freezone | | Dubai | DXB | |
| **Phone** | **Title** | | | |
| +97148070100 | Manager | | | |
| **Description of Duties** | | | | |
| In-charge of Sony's Retail Strategic & Operations for Middle East and Africa countries. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| NA | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| NA | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| NA | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| NA | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| NA | | | | |
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Mark Kristoffer Yu

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05-22-2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, MARK KRISTOFFER YU, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

05/22/2023

**Date**

Subscribed and Sworn to before me this 22nd day of May, 2023

**Notary Public Signature**

FRIDAY ODONG
Notary Public, State of Nevada
Appointment No. 17-1683-1
My Appt. Expires Apr 5, 2025

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Capital Care Pharmacy LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 6675 S Tenaya Way, Unit #160

City: Las Vegas State: NV Zip: 89113

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 201-699-9414 Website:

Licensing Company Email: capitalcare702@gmail.com

### Section 2: Personal Information

First: Mariel Middle: Caminero Last: Manuel

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted] S Tenaya Way, Unit #160

City: Las Vegas State: NV Zip: 89113

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of the Immaculate Conception | | 06/94 -03/98 | |
| **Address** | **City** | **State** | **Zip** |
| Father Selga Street | Davao City | Philippines | 8000 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor of Science in Pharmacy | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| Cor Jesu College | | 06/90-03/94 | |
| **Address** | **City** | **State** | **Zip** |
| Sacred Heart Ave | Digos City | Philippines | 8002 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 11/2011-Present | [redacted]Green Meadow Drive | Babylon | NY | 11702 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| The Prescription Shoppe | | | 02/2018 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 550 Newark Ave. Suite 101 | Jersey City | NJ | 07306 |
| **Phone** | **Title** | | |
| 201-360-0600 | Pharmacist - In - Charge | | |

**Description of Duties**

Manages the operation of the Pharmacy, administer Vaccines to Patients , Monitor and ensure the patients are prescribe the right medicines and ensure delivery of the correct medicine to patients in a professional & timely manner.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Lenox Hill Hospital | | | 11/2011 - 07/2015 |
| **Business Address** | **City** | **State** | **Zip** |
| 100 E 77th Street | New York | NY | 11075 |
| **Phone** | **Title** | | |
| 212-434-3226 | Pharmacy Technician | | |

**Description of Duties**

Assist Pharmacist , stocking medicines on the omnicel, Prepare medicines for patients admitted, Preparing IV fluids, Intra venous compounding.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

**Description of Duties**

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✓ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** N/A **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

05/19/23
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Mariel Manuel

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05/19/23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of New Jersey, ss. County of Hudson

I, Mariel Manuel, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

05/19/23

**Date**

Subscribed and sworn to before me this 19 day of May.

**Notary Public Signature**

DEZARAE J. TRINIDAD
Commission # 50156447
Notary Public, State of New Jersey
My Commission Expires
March 31, 2026

(Seal)

Applicant's initials MCM

# 8

# 8A

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application

**Non-Refundable $500.00 Fee**

Rev (8/02/2022)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☑ Nevada<br>☐ Out-of-State | ☐ New Pharmacy<br>☑ Ownership Change*<br>☐ Location Change *<br>☐ Name Change*<br><br>* If making a change, provide license #:<br><br>PH PHC02986 | ☑ Retail/Community<br>☐ Hospital (# beds _____)<br>☐ Internet<br>☐ Nuclear<br>☐ Other: | ☐ Retail/Community<br>☑ Non-sterile Compounding<br>☑ Sterile Compounding<br>☑ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☑ Monday | ☑ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☑ Tuesday | ☐ Saturday | ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☑ Wednesday | ☐ Sunday | ☑ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☑ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Quality Compounding Rx of America

Physical Address: 801 S. Rancho Dr. Suite E7

City: Las Vegas State: NV Zip: 89106

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 702-984-6640 Toll Free # (NAC 639.708, NRS 639.23286): 833-467-8575

Fax: 702-202-3420 Contact Email: sky@qcrxusa.com

Website: _____

Nevada Business License # (if applicable) NV20232669489

Supervising/Managing Pharmacist Name (NRS 639.220): Jubdatul Arefin

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18911

**Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Jubdatul Arefin | NV Pharmacist Registration #: 18911 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: NA | Credentials: | %: |
| Name: NA | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: _____

Parent Company (if any): _____

Corporation/Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: Quality Compounding Rx of America

Mailing Address: 801 S. Rancho Dr. Suite E7

City: Las Vegas State: NV Zip: 89106

Telephone: 310-621-2564 Email: sky@qcrxusa.com

Contact Person Name: Sky Countryman

Please check type of partnership (NAC 639.214) ☐ General ☒ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

## Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)

### Statement of Responsibility

1. I am the Managing Pharmacist (title) for Quality Compounding Rx of America (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Jubdatul Arefin

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

7/22/23

Date

**Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Jubdatul Arefin hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Managing Pharmacist (title) for Quality Compounding Rx of America (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 26th day of July, 2023

Notary Public

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
ARIONA VATANA
No. 21-7728-01 My Appointment Expires December 2, 2024

**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: JUBDATUL AREFIN Pharmacist Registration #: 18911

Pharmacy Name: Quality Compounding Rx of America

**Initial each statement below to indicate you have read and agree with the following:**

JA — I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

JA — I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

JA — I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

JA — I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

JA — I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | ✔ | |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | ✔ |

**If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| Nevada Board of Pharmacy | NV | 04/06/2022 | 20-182-S |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

7/22/23
Date

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

### Section 1: General Information

Pharmacy Name: Quality Compounding Rx of America

NV Pharmacy or Outsourcing facility license # (if applicable): _____

Physical Address: 801 S. Rancho Dr. Suite E7

City: Las Vegas State: NV Zip: 89106

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Toll Free # (NAC 639.708, NRS 639.23286): _____

Fax: _____ Contact Email: sky@qcrxusa.com

Website: _____

Nevada Business License # (if applicable) NV20232669489

Supervising/Managing Pharmacist Name (NRS 639.220): Jubdatul Arefin

Supervising/Managing Pharmacist NV Pharmacist Registration #: 18911

Name of Person with direct knowledge of compounding procedures: Jubdatul Arefin

Email of Person with direct knowledge of compounding procedures: jub@qcrxusa.com

Telephone of Person with direct knowledge of compounding procedures: 718-316-0634

**Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)**

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☑ Low ☑ Medium ☑ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☑ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

1. Semaglutide/vitamin B12 1mg/1000mcg/4ml
2. Semaglutide/Vitamin B12 2mg/1000mcg/4ml
3. Semaglutide/Vitamin B12 2mg/1000mcg/2ml
4. Semaglutide/Vitamin B12 5mg/1000mcg/2ml
5. Semaglutide/Vitamin B12 5mg/1000mcg/1ml
6. Testosterone Propionate 100mg/ml in ethyl Oleate
7. Testosterone Cypionate 200mg/ml in Grapeseed oil
8. Testosterone enanthate 200mg/ml in Grapeseed oil
9. Nandrolone Deconoate 200mg/ml in Grapeseed oil
10. Estradiol Valereate 20mg/ml
11. Ketamine 100mg/ml
12. MIC Methionine, Inositol, Choline 25mg/50mg/25mg/ml
13 MIC B12 25mg/50mg/25mg/1mg/ml

4. Will you be utilizing beyond use dates in excess of USP-797? ☐ Yes ■ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

6. What laboratory performs this additional testing?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

7. What is your procedure for visual inspection of compounded sterile products?

At the completion of compounding, before release and dispensing the Quality Assurance Pharmacist
- Will visually inspect the physical appearence and will determine the CSP (Compounded Sterile Product) is as expected. CSP is free of inappropriate visible particulates or other foreign matter, discoloration and/or other defects.
  - Pharmacist will utilize Angstrom Black and White Viusal background with light attachment.
- Will Visually inspect the CSP label to confirm the label matches the medication or prescription order.
- Will Visually inspect the container closure integrity (Checking for leakage, cracks in the container, or improper seals
  - Any CSP found to be unacceptable quality must be promptly rejected, Labeled as rejected and segregated from active stock to disposal container to be disposed appropriately.

8. How often do you perform glove fingertip and medial fill testing?

Compounders (Pharmacist/ technicians)- Every 3 months

Designated person and personnel with direct oversight of compounding personnel (Pharmacists) Every 12 months

9. What is your policy if an employee fails a glove fingertip or media-fill test?

Compounding personnel who fail written tests or observational audits or glove fingertip sampling or whose media-fill test vials have one or more units showing visible microbial contamination shall be re-instructed and re-evaluated by expert compounding personnel to ensure correction of all aseptic work practice deficiencies. Compounding personnel shall pass all evaluations prior to resuming compounding of sterile preparations at minimum of 3 times. In addition to didactic evaluation and aseptic media fill, compounding personnel must demonstrate proficiency of proper hand hygiene, garbing, and consistent cleaning procedures.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Personnel who prepare and perform sterile compounding shall be trained conscientiously and skillfully by expert personnel and through audio–video instructional sources and professional publications in the theoretical principles and practical skills of aseptic manipulations and in achieving and maintaining ISO Class 5 environmental conditions before they begin to prepare CSPs. Compounding personnel shall perform didactic review and pass written and media-fill testing of aseptic manipulative skills initially, at least annually thereafter for low- and medium-risk level compounding, and quarterly for high-risk level compounding. Compounding personnel who fail written tests or whose media-fill test vials result in gross microbial colonization shall be immediately re-instructed and reevaluated by expert compounding personnel to ensure correction of all aseptic practice deficiencies. All hands on assessments will require at least 3 passing evaluations prior to initial sterile compounding.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Cleaning Agents

1. PeridoxRTU (3 in 1 Sporicidal, Disinfectant and deactivator) is a broad spectrum EPA registered sporicide, bactericide, virucide, tuberculocide, and fungicide one-step disinfectant and hard surface cleaner with a 3-minute Sporicide claim at 99.9999% efficacy.)
2. PREempt (Disinfectant)-PREempt Concentrate once diluted (1:16) has a Broad-Spectrum Non Food Contact Sanitizing claim in 30 secs, Bactericidal claim, General virucide claim, and Fungicidal claim in 5 minutes
3. IPA 70%
4. Sterile water for cleaning agent dilution

- Primary engineering controls
Interior cleaned with PeridoxRTU (3 minute contact time) at the beginning of each shift followed by IPA 70% to wipe off residue
Interior cleaned with PREempt (5 minute contact time) at the end of each shift followed by IPA 70% to wipe off residue
- Work Surfaces outside the PEC and floors will also follow same daily schedule as the interior

- Secondary engineering controls
Walls, doors, door frames, ceilings, storage shelving, equipment outside PEC will be cleaned monthly using PeridoxRTU for a 3 minute contact time followed by IPA 70% to wipe off any residue.

12. Who performs the sterile compounding process at your facility?

Pharmacy Manager
Trained Compounding Pharmacist
Lead Sterile Compounding Technician
Trained compounding technicians (sterile and non-sterile)

13. Who is responsible and accountable for the sterile compounding process at your facility?

Pharmacy manager

Lead Sterile Compounding Technician

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/ efficacy?

1. Cold product shipped in styrafoam cooler with ice packs for 2 hour delivery or overnight shipping
2. Room temperature products are packaged in secure bubble pack

| **Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)** | | |
|---|---|---|
| 1. What type of primary engineering controls will you be using in your facility? | | |
| 2. Is your BSC or CACI vented 100% to the outside? | ■ Yes | ☐ No |
| 3. Do you have a negative pressure buffer room at your facility? | ■ Yes | ☐ No |
| 4. Will you be compounding with antineoplastic HDs or HD API? | ■ Yes | ☐ No |
| 5. If yes, are the drugs stored in an externally ventilated, negative pressure room? | ■ Yes | ☐ No |
| 6. Will you be utilizing a closed system transfer device? | ☐ Yes | ■ No |
| 7. If yes, list the name of the device: | | |

8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

We will provide

1. Labels and accessory labeling for compounded products with clearly readable BUDs, storage instructions, and disposal instructions for out-of-date units.
2. Each patient will receive printed material such as a checklist and instructions to educate patients on how to store the compounded medication properly, including the use of a properly functioning refrigerator and freezer if compounded products are labeled for such storage.
   - Printed material will include information on how to handle, contain, and dispose of wastes, such as needles, syringes, devices, bio-hazardous spills or residuals, and infectious substances.
   - Printed Material will include patient education on therapy involved, therapeutic outcomes and known possible side effects. How to visually inspect medication for integrity issues post receipt. Patients will be able to reference the information provided to reinforce how to use aseptic techniques and appropriate administration techniques.
3. We will have a dedicated phone line strictly for Pharmacist consultation made available for patients.

9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

All personnel who compound hazardous drugs shall be fully trained in the storage, handling, and disposal of these drugs. This training shall occur prior to preparing or handling hazardous CSPs, and its effectiveness shall be verified by testing specific hazardous drugs preparation techniques. Such verification shall be documented for each person initially and annually. This training shall include didactic overview of hazardous drugs, including mutagenic, teratogenic, and carcinogenic properties, and it shall include ongoing training for each new hazardous drug that enters the marketplace. Compounding personnel of reproductive capability shall confirm in writing that they understand the risks of handling hazardous drugs. The training shall include at least the following:
(1) safe aseptic manipulation practices;
(2) negative pressure techniques when utilizing a BSC or CACI;
(3) correct use of CSTD devices;
(4) containment, cleanup, and disposal procedures for breakages and spills; and
(5) treatment of personnel contact and inhalation exposure

**Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)**

1. List the specific high risk sterile products that your facility compounds:

1. Semaglutide/vitamin B12 1mg/1000mcg/4ml
2. Semaglutide/Vitamin B12 2mg/1000mcg/4ml
3. Semaglutide/Vitamin B12 2mg/1000mcg/2ml
4. Semaglutide/Vitamin B12 5mg/1000mcg/2ml
5. Semaglutide/Vitamin B12 5mg/1000mcg/1ml
6. Testosterone Propionate 100mg/ml in ethyl Oleate
7. Testosterone Cypionate 200mg/ml in Grapeseed oil
8. Testosterone enanthate 200mg/ml in Grapeseed oil
9. Nandrolone Deconoate 200mg/ml in Grapeseed oil
10. Estradiol Valereate 20mg/ml
11. Ketamine 100mg/ml
12. MIC Methionine, Inositol, Choline 25mg/50mg/25mg/ml
13 MIC B12 25mg/50mg/25mg/1mg/ml

2. What sterilization methods are utilized at your facility?

1. High pressure steam (Autoclave)
2. Dry heat oven (Depyrogenation)
3. Filtration (0.2 micron disc filter)

3. Does your facility utilize biological indicators? ■ Yes ☐ No

4. If yes, describe how they are utilized:

We will be utilizing FDA approved Tuttnauer WTL198-0058 biological indicator with Tuttnauer WTL198-0058 mini Bio Fluorescence incubator auto-reader for rapid biological indicators. Results are provided within 1 hour and we will utilize this with every batch run through the autoclave.

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Jubdatul Arefin

Name of Person who Completed the Form

Pharmacy Manager

Title

Signature (copies or stamps not accepted)

7/22/23

Date

| **Board Use Only** | Date Received:_____ Date Approved: _____ Approved By: _____ |
|---|---|

SECRETARY OF STATE

STATE OF NEVADA

# DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Quality Compounding Rx of America, LLC** did, on 01/11/2023, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/11/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate
Number: B202301113301766
You may verify this certificate online at http://www.nvsos.gov

SECRETARY OF STATE

STATE OF NEVADA

# NEVADA STATE BUSINESS LICENSE

**Quality Compounding Rx of America, LLC**

**Nevada Business Identification # NV20232669489**
**Expiration Date: 01/31/2024**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 01/11/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202301113301767
You may verify this certificate online at http://www.nvsos.gov

SilverFlume
NEVADA'S BUSINESS PORTAL

# CBR Detail Report

## Business Name: Quality Compounding Rx of America, LLC

### v1 - APPROVED - 08/23/2023 16:37:41

Current Version

Prior Versions

| | |
|---|---|
| NV Business ID | NV20232669489 |
| Entity Type | Domestic Limited-Liability Company (86) |
| Entity Status | Active |
| State Business License Expiration Date | Jan 31, 2024 |
| Last Updated By | sky@qcrxusa.com |
| Last Updated Date | 2023-08-23 16:32:17.0 |

## Company Officers

| Title | Name | Address |
|---|---|---|
| Mmember | Gevork Nordanyan | [redacted] S. Gibson Court Burbank CA |
| Mmember | Sky Countryman | [redacted] Virgil Walk Long Beach CA |

## Compliance Information

| | |
|---|---|
| State Business License: | Completed on 01/11/2023 |
| B&I Workers' Compensation eAffirmation of Compliance (D-25) | Completed on 08/23/2023 |
| Nevada Labor Laws eAffirmation of Compliance: | Completed on 08/23/2023 |
| OSHA/Safety Consultation and Training (SCATS) | Completed on 08/23/2023 |
| NV Dept of Taxation eClearance Receipt: | Completed on 08/23/2023 |
| Department of Motor Vehicles: | Completed on 08/23/2023 |
| Fernley Business License: | Not Complete |
| Henderson Business License: | Submitted on 08/23/2023 |

## Declaration

Sky Countryman on Aug 23, 2023

## Export Information

Do you have a Nevada Location or conduct sales and services in Nevada? Yes
Do you sell goods and services outside the State of Nevada? Yes
If so, what percentage is outside Nevada? 5
Do you sell goods and services nationally, internationally, or both? nationally
Would you like to be contacted by the Governor's Office of Economic Development? Yes
Federal Employer Identification Number: 92 2769087

## Business Information

| | |
|---|---|
| Primary NAICS Code: | 446110 - Pharmacies and Drug Stores |
| Applicable NAICS Codes: | 446110 - Pharmacies and Drug Stores |
| Business Description: | Sterile Compounding Pharmacy |

# Owner Information

| Name | Title | Percent Owned | Address | Contact Number | Last Updated By | Last Updated Date |
|---|---|---|---|---|---|---|
| Sky Countryman | Chief Executive Officer | 50 | [redacted]VIRGIL WALK, LONG BEACH, CA 90803 | US310-621-2564 | sky@qcrxusa.com | 2023-08-23 16:32:49.0 |
| George Nordanyan | Director | 50 | [redacted]S GIBSON COURT, BURBANK, CA 91501 | US818-822-9228 | sky@qcrxusa.com | 2023-08-23 16:32:49.0 |

# Location Information

| Primary Location | |
|---|---|
| Fictitious Firm Name/DBA: | |
| Applicable NAICS Codes: | 446110 - Pharmacies and Drug Stores |
| Business Description: | Sterile Compounding Pharmacy |
| Date Opened in NV: | Aug 23, 2023 |
| Total # of Employees: | 3 |
| Total Part-Time Employees: | 0 |
| Total Full-Time Employees: | 3 |
| Physical Address: | 801 S RANCHO DR SUITE E7, LAS VEGAS, NV 89106 |
| Jurisdiction: | |
| Zoning: | |
| Assessor Parcel Number: | |
| Property Ownership: | |
| County: | Clark County |
| Mailing Address: | 801 S RANCHO DR SUITE E7, LAS VEGAS, NV 89106 |
| Phone: | (702) 984-6640 |
| Fax: | (887) 909-7750 |
| Last Updated By: | sky@qcrxusa.com |
| Last Updated Date: | 2023-08-23 16:32:49.0 |

# Sales & Services (Non-Bricks & Mortar)

| Fictitious Firm Name / DBA | County | City |
|---|---|---|
| *None Entered* | Carson City | |
| *None Entered* | Churchill County | |
| *None Entered* | Clark County | City of North Las Vegas, Unincorporated Clark County, City of Las Vegas, City of Mesquite, Boulder City, City of Henderson |
| *None Entered* | Douglas County | |
| *None Entered* | Elko County | City of Elko |
| *None Entered* | Esmeralda County | |
| *None Entered* | Eureka County | |
| *None Entered* | Humboldt County | |
| *None Entered* | Lander County | |
| *None Entered* | Lincoln County | |
| *None Entered* | Lyon County | City of Fernley |
| *None Entered* | Mineral County | |
| *None Entered* | Nye County | Town of Pahrump, Town of Tonopah |
| *None Entered* | Pershing County | |
| *None Entered* | Storey County | |
| *None Entered* | Washoe County | City of Reno, City of Sparks |
| *None Entered* | White Pine County | |

# Henderson Business Registration

| Type of Application: | New |
|---|---|
| Business Activities | Other/Not Listed |
| Business Description | Sterile and Non-Sterile Compounding Pharmacy |
| Business Location Type | Non-Henderson |
| Description | Las Vegas |
| Accepted Terms | Yes |
| City of Henderson Business License Signer | Sky Countryman |
| Date Signed | 08/23/2023 |

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Quality Compounding Rx of America

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 801 S. Rancho Dr. Suite E7

City Las Vegas State NV Zip 89106

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone _____ Website _____

Licensing Company Email _____

### Section 2: Personal Information

First Jubdatul Middle _____ Last Arefin

Alias(es, nicknames, name changes, etc.) Jub

Date of Birth [redacted] SSN or ITIN [redacted] Sex ■ M ☐ F ☐ X

Mailing Address [redacted] Cactus Tower Ave Unit 102

City Las Vegas State NV Zip 89135

Telephone [redacted] E Email [redacted]

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Benjamin Cardozo High School | | 09/03- 06/07 | |
| Address | City | State | Zip |
| 57-00 223rd street | Queens | NY | 11364 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Massachusett's College of Pharmacy and Health Sciences | | 08/07- 05/13 | |
| Address | City | State | Zip |
| 179 Longwood Ave | Boston | MA | 02115 |
| Diploma/Degree obtained, if any | | | |
| Doctor Of Pharmacy (PharmD) | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 08/2019- present | [redacted] Cactus Tower Ave unit 102 | Las Vegas | NV | 89135 |
| 08/13- 08/19 | [redacted] Dean Martin Drive UNIT 2206 | Las Vegas | NV | 89103 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| | | | | |
|---|---|---|---|---|
| Business Name: Walmart Pharmacy #5258 | | | | From - To (MM/YY – MM/YY): 04/19- 07/23 |
| Business Address: 5850 West Craig Rd | | City: Las Vegas | State: NV | Zip: 89130 |
| Phone: 702-395-1240 | Title: Pharmacy Manager | | | Number of Employed Hours: 8,320 |
| Description of Duties: Pharmacist In Charge<br>Dispensing medication, Providing Pharmacy Compliance | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: NVSRX | | | | From - To (MM/YY – MM/YY): 03/18- 03/19 |
| Business Address: 3022 W Post Rd | | City: Las Vegas | State: NV | Zip: 89118 |
| Phone: Non- Active | Title: Pharmacist | | | Number of Employed Hours: 2,080 |
| Description of Duties: Pharmacist, Dispense medications for long term care and hospice patients | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Partell's Pharmacy | | | | From - To (MM/YY – MM/YY): 08/17- 03/18 |
| Business Address: 5835 S Eastern Ave Suite 101 | | City: Las Vegas | State: NV | Zip: 89119 |
| Phone: 702-791-3800 | Title: Pharmacist | | | Number of Employed Hours: 1,280 |
| Description of Duties: Dispensing medication | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name | | | | From - To (MM/YY – MM/YY) |
| Business Address | | City | State | Zip |
| Phone | Title | | | Number of Employed Hours |
| Description of Duties | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name | | | | From - To (MM/YY – MM/YY) |
| Business Address | | City | State | Zip |
| Phone | Title | | | Number of Employed Hours |
| Description of Duties | | | | |

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | ✔ | |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 6 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 09/23/200 | 04/06/2022 | NV | Las Vegas | Clark |
| **Case #** | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | | |
| 20-182 | Nevada Board of Pharmacy | | | |
| **Reason/Charge** | | | | |
| Violation of NRS 639.2895(3) dispensing wrong medication. Administrative fine of $500.00 | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | **Lawsuit/Arbitration/Bankruptcy** | | | |
| Jubdatul Arefin | | | | |
| **Name of Business/Industry/Entity** | | | | |
| Walmart Pharmacy #5258 | | | | |

**Provide explanation below:**

Patient D C brought in a written prescription for Sertraline 100mg tablet, sig: 100mg po qhs for quantity #7 on Wednesday 09/23/2020. It was scanned into our system for processing and inputted incorrectly by technician Laura Loya at 2:49pm. Instead of typing Sertraline 100mg 1 po qhs #7, it was typed for Seroquel 100mg 1 po qhs. Technician Laura Loya failed to type in 4 letters of the drug and the strength and as per technician Laura, she only typed in 3 letters and the strength and failed to perform 9 point check. In initial 4-point check completed at 3:22 pm, I, Jubdatul Arefin did not detect the erroneous inputted medication and confirmed verification of initial check. The medication was filled by technician Kamni Dutt at 3:29pm. Patient arrived at drive-thru to pick up around 3:30pm and at 3:33pm a final verification check was performed to make sure the appropriate medication was in the bottle as labeled. Patient was rung out immediately and I counseled the patient at Drive thru window at 3:34pm. I do recall saying the name of the medication (Quetiapine generic of Seroquel) and the strength (100mg) to be taken at bedtime, to which the Patient said that he has been on the medication before it was a dosage increase and it has helped him relax and sleep and did not need further consultation.

On Thursday 09/24/2020, Patient D C called the Pharmacy and spoke with Staff Pharmacist Aldo Rodriguez Luviano. Patient stated that he had taken the medication and slept for several hours and felt very drowsy. This was not normal feeling since he has taken the medication before without this side effect. To which Aldo checked the original copy and determined the wrong medication was dispensed. Aldo informed the patient that he indeed received the wrong medication and to come back to the pharmacy in order for the correct medication to be filled and dispensed. Aldo filled out the appropriate paperwork and provided me an update.

On 09/25/2020 at 09:12 AM the hardcopy patient D C dropped off on 09/23/2020 was reprocessed and filled with the correct medication (Sertraline 100mg) and made ready by 9:36 am for pick up. I called the doctor Yaron Zedek's office morning off 09/25/2020 and spoke to the office manager about the mis-fill and which was acknowledged.

On 09/25/2020 at around 12:20 patient D C arrived at the drive thru. I spoke to him directly and he returned the misfiled medication and bottle. The medication was immediately quarantined in our Haz-waste bin in the proper Haz-waste package. The misfiled prescription was immediately reversed from insurance claim and deactivated so it may not be filled again but the mis-fill data is still available in our system. During my conversation patient D C stated that he had taken 2 doses of the medication and that the medication made him sleep for a lot longer and he felt very fatigued and drowsy but the side effect wore off as the day progressed. I asked him if he had any other issues or concerns and he said no. He mentioned he had an appointment the upcoming Wednesday. The correct medication was dispensed at no charge to the patient and counseled for Clarity.

On 09/25/2020 appropriate paperwork that was initiated by Staff Pharmacist was thoroughly completed with updated facts and we performed a Root Cause analysis of the issue. This is where it was determined that technician Laura Loya did not use 4 letters of the prescription. Laura and I have had a discussion on proper protocol and expectation. She confirmed that she only used 3 letters instead of 4 to type the prescription in to which received a coaching. She was then given the appropriate standard operating procedure to review and acknowledge. A plan of action was created which included all

technicians reviewing the standard operating procedure for inputting prescriptions into our system and data will be pulled weekly to check if technicians are using 4 letters and the strength. I followed up weekly with the report. If the technician fails repeatedly to do so, will lead to further coaching and gradual disciplinary action. This plan of action was continued until 12/31/2020. Our district manager Daniel Kidane assisted and followed up with me in regards to the root cause analysis and plan of action.

Original Signature (electronic, copies or stamps not accepted)

7/22/23
Date

STEVE SISOLAK
Governor

HELEN PARK
*President*

J. DAVID WUEST
*Executive Secretary*

STATE OF NEVADA

BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Ste 206
Reno, NV 89521

April 6, 2022

**VIA CERTIFIED U.S. MAIL & ELECTRONIC MAIL**

Jubdatul Arefin, RPH
Pharmacist Registration No. 18911
[redacted] West Cactus Tower Avenue, Unit 102
Las Vegas, NV 89135
[redacted]

***Re: Notice of Nevada Citation and Fine (Case No. 20-182)***

Greetings:

The Nevada State Board of Pharmacy ("Board") has determined that you misfilled the following prescription:

On or about 9/23/2020, patient D.C. was prescribed Sertraline 100 mg tablets tendered to Walmart Pharmacy #10-5258, and designated prescription number 6965487. The patient received the wrong medication for Quetiapine Fumarate tablets instead of the correct Sertraline 100 mg tablets. D.C. ingested 2 tablets of the Quetiapine Fumarate before realizing that the medication was not correct.

This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unprofessional conduct by a pharmacist under NAC 639.945(1)(d) for "failing strictly to follow the instructions of the person writing, making or ordering a prescription as to its filling or refilling." Furthermore, pharmacists are responsible for errors committed by pharmaceutical technicians and other personnel who are not pharmacists pursuant to NAC 639.252 and NAC 639.702.

The Board has assessed an administrative fine of five hundred dollars ($500.00) pursuant to NRS 639.2895(3). This administrative fine must be paid within 30 days of receipt of this citation. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521. Please include a copy of this notice with payment.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). If you have any questions, please do not hesitate to contact Board staff at 775-850-1440.

Sincerely,

Nevada State Board of Pharmacy

9171 9690 0935 0271 8350 32

I, Jubdatul Arefin, **certify that as the designated representative for**

Quality Compounding Rx of America,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. JA I am at least 21 years of age;
3. JA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

JUBDATUL AREFIN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/22/23

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

JUBDATUL AREFIN

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

7/26/23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Nevada, ss. County of Clark

I, Jubdatul Arefin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

7/26/23

**Date**

Subscribed and Sworn to before me this 26th day of July.

**Notary Public Signature**

NOTARY PUBLIC
STATE OF NEVADA
County of Clark
ARIONA VATANA
No. 21-7728-01 My Appointment Expires December 2, 2024

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Quality Compounding Rx of America

Pharmacy/MDEG/Wholesaler License # (if applicable):

Physical Address: 801 S. Rancho Dr. Suite E7

City: Las Vegas State: NV Zip: 89106

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 310-621-2564 Website:

Licensing Company Email: sky@qcrxusa.com

### Section 2: Personal Information

First: Sky Middle: Last: Countryman

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Virgil Walk

City: Long Beach State: CA Zip: 90803

Telephone: [redacted] Email: sky@qcrxusa.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | ✓ | |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | ✓ | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Western Washington University | | 09/96-06/00 | |
| Address | City | State | Zip |
| 516 High St | Bellingham | WA | 98225 |
| Diploma/Degree obtained, if any | | | |
| BS - Chemistry | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Everett High School | | 09/92-06/96 | |
| Address | City | State | Zip |
| 2416 Colby Ave | Everett | WA | 98201 |
| Diploma/Degree obtained, if any | | | |
| Degree | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 08/21-06/23 | [redacted] Virgil Walk | Long Beach | CA | 90803 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 05/18-08/21 | [redacted] E. 2nd St | Long Beach | CA | 90803 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 08/17-05/18 | [redacted] Norgrove Ln | Los Alamitos | CA | 90720 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 08/15-08/17 | [redacted] Montecito Rd | Los Alamitos | CA | 90720 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 06/13-08/15 | [redacted] Crystal Creek Ln. | Cerritos | CA | 90703 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| | | | | |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| InSource Diagnostics | | | 05/12-10/19 |
| **Business Address** | **City** | **State** | **Zip** |
| 231 W Chestnut Ave | Monrovia | CA | 91016 |
| **Phone** | **Title** | | |
| 310-621-2564 | | | |
| **Description of Duties** | | | |
| Owner - in charge of sales, marketing, and laboratory | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Busines Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | ✓ | |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | ✓ | |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 4 & 5. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 8/30/2013 | 10/16/2015 | CA | Monrovia | Los Angeles |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| EC061193 | | LA Superior Court | | |
| **Reason/Charge** | | | | |
| Partnership dispute | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| InSource Diagnostics vs. O'Brien et Al | | | | |
| **Name of Business/Industry/Entity** | | | | |
| InSource Diagnostics | | | | |

**Provide explanation below:**

Partnership dispute with a former sales rep who claimed ownership in my laboratory. The case was settled before trial.

Original Signature (electronic, copies or stamps not accepted)

7/18/2023
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Sky Countryman

Print Name ~~(First, Last)~~

Original Signature (electronic, copies or stamps not accepted)

7/18/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of California, ss. County of Los Angeles

I, Sky Countryman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

7/18/23

**Date**

Subscribed and Sworn to before me this 18 day of July 2023

Jenny Cloud, Notary Public.

**Notary Public Signature**

JENNY CLOUD
Notary Public - California
Los Angeles County
Commission # 2320182
My Comm. Expires Feb 25, 2024

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (04/22/2021)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Quality Compounding Rx of America

Physical Address: 801 S Rancho Dr, Suite E7

City: Las Vegas State: NV Zip: 89106

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 702-984-6640 Website:

Licensing Company Email: george@qcrxusa.com

### Section 2: Personal Information

First: Gevork Middle: Last: Nordanyan

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] S Gibson Court

City: Burbank State: CA Zip: 91501

Telephone: [redacted] Email: george@qcrxusa.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

Date of Service: From: to:

Military Occupation/Specialty

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |



Applicant's initials: GN

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Glendale Community Collage | | 08/1995-05/1999 | |
| **Address** | **City** | **State** | **Zip** |
| 1500 N Verdugo Rd | Glendale | Ca | 91208 |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Hollywood High School | | 08/1991-05/1994 | |
| **Address** | **City** | **State** | **Zip** |
| 1521 N Highland Ave | Los Angeles | ca | 90028 |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/2011-Current | [redacted] S Gibson Court | Burbank | CA | 91501 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

Applicant's initials GN

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Ananda Analytical Labaratories | | | 01/17- Current |
| **Business Address** | **City** | **State** | **Zip** |
| 101 S First Street #1000 | Burbank | Ca | 91501 |
| **Phone** | **Title** | | |
| (866)570-8311 | CFO/Partner | | |
| **Description of Duties** | | | |
| Managing the finances, human resources, general duties that are within the scope of the owner, chef finacial officer and opperations manager. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Cure Rx Pharmacy | | | 01/11-07/23 |
| **Business Address** | **City** | **State** | **Zip** |
| 5060 Sunset Blvd | Los Angeles | Ca | 90027 |
| **Phone** | **Title** | | |
| (323)667-1111 | CFO/Partner | | |
| **Description of Duties** | | | |
| Managing payroll, finances, human resources. anything under the scope of the CFO. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

JULY 18 - 2023
Date

Applicant's initials GN

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Gevork, Nordanyan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

JULY-18-2023

Date

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**Please have this section completed in the presence of a Notary Public.**

State of California, ss. County of Los Angeles

I, GEVORK NORDANYAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

JULY-18-2023

**Date**

Subscribed and Sworn to before me this 18th day of July, 2023

**Notary Public Signature**

ADELINA SARIAN
Notary Public - California
Los Angeles County
Commission # 2448162
My Comm. Expires May 28, 2027

**(Seal)**

Applicant's initials GN

# 9

# 9A

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (8/02/2022)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada<br>☒ Out-of-State | ☒ New Pharmacy<br>☐ Ownership Change*<br>☐ Location Change *<br>☐ Name Change*<br><br>* If making a change, provide license #:<br><br>PH _____ | ☒ Retail/Community<br>☐ Hospital (# beds _____)<br>☐ Internet<br>☐ Nuclear<br>☐ Other: | ☒ Retail/Community<br>☐ Non-sterile Compounding<br>☐ Sterile Compounding<br>☒ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☐ Saturday | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Seven Hills Pharmacy, LLC

Physical Address: 2722 E. Kemper Rd

City: Sharonville State: OH Zip: 45241

Mailing Address (if different from physical address): same

City: _____ State: _____ Zip: _____

Telephone: 513-771-0367 Toll Free # (NAC 639.708, NRS 639.23286): 844-643-0169

Fax: 513-771-0369 Contact Email: compliance@truepill.com

Website: N/A

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Christopher Spitzer

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21780

**Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Christopher Spitzer | NV Pharmacist Registration #: 21780 |
| Name: Christopher Gibson | NV Pharmacist Registration #: 22645 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | ✔ | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: DE

Parent Company (if any): Postmeds, Inc.

Corporation/Organization Name: Seven Hills Pharmacy LLC

Mailing Address: 2722 E. Kemper Rd

City: Sharonville State: OH Zip: 45241

Telephone: 650-353-5495 Email: compliance@truepill.com

Contact Person Name: Quynh Do

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 8: Sole Owner**

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the Manager (title) for Seven Hills Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Joseph Cipriani

Print Name of Authorized Person

Joseph Cipriani

Original signature of Authorized Person (copies or stamps not accepted)

9/21/23

Date

**Section 10: Affidavit for Pharmacies: MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding**

## Affidavit for Pharmacy License

I, Joseph Cipriani hereby certify that the assertions in this Affidavit are true and correct to the best of my knowledge and belief, and state as follows:

1. I am the Manager (title) for Seven Hills Pharmacy, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I certify that upon licensure, the Pharmacy will not perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds into Nevada, an authorized representative of the Pharmacy may be required to appear before the Board to answer questions before such approval is granted.

FURTHER YOUR AFFIANT SAYETH NAUGHT.

Joseph Cipriani
Signature

SUBSCRIBED AND SWORN TO
Before me, a notary public this 21st day of September, 2023

Patrise Bullock
Notary Public

PATRISE BULLOCK NOTARY PUBLIC WAKE COUNTY, NC

Exp. 12.12.2026

## Section II: Managing Pharmacist Acknowledgement and Personal History - REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA-LICENSED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: Christopher Spitzer Pharmacist Registration #: 03236754

Pharmacy Name: Seven Hills Pharmacy, LLC

**Initial each statement below to indicate you have read and agree with the following:**

CW I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

CW I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

CW I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

CW I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

CW I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in <u>any</u> state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? | | ✔ |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state? | ✔ | |

**If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| Written Reprimand and Penalty | Ohio | 3/9/2022 | A-2021-0336 |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| N/A | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

12/7/22
Date

| Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partnership | Sole Owner |
|---|---|---|---|---|
| • **List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)** | ✓ | ✓ | | |
| • **List the top four stockholders and their percent ownership. NRS 639.231(3)** | ✓ | ✓ | | |
| • **List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)** | | ✓ | | |
| • **For General Partnerships, list the name of each partner. NAC 639.214(2)**<br>• **For Limited Partnerships, list the names of (NAC 639.214(3)):**<br>o **All General Partners;**<br>o **All Limited Partners who hold 10% or more of the interest.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing from** the Secretary of State's Office where the business is domiciled, dated within the last **6 months.** | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative Form** http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to:<br>a. An applicant or a licensee that is a publicly traded corporation;<br>b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or<br>c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is:<br>1) License by the Board; and<br>2) A resident of this state. | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** http://bop.nv.gov/Services/newapps/Business/ must be completed by:<br>a. **For Non-publicly traded** - The top 4 shareholder/stockholders.<br>b. **For Partnerships** - All general partners; all limited partners who hold 10% or more of the interest.<br>c. **For Sole Owner** - The owner. | | ✓ | ✓ | ✓ |
| • **Sterile Compounding Questionnaire** must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/. | ✓ | ✓ | ✓ | ✓ |
| • **Submit a copy of your most recent pharmacy inspection** from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(f) | ✓ | ✓ | ✓ | ✓ |
| • **Submit a copy of your license, certification, permit or registration issued to your pharmacy** from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2328(2)(a) | ✓ | ✓ | ✓ | ✓ |
| • **License Verification** by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. **(REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** NRS 639.2238(2)(g) | ✓ | ✓ | ✓ | ✓ |
| • **Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)** | ✓ | ✓ | ✓ | ✓ |
| • **Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)** | ✓ | ✓ | ✓ | ✓ |
| • **Transmit Controlled Substance Prescription Data**- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/ | ✓ | ✓ | ✓ | ✓ |

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joseph Cipriani

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

9/21/23

Date

| Board Use Only | Date Received: 9/27/23 | Amount: |
|---|---|---|

# List of Managers

1) Paul Greenall – Manager – DOB: [redacted] - [redacted] Benjamin Way, Healdsburg, CA 95448

2) Joseph Cipriani – Manager - DOB: [redacted] - [redacted] Lorraine RD, Raleigh, WA 27607

Truepill
KS license 22-117859
DEA license FP6189725
AL license 114861

**Alabama Board of Pharmacy**

The Alabama Board issued the pharmacy a Consent Order of Discipline dated June 6, 2023. The Pharmacy has resolved alleged violations of the Alabama Pharmacy Practice Act through entry of a Consent Order with the Alabama State Board of Pharmacy on June 8, 2023. As per the terms of the Consent Order, Pharmacy has agreed to pay a $3,000 administrative fine to the Alabama State Board of Pharmacy.

**DEA Order to Show Cause**
Although the matter remains pending and no discipline has issued, for transparency with the Board and out of an abundance of caution, the Pharmacy wishes to disclose that on December 15, 2022, the federal Drug Enforcement Agency ("DEA") issued the Pharmacy an administrative Order to Show Cause ("OSC") regarding revocation of its DEA registration FP6189725. On January 13, 2023, the Pharmacy answered the OSC.

**Kansas Board of Pharmacy**
The Kansas Board of Pharmacy issued the pharmacy an amended Summary Order effective February 8, 2023. The pharmacy did not report the change of ownership in a timely manner, and paid a fine. The Kansas Board of Pharmacy approved the change of ownership application, and issued license 22-117859 on May 20, 2022.

| | | |
|---|---|---|
| **IN THE MATTER OF:** | ) | |
| | ) | **BEFORE THE ALABAMA STATE** |
| **POSTMEDS INC. dba TRUEPILL and/or TRUEPILL f/k/a POSTMEDS INC.** | ) | **BOARD OF PHARMACY** |
| | ) | |
| **Non-Resident Pharmacy Permit Number: 114861** | ) | **CASE NO: 22-L-0114** |

## CONSENT ORDER

**THIS MATTER** comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act as are more particularly set out in the Statement which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975), § 41-22-12(f), the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds that **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** has violated the provisions of law set out in the Statement.

2. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** shall pay an administrative fine in the amount of Three Thousand Dollars ($3,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** attempt to discharge the same. Payments shall be made payable to Alabama State Board of Pharmacy and mailed to 111 Village Street, Birmingham, Alabama 35242.

3. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama

Administrative Procedure Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), §20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** further waives any objection to the attorney for the Board preparing, drafting, or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

4. By execution of this Consent Order, **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** hereby releases the Board, its members, agents, representatives, servants, and employees from any and all liability, claims, damages, fees, or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

5. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules and regulations of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.**'s permit, including, but not limited to revocation.

6. **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.** acknowledges and agrees that it has read this Consent Order and that it fully understands the terms, conditions, and contents of the same. **PostMeds Inc. dba Truepill and/or**

**Truepill f/k/a PostMeds Inc.** acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and agrees that it had the right to seek advice of counsel before executing this Consent Order.

DONE this the 6th of June, 2023.

**PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.**

BY: Donny Simkin
Donny Simkin

ITS: General Counsel, Truepill, Inc.

James Hoover
Counsel for **PostMeds Inc. dba Truepill and/or Truepill f/k/a PostMeds Inc.**

DONE this the 8th of JUNE, 2023.

ALABAMA STATE BOARD OF PHARMACY

By:
Robert M. Colburn, Jr., R. Ph., President

Jennifer Muro Neumann,
Attorney for the Alabama State Board of Pharmacy

**OF COUNSEL:**
Jennifer Muro Neumann, PC
Post Office Box 381082
Birmingham, AL 35238
(205) 451-3092



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BEFORE THE KANSAS BOARD OF PHARMACY

| | | |
|---|---|---|
| In the Matter of | ) | |
| | ) | Case No. 22-183 |
| PostMeds, Inc dba Truepill | ) | |
| | ) | |
| Registration No. 22-117859 | ) | |

**AMENDED SUMMARY ORDER**

NOW on this 20th day of January, 2023, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Director, the matter of PostMeds, Inc dba Truepill ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Amended Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 22-104228 which entitled Respondent to operate as a non-resident pharmacy in the State of Kansas.

2. On November 6, 2019, the ownership of Respondent's non-resident pharmacy changed.

3. On May 22, 2020, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 3, 2020 with an expiration date of June 30, 2021. Respondent answered "No" to the question: "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state of federal government?"

Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

4. On June 1, 2021, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 21, 2021 with an expiration date of June 30, 2022. Respondent answered "No" to the question: "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state of federal government?" Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

5. Due to staffing challenges, personnel turnover and administrative oversight resulting from its early, rapid growth and restructuring and the corresponding COVID-19 pandemic, Respondent mistakenly failed to report the 2019 ownership change and related disclosures to the Board in its May 22, 2020 and June 1, 2021 renewal applications.

6. On April 18, 2022, the Board received notification from Respondent of an ownership change and several past disciplinary actions not previously reported to the Board including: North Carolina Board of Pharmacy Consent Order of Discipline dated March 8, 2022; California State Board of Pharmacy Letter of Admonishment dated January 23, 2020; California State Board of Pharmacy Citation and Fine dated June 16, 2020; California State Board of Pharmacy Citation and Fine Order of Abatement dated August 25, 2021; Alabama State Board of Pharmacy Final Order dated October 25, 2021; California State Board of Pharmacy Citation and Fine dated January 24, 2019; and California State Board of Pharmacy Citation dated December 16, 2019.

7. On April 28, 2022, the Board received from Respondent a Form BA-22 Non-Resident Pharmacy Registration Application ("Respondent's Application"), notifying of the change in ownership effective November 6, 2019, and applying for a new non-resident pharmacy registration under the new ownership.

8. On May 20, 2022, the Board approved Respondent's Application and issued Respondent the new Non-Resident Pharmacy Registration No. of 22-117859 ("Respondent's Registration") under their new ownership.

9. Prior to receiving the ownership change application, registrant provided a letter notifying of the late ownership change, as well as unreported discipline. Ownership change application completed indicating discipline had occurred and providing details of discipline (5 occurrences).

10. In mitigation, Respondent states that it has invested in additional staff, engaged internal and external legal counsel and implemented training efforts to prevent any such reporting oversights in the future.

## CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1627(f), the Board may take action against a registration on any ground that would authorize the board to take action against the registration of a pharmacy under K.S.A. 65-1627, and amendments thereto.

3. Pursuant to K.S.A. 65-1627(e)(1), the Board may take action against the registration of a pharmacy upon a finding that such pharmacy has been operated in such manner

that violations of the provisions of the pharmacy act of the state of Kansas or of the rules and regulations of the board have occurred in connection therewith.

4. Pursuant to K.S.A. 65-1627(e)(4), the Board may take action against the registration of a pharmacy upon a finding that the registrant has had a registration revoked, suspended or limited, has been censured or has had other disciplinary action taken, or an application for registration denied, by the proper registering authority of another state, territory, District of Columbia or other country.

5. Pursuant to K.S.A. 65-1657, no nonresident pharmacy shall ship, mail, or deliver, in any manner, prescription drugs to a patient in this state unless registered with the Board as a nonresident pharmacy.

6. Pursuant to K.S.A. 65-1645(f), registrations shall not be transferable.

7. Pursuant to K.A.R. 68-2-9, each registrant shall notify the executive secretary of the Board in writing of any change in majority ownership of the operation for which the registration was issued within five days after the date the change in ownership becomes effective.

8. Pursuant to K.A.R. 68-2-23, each pharmacy owner shall notify the board in writing within 30 days of any denial, limitation, suspension, revocation, voluntary surrender, or other disciplinary action taken by the state of Kansas or another jurisdiction against the pharmacy or the pharmacy owner or any application, license, registration, or permit held by the pharmacy owner.

9. Respondent's registered facility changed ownership on November 6, 2019 but Respondent did not provide notification or file a new application with the Board until April 18 and 28, 2022, respectively.

10. Respondent's failure to submit the complete change of ownership to the Board until April 2022 is a violation pursuant to K.A.R. 68-2-9 and an unlawful transfer of the previous

registration to the new ownership. Respondent's actions are a violation pursuant to K.S.A. 65-1657 and K.S.A. 65-1627(e)(1), and a basis to take action against Respondent's Registration.

11. Respondent failed to notify the Board of the six disciplinary actions by North Carolina, California, and Alabama until April 18, 2022, nearly one to two years after they were effective, is a violation of K.A.R. 68-2-23 and a basis to take action against Respondent's Registration pursuant to K.S.A. 65-1627(e)(1) and (e)(4).

## ORDER

Taking into account the mitigating and corrective actions of Respondent, the Board finds and concludes that Respondent's conduct, as described above, violates the Act and such conduct warrants the imposition of a fine pursuant to K.S.A. 65-1658, in the amount of $3,500.00. Respondent has 30 days from the date of this order to pay the fine.

## NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

1/20/2023
Date

Alex Blasi
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 24th day of January, 2023, deposit in business mail a copy of the foregoing Amended Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

PostMeds, Inc dba Truepill
3121 Diablo Ave
Hayward, CA 94545

and via email to:

Christopher C. Tillery
Seigfreid Bingham, P.C.
ctillery@sb-kc.com
Attorney for Respondent

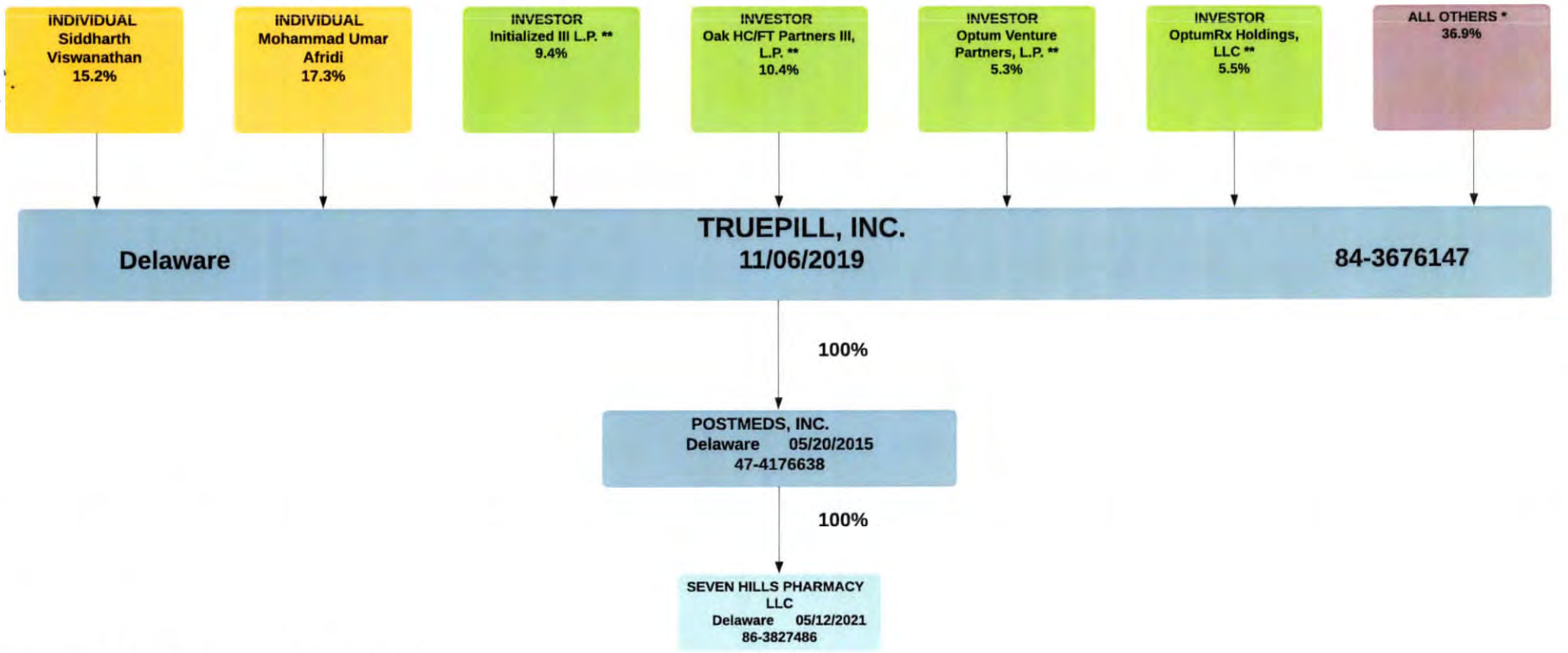
Brenda L. Head
Disciplinary Counsel for the Kansas Board of Pharmacy

2171

Nov 3, 2021 10:06 AM

Seven Hills Pharmacy - Board of Pharmacy ONLY

**CONFIDENTIAL! DO NOT DISTRIBUTE TO THIRD PARTIES**




*No individual/entity in this group owns > = 3% of Truepill, Inc., and therefore no individul/entity in this group owns > = 5% of the Provider

**No individual owns >= 5% of Truepill, Inc., and therefore no individual/entity in this group owns > = 5% of the Provider

Corporation | Limited Liability Company | Investor | Individual | Other

This organizational chart was prepared by the Legal Team & contains entity name, state of domicile, date of formation & EIN.
For additional details, please contact entities@truepill.com

2172

**List of Managers**

| Name | Title | Business Address | Home Address | Business Phone | Home Phone | SSN | DOB |
|---|---|---|---|---|---|---|---|
| Daniel Simkin | Manager | 3121 Diablo Ave, Hayward, CA 94545 | [redacted] Hyperion Ave, Los Angeles, CA 90029 | 650-353-5495 | [redacted] | [redacted] | [redacted] |
| Siddharth Viswanathan | Manager | 3121 Diablo Ave, Hayward, CA 94545 | [redacted]Long Bridge Street, Apt 514, San Francisco, CA 94158 | 650-353-5495 | [redacted] | [redacted] | [redacted] |
| Mathew Davis-Ratner | Manager | 3121 Diablo Ave, Hayward, CA 94545 | [redacted]51st Ave S, Seattle, WA 98118 | 650-353-5495 | [redacted] | [redacted] | [redacted] |

# UNITED STATES OF AMERICA
# STATE OF OHIO
# OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show SEVEN HILLS PHARMACY LLC, a Delaware Limited Liability Company, Registration Number 4684707, was registered in the State of Ohio on May 24, 2021, is currently authorized to transact business in this state.*




*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of October, A.D. 2022.*

**Ohio Secretary of State**

**Validation Number: 202228404922**

**State of Ohio Board of Pharmacy**

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836 | http://www.pharmacy.ohio.gov

# License 0232000312

## Seven Hills Pharmacy Llc

2722 E Kemper Rd
Sharonville, OH 45241-1818
Hamilton County

## Terminal - Pharmacy - Category 3

## Outpatient Pharmacy Inspection

## November 7, 2022

# License 0232000312 - Seven Hills Pharmacy Llc

Full

**State of Ohio Board of Pharmacy**
77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

**Completed by** Sharon Shields
**Start** 11/7/2022 9:06 AM
**End** 11/7/2022 11:48 AM

## Organization

**Name**
Seven Hills Pharmacy Llc

**License Type**
Terminal - Pharmacy - Category 3

**Category**

**License Number**
0232000312

**Business Type**
II - Independent Community Retail (1 Outlet)

**DEA Number**

**Responsible Person**
Christopher Spitzer, R.Ph.

**Hours of Operation**
M-F 9a-5p; Sat/Sun closed

## Contact

**Address**
[redacted] E Kemper Rd
Sharonville, OH 45241-1818
Hamilton County

**Primary Number**
[redacted]

**Fax Number**
(513) 771-0369

**Website**

## Personnel

| Name | Initials | Position | I.D. No. | Phone | Email |
|---|---|---|---|---|---|
| Christpoher Gibson, R.Ph. | | Pharmacist | 03236967 | | |
| Lisa Beth Klein | | Certified Pharmacy Technician | 09305487 | [redacted] | [redacted] |
| Christopher Spitzer, R.Ph. | | Responsible Person | 03236754 | | |

### 1) Initial Inspection Information

**3) What is the name and current version of the dispensing software being used by the pharmacy?**

Observation
Pharmacy uses both Pioneer and TruePill operating system. Operating systems are client specific in their use. Pharmacy is phasing out use of Pioneer.

**5) Facility description**

Observation
Facility is a retail pharmacy servicing the patients of various online prescriber entities. Pharmacy has the ability to serve the community (walk-in patient). Pharmacy does not accept insurance. Pharmacy has limited drug stock. Pharmacy processes approximately 150 prescriptions per day. Pharmacy employs two pharmacists and one certified pharmacy technician. Pharmacy ships prescriptions to patients in Ohio and in other states using USPS, UPS, and FedEx.

### 2) * Licensing, Responsible Person and DEA Registration

**1) Have there been any changes in the facility's ownership, business name or trade name, category, or address without submitting a new application to the Board?**

No

**2) Does the responsible person match what is indicated in eLicense?**

Yes

**3) Does the pharmacy have a valid registration issued by the Drug Enforcement Administration?**

Yes

Observation
FS1293884 expires 2/28/2025

### 3) * Minimum Standards

**1) Does the pharmacy have internet access to current federal and state laws, regulations, and rules governing the legal distribution of drugs in Ohio?**

Yes

**2) Does the pharmacy have access to the telephone number of a poison control center?**

Yes

**3) Are the pharmacy's hours publicly posted?**

Yes

**4) Are all pharmacy staff wearing name tags/badges that include the employee's job title?**

Yes

**7) Are the library and equipment housed in a suitable, well-lit and well-ventilated room or department and maintained in a clean, sanitary and orderly condition?**

Yes

**8) Are areas where drugs and devices are stored and prepared dry, well-lit, well-ventilated, and maintained in a clean, sanitary and orderly condition?**

Yes

**9) Are storage areas maintained at temperatures and conditions which will ensure the integrity of the drug stock?**

Yes

## 4) Personnel

**1) Are staff working at the pharmacy properly licensed/registered with the Board?**

Yes

**5) Are certified pharmacy technicians working within their applicable scope of practice?**

Yes

**8) Are pharmacy support personnel working within their permitted scope?**

Not Applicable - No support personnel working or employed during inspection.

Observation
List of support personnel responsibilities: www.pharmacy.ohio.gov/supportres

**OAC 4729:3-1-01 (Z)**
(1) An individual employed or performing contracted services at a location licensed as a terminal distributor of dangerous drugs, trained to perform clerical duties associated with the practice of pharmacy, including pricing, cashiering, drug purchasing, delivering, scheduling deliveries, answering non-professional telephone inquiries, transportation of dispensed medications within a hospital, documenting and processing third-party billing information for reimbursement, or any other activity as determined by the board.

(2) An individual contracted by a terminal distributor of dangerous drugs to perform drug inventories.

(3) Except for those responsible for the delivery of dangerous drugs, support personnel shall not have unsupervised access to dangerous drugs.

(4) Support personnel shall not perform the tasks of a pharmacist, pharmacy intern, certified pharmacy technician, registered pharmacy technician, or pharmacy technician trainee.

(5) Support personnel may have access to or retrieve information from patient records, including a database or patient profile to perform clerical duties associated with the practice of pharmacy. Support personnel shall not enter prescription information into a patient profile.

(6) Support personnel may perform the following:

(a) Transporting dangerous drugs from a loading dock, warehouse or other area that receives shipments from a licensed wholesaler or other person licensed in accordance with section 4729.52 of the Revised Code; and

(b) Stocking and retrieving from inventory non-controlled dangerous drugs that are not dispensed by the pharmacy.

(7) The terminal distributor of dangerous drugs shall be responsible for ensuring all support personnel comply with state and federal requirements to ensure the confidentiality of patient health records.

(8) Stocking of automated drug dispensing units and floor stock with intravenous fluids that are non-controlled dangerous drugs and are not dispensed by an institutional pharmacy.*

(9) Overwrapping/placing in plastic dangerous drugs that have been compounded or dispensed (i.e. appropriately labeled) by a terminal distributor of dangerous drugs.*

(10) Entering demographic and insurance information into a patient's profile.*

**10) Drug Purchases**

**1) Does the licensee maintain complete and accurate records of drugs purchased?**

Yes

Observation

Wholesalers:

- McKesson
- TopRx
- Keysource
- Anda

**2) Has the licensee performed and documented an annual query of eLicense prior to purchasing drugs at wholesale?**

Yes

## 11) * Security, Control, and Storage of Dangerous Drugs

**1) Is a pharmacist providing supervision of the dangerous drugs, hypodermics, D.E.A. controlled substance order forms, and all records relating to the distribution of dangerous drugs in the pharmacy?**

Yes

**3) Are all dangerous drugs, controlled substances, and hypodermics that are delivered onto the premises of the store or business are immediately placed and secured in the pharmacy under the physical control?**

Yes

**4) Are there any unauthorized persons present in the pharmacy?**

No

**7) Can the pharmacy be secured by a physical barrier or alarm system?**

Yes

Observation

The only change to the barricade since March 2022 inspection was the replacement of the garage-style door. Door was replaced with a metal roll down bay-style door. Door is secured by the alarm system. No other changes to the barricade have been made since inspection in March 2022. Barricade is adequate.

**8) Is a licensed pharmacist the only person with access to keys or other methods for accessing the pharmacy?**

Yes

**10) Does the pharmacy have a secure area only accessible by pharmacists for customers to deposit new or refill prescription orders when the pharmacy is closed?**

No - Not applicable

**11) Does the pharmacy maintain dangerous drugs or hypodermics outside of the confines of the pharmacy?**

No

**12) Does the pharmacy provide services by means of a secured drive-through facility?**

No

## 12) Temperature Controls

**1) Are refrigerators and/or freezers used for the storage of drugs maintained at the proper temperature?**

Yes

Observation

Pharmacy has one refrigerator for vaccine storage. Pharmacy uses TempAlert to monitor the temperature of the refrigerator. Observed refrigerator to be at appropriate temperature. Pharmacy does not have vaccine stock or any refrigerator/freezer drug stock on site at the time of inspection.

**2) Does the pharmacy have a policy to respond to any out of range individual temperature readings or excursions to ensure the integrity of stored drugs?**

Yes

**3) Are refrigerators and freezers use for the storage of drugs free of food or beverage products?**

No

## 13) *Theft or Significant Loss of Drugs and Drug Documents

**1) Has the licensee experienced any theft or significant loss of any dangerous drugs in the past twenty-four months?**

No

**3) REMINDER: Theft or significant loss of dangerous drugs and drug documents.**

Observation
**REMINDER**

A licensee is required to report to the the Board and law enforcement authorities of any theft or significant loss of dangerous drugs (controlled and non-controlled prescription drugs) immediately upon discovery of the theft or significant loss. This includes dangerous drugs in transit that were either shipped from or to a prescriber, terminal distributor, or drug distributor.

A licensee is required to report, immediately upon discovery, to the Board and law enforcement authorities any theft or loss of uncompleted prescription blank(s) used for writing a prescription, D.E.A. controlled substance order forms (Form 222), written prescription order(s) not yet dispensed, and original prescription order(s) that have been dispensed.

For more information on reporting, visit: www.pharmacy.ohio.gov/theft

### 14) * Controlled Substance Inventory

**1) Does the licensee conduct an annual inventory of controlled substances?**

Yes

Observation
Pharmacy does not have any controlled substance drug stock on site at the time of inspection.
**OAC 4729:5-3-07**
All Category III licensees must complete an annual inventory even if drugs are not on-site (zero balance). Records of inventories must be maintained for at least three years. Inventories must follow the process for conducting a DEA controlled substance inventory.

### 16) Drug Collection Receptacles

**1) Does the pharmacy operate a drug take back program (i.e. collection receptacle)?**

No

### 17) Drug Samples

**1) Does the pharmacy have sample drugs as part its inventory?**

No

### 23) Return to Stock

**4) Does the pharmacy use delivery agents?**

Yes - Compliant

Observation
Pharmacy uses USPS, UPS, and FedEx. Pharmacy does not return any delivered drugs back to stock for redispensing. All drug stock returned from delivery agents are sent to Inmar for destruction.

**8) REMINDER: The contents of a prescription vial or container shall not be returned to the manufacturer's stock bottle.**

Observation
REMINDER: The contents of a prescription vial or container shall not be returned to the manufacturer's stock bottle.
OAC 4729:5-5-22 (B)(4)

### 25) Customized Medication Packaging (Adherence Packaging)

**1) Does the pharmacy dispense customized patient medication packages (sometimes referred to as adherence packaging)?**

No

### 27) Charitable Pharmacies

**1) Is this pharmacy a charitable pharmacy?**

No

### 31) *Expired/Adulterated Drugs

**2) Are there expired/adulterated drugs present in the licensee's active drug stock?**

No

### 33) Prescription Pick-Up Station

**1) Does the pharmacy accept prescriptions from pick-up stations or other intermediaries?**

No

### 39) Drug Repository Program

**1) Does this pharmacy operate a drug repository program?**

No

### 40) Temporary Removal of Drugs

**1) Does the licensee engage in the temporary off-site storage of dangerous drugs?**

No

### 46) Substance Abuse and Mental Health Resources for Healthcare Professionals

**1) Substance Abuse and Mental Health Resources for Healthcare Professionals**

Observation

The healthcare profession is not immune to substance use disorder and mental health conditions. Such medical conditions impair a healthcare professional's competency, ability, and judgment. Substance use disorder and/or mental health conditions that are left untreated may not only cause a healthcare professional to risk their career, but may also endanger the life of a patient.

These medical conditions can be effectively treated, and it is possible for healthcare professionals that are in treatment or recovery to return to practice.

The State of Ohio Boar of Pharmacy encourages all healthcare professionals who may be struggling with substance use disorder or mental health condition to seek help. The following are resources that can assist healthcare professionals in getting help: (the resources listed here are for informational purposes only and do not constitute an endorsement by the State of Ohio Board of Pharmacy. They do not represent a complete list of the resources available)

Ohio Careline 1-800-720-9616, emotional support, with referral to other resources if needed.
Crisis text line, text "4hope" to 741 741 to speak with a crisis counselor.
Treatment Bridge 1-877-275-6364, for addiction and mental health srevices.
National Suicide prevention dial 988, or call 1-800-273-8255.
Ohio Domestic Violence Network 1-800-934-9840
Pharmacist Rehabilitation Organization (www.ohiopro.org) for pharmacists and pharmacy interns.
Ohio Physicians Health Program (www.ophp.org)

### 50) Inspection Affirmation

**1) Inspection Affirmation**

Observation

As the person in charge at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent/Inspector, and understand its content.

If this inspection report requires a written response, I understand, per OAC 4729:5-3-03, that either of the following must be submitted to the State of Ohio Board of Pharmacy within 30 days of this inspection:

(1) The action(s) the licensee or applicant has taken to correct the violation(s) and the date of implementation of the corrective action(s); or

(2) An explanation disputing the observed violations.

I understand that if I am not the responsible person documented on this site's Ohio terminal distributor of dangerous drugs license, I will ensure the responsible person is provided a complete copy of this inspection report in a timely manner.

I further acknowledge that a written response does not release the licensee listed in this inspection report from potential disciplinary action.

Responses must be either emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

## Summary

**No Issue Found**

**Reviewed by** Christopher Spitzer, R.Ph. _____

(signature)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FS1293884 | 02-28-2025 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 03-23-2022 |

SEVEN HILLS PHARMACY LLC
2722 E. KEMPER RD
SHARONVILLE, OH 45241

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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Form DEA-223 (9/2016)

Truepill
CA old license PHY 56100
ME old license MO40002429
NC old license 13413
LA license PHY.007761-NR

**Louisiana Board of Pharmacy**

The Louisiana Board of Pharmacy issued the pharmacy a Consent Order of Discipline dated May 11, 2022. The pharmacy did not report the change of ownership in a timely manner. The Louisiana Board of Pharmacy approved the change of ownership application with a new permit number PHY.008479-NR as a successor to permit number PHY.007761-NR.

**North Carolina Board of Pharmacy**

The North Carolina Board of Pharmacy issued the pharmacy a Consent Order of Discipline dated March 8, 2022. The pharmacy made inaccurate statements about its ownership and officers on its initial application in November 2017 and did not correct this until November 2021. The North Carolina Board of Pharmacy approved the change of ownership application with a new permit number 14900 as a successor to permit number 13413.

**Maine Board of Pharmacy**

The Maine Board of Pharmacy notified the pharmacy on March 30, 2022 that its non-resident license was terminated effective November 6, 2019 for reporting deficiencies related to its ownership. The pharmacy submitted a change of ownership application for licensure, and has been issued a new pharmacy license on November 2, 2022.

**California Board of Pharmacy**

The California Board of Pharmacy issued the pharmacy a letter of admonishment CI 2019 84877 dated January 23, 2020, concluding an investigation that found the pharmacy shipped a prescription to the wrong patient and shipped two prescriptions with the wrong return address.

The California Board of Pharmacy issued the pharmacy a modified citation and fine CI 2019 78633 dated June 16, 2020, with the fine amount of $0.00. In 2018, certain prescriptions were issued to the pharmacy by prescribers that were either not yet licensed to prescribe in California or who had not yet entered into an established standardized procedure or protocol developed by a supervising physician.

Also, The California Board of Pharmacy issued the pharmacy a citation and fine order of abatement CI 2020 89223 dated August 25, 2021, with the fine amount of $5,000. The pharmacy was in violation when dangerous drugs were stored in temperatures exceeding the recommended storage temperatures Truepill did not consider the manufacturer's stability data for drugs which may have been adulterated by heat.

# BOARD OF PHARMACY
# DEPARTMENT OF CONSUMER AFFAIRS
# STATE OF CALIFORNIA

# MODIFIED CITATION AND FINE

| Citation Number | Name, License No |
|---|---|
| CI 2017 78633 | TRUEPILL (FORMERLY POSTMEDS INC.), PHY 56100 |

**JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)**

| VIOLATION CODE SECTION | OFFENSE | AMT OF FINE |
|---|---|---|
| **Bus. & Prof. Code § 4059 subd. (a)/Bus. & Prof. Code § 4067 subd. (a)** | **Furnishing dangerous drugs without a prescription/Internet; Dispensing Dangerous Drugs or Devices without Prescription; No person shall dispense or furnish, or cause to be furnished dangerous drugs...on the internet...without a prescription issued pursuant to a good faith examination** | **Citation without a fine** |
| **Bus. & Prof. Code § 4174** | **Dispensing on order of nurse practitioner or person of similar status.** | **Citation without a fine** |

CONDUCT:

Furnishing Dangerous Drugs or Devices Prohibited Without Prescription: Business and Professions Code 4059 (a) states in pertinent part a person may not furnish any dangerous drug, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7. A person may not furnish any dangerous device, except upon the prescription of a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor pursuant to Section 3640.7. In conjunction with Business and Professions Code 4067 (a) which states no person or entity shall dispense or furnish, or cause to be dispensed or furnished, dangerous drugs or dangerous devices, as defined in Section 4022, on the Internet for delivery to any person in this state without a prescription issued pursuant to a good faith prior examination of a human or animal for whom the prescription is meant if the person or entity either knew or reasonably should have known that the prescription was not issued pursuant to a good faith prior examination of a human or animal, or if the person or entity did not act in accordance with Section 1761 of Title 16 of the California Code of Regulations and (f) for the purposes of this section, "good faith prior examination" includes the requirements for a physician and surgeon in Section 2242. In conjunction with Business and Professions Code 2290.5 (a) For purposes of this division, the following definitions shall apply: (3) "Health care provider" means either of the following: (A) a person who is licensed under this division. Between 4/1/2018 to 10/31/2018, Postmeds Inc. (PHY56100) located at 3121 Diablo Ave. Hayward, CA dispensed prescriptions issued by prescribers who were not licensed in California. Specifically, 2 prescriptions were issued by Nurse Practitioner Jenny Ingle; 9 prescriptions were issued by Dr. Brook Randal; 6 prescriptions were issued by Dr. Jessica Rubino and 4 prescriptions were issued by Dr. Sudhi Trye. These prescribers were not licensed in California at the time the prescriptions were initiated and shipped to a California resident. Postmeds pharmacy dispensed the prescriptions issued by unlicensed prescribers to

California residents in violation of Business and Professions Code 4059 (a) and Business and Professions Code 4067 (a).

Dispensing by Pharmacist Upon Order of Nurse Practitioner: Business and Professions Code 4174 states in pertinent part notwithstanding any other law, a pharmacist may dispense drugs or devices upon the drug order of a nurse practitioner functioning pursuant to Section 2836.1 or a certified nurse-midwife functioning pursuant to Section 2746.51, a drug order of a physician assistant functioning pursuant to Section 3502.1 or a naturopathic doctor functioning pursuant to Section 3640.5, or the order of a pharmacist acting under Section 4052.1, 4052.2, 4052.3, or 4052.6. Postmeds Inc. (PHY56100) located at 3121 Diablo Ave. Hayward, CA dispensed prescriptions issued by Nurse Practitioners and Physicians Assistants who had not yet entered into an established standardized procedure or protocol developed by a supervising physician. Between 4/1/2018 and 10/31/2018, the following prescribers issued prescriptions to Postmeds without an established protocol in place: Physician's Assistant Leanne Mays issued 8 prescriptions and Physician's Assistant Susan Owen issued 6 prescriptions. Between 4/1/2018 and 10/31/2018, the following prescribers issued prescriptions to Postmeds entering into a protocol after the prescriptions were issued: Nurse Practitioner Joni Gunzburger issued 4,782 prescriptions; Nurse Practitioner Cristin Hackel issued 10,819 prescriptions and Nurse Practitioner Jessica Horwitz issued 4,711 prescriptions. Postmeds Pharmacy dispensed the prescriptions issued by Nurse Practitioners and Physicians Assistants who had not yet entered into standardized procedures or protocols as required by Business and Professions Code 4174.

| | |
|---|---|
| **CITATION ISSUED ON: June 16, 2020** | **TOTAL AMOUNT OF FINE(S): $0.00** |

**PAYMENT OF FINE(S) DUE BY: July 16, 2020**

California State Board of Pharmacy
1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
Phone (916) 574-7900
Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

January 23, 2020

VIA CERTIFIED MAIL

**LETTER OF ADMONISHMENT**

TRUEPILL
ATTN: MOHAMMAD UMAR AFRIDI, CEO
[redacted] DIABLO AVE
HAYWARD, CA 94545

**RE: CI 2019 84877**
**TRUEPILL**
**PHY 56100**

This LETTER OF ADMONISHMENT is being issued pursuant to Business and Professions Code section 4315 for failure to comply with the laws and regulations that govern the practice of pharmacy in California. (For exact language refer to the California Pharmacy Law and Index, located on the board's website at www.pharmacy.ca.gov, under Forms and Publications.)

The Board of Pharmacy has completed its investigation in the above referenced matter. All documentation and/or statements relating to the investigation have been accepted and included in an Investigation Report on file in this office. Facts contained in this report lead to the conclusion that the following violations of pharmacy laws or regulations have occurred:

**JURISDICTION: Bus. & Prof. Code § 4315; 1764/56.10(a) - Unauthorized disclosure of prescription and medical information**

Unauthorized disclosure of prescriptions: California Code of Regulations section 1764 states in pertinent part that no pharmacist shall exhibit, discuss, or reveal the contents of any prescription or any medical information furnished by the prescriber with any person other than the patient or his or her authorized representative and Civil Code section 56.10 subdivision (a) states, in pertinent part, no provider of health care shall disclose medical information regarding a patient of the provider of health care without first obtaining an authorization. Truepill Pharmacy was not in compliance with these regulations. Specifically, on 4/17/2019, Truepill Pharmacy (PHY56100) located at 3121 Diablo Avenue in Hayward, CA shipped prescription RX#1186395 to the wrong person. The prescription was intended for AR but was shipped to the address of MS in error. Also, Truepill Pharmacy shipped prescriptions to patients with a shipping label showing the return address of NuRx located at 6838 Ellicott Drive in East Syracuse, NY and from Apostrophe located at 330 2nd Street in Oakland, CA. NuRx and Apostrophe are not licensed pharmacies and prescription packages returned as undeliverable to these locations would cause the disclosure of medical information without authorization.

Shipping prescriptions to an unauthorized person violates California Code of Regulations section 1764 and Civil Code 56.10.

If you wish to contest this Letter of Admonishment, you may do so by submitting, within 30 days of the date of service of this Letter of Admonishment, namely February 22, 2020, the attached "Request for an Office Conference" form. If an office conference is not requested, compliance with the Letter of Admonishment shall not constitute an admission of the violations described in the Letter of Admonishment.

Unless it is dismissed following an office conference or you receive other instructions from the Board in writing, Pharmacy Law requires that you maintain and have readily available for inspection a copy of this Letter of Admonishment and any written corrective action plan, if any, for at least three years from the date of issuance at the top of this letter. The Letter of Admonishment will be considered a public record for purposes of disclosure for three years from issuance. The issuance of this Letter of Admonishment does not limit the board's ability to pursue other disciplinary or administrative action under Business and Professions Code section 4315, subdivision (f).

If you have any questions regarding this Letter of Admonishment, please contact Barbera Schleicher, Public Inquiry Analyst at (916) 518-3081.

Sincerely

Virginia Herold

Virginia Herold
Executive Officer
Board of Pharmacy

**California State Board of Pharmacy**
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

August 25, 2021

TRUEPILL
ATTN: FRANCESCO CONSOLE, PIC
[redacted] DIABLO AVE
HAYWARD, CA 94545

**RE: CI 2020 89223**
**TRUEPILL**
**PHY 56100**

The attached Citation CI 2020 89223, has been issued to TRUEPILL, PHY 56100. A copy has been sent to the pharmacy, and a copy is being sent to the pharmacist-in-charge for informational purposes only. As pharmacist in charge it is your responsibility to insure the pharmacy's compliance with the term(s) and condition(s) of the citation by the date(s) ordered, and to ensure the pharmacy's compliance with all pharmacy laws.

The Citation references the specific statutes and regulations violated, and defines each violation charged. The Citation details the conduct that resulted in the issuance of the citation. In addition the citation may also include information regarding fine(s) assessed. If fine(s) have been assessed, the citation specifies the amount and the specific violation for which the fine was levied.

If you have any questions please contact Joshua Monforte, Citation and Fine Analyst at (916) 518-3014.

Sincerely

Joshua Monforte
Citation and Fine Analyst

Attachments

# BOARD OF PHARMACY
# DEPARTMENT OF CONSUMER AFFAIRS
# STATE OF CALIFORNIA

# CITATION AND FINE
# ORDER OF ABATEMENT

COPY

| Citation Number | Name, License No |
|---|---|
| CI 2020 89223 | TRUEPILL, PHY 56100 |

**JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o)**

| VIOLATION CODE SECTION | OFFENSE | AMT OF FINE |
|---|---|---|
| CCR, Title 16, § 1714 subd. (b) | Operational Standards and Security; pharmacy responsible for pharmacy security | $5,000.00 |
| Bus. & Prof. Code § 4169 subd. (a)(2)/Health & Safety Code § 111295 | Prohibited Acts; Purchase, trade, sell, or transfer dangerous drugs to that the person knew or reasonably should have known were adulterated.../It is unlawful for any person to manufacture, sell, deliver, hold, or offer for sale any drug or device that is adulterated | Citation without a fine |

CONDUCT:

California Code of Regulations 1714, section b states, (b) Each pharmacy licensed by the board shall maintain its facilities, space, fixtures, and equipment so that drugs are safely and properly prepared, maintained, secured and distributed. The pharmacy shall be of sufficient size and unobstructed area to accommodate the safe practice of pharmacy. Specifically, Truepill Pharmacy, PHY56100, located at 3121 Diablo Ave, Hayward, CA 94545 was in violation when they failed to keep dangerous drugs stored according to policy and procedure 2001.4, Oversight of Pharmacy Safety, which states: "The Pharmacy will make all attempts at maintaining a room temperature below 85F and ideally between 68-77F". Between 7/1/2020 and 9/14/2020, on numerous occasions, dangerous drug storage temperatures, summarized in Table 2, exceeded the recommended storage temperatures. The most egregious of these temperature spikes were:

a)On 8/13/2020, in the cage area of the warehouse, dangerous drugs were stored approximately 161 hours over 77 F and 47 hours over 85F.
b)On 9/6/2020, in the cage area of the warehouse, dangerous drugs were stored approximately 59 hours over 77 F and 17 hours above 85F.
c)On 8/13/2020, in the Parata Automated dispensing machine located in the warehouse, dangerous drugs were stored for approximately 163 hours above 77 F and 44 hours above 85 F.

Business and Professions Code 4169 section (a), subdivision (2) states, A person or entity shall not do any of the following: (2) Purchase, trade, sell, or transfer dangerous drugs that the person knew or reasonably should have known were adulterated, as set forth in Article 2 (commencing with Section 111250) of Chapter 6 of Part 5 of Division 104 of the Health and Safety Code as it relates to Health and Safety Code 111295 which states, It is unlawful for any person to manufacture, sell, deliver, hold or offer for sale any drug or device that is adulterated. Specifically, Truepill Pharmacy, PHY56100, located at3121 Diablo Ave, Hayward, CA 94545 was in violation when they used the MKT calculation alone instead of in conjunction with manufactures stability data as stated in USP <1079>, which provides guidance for assessing possible adulteration to dangerous drugs stored at the pharmacy due to excessive heat. In particular, USP<1079> states, "Knowing the MKT for an excursion is useful for evaluating the potential impact on product quality. However, it is also essential to know the upper and lower temperature limits of any excursion. If these extreme temperatures are outside available stability data, it may not be possible to predict the quality impact of the excursion with any confidence regardless of the MKT. At higher temperatures the kinetics of degradation may change or new degradation reactions may occur. Truepill Pharmacy did not consider the manufacture's stability data for at least 72 dangerous drugs stored in the cage area of the warehouse which were held and offered for sale when determining if a dangerous drug was adulterated by the extreme heat, summarized in Table 3. For each one of the 72 dangerous drugs, the maximum temperature for storage was listed by the manufacturer as 77F or storage information was not listed. As there was no stability temperature for at least the 72 drugs in question and per USP<1079>, the MKT cannot be without the stability data, these drugs which were held and offered for sale were adulterated.

## ORDER OF ABATEMENT

By the Abatement date/payment date submit to the Board the following:

- Either (1) full payment of the assessed fine(s) in the amount of $5,000.00; or payment in the amount of $1,000.00 and (2) provide proof of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations within ninety (90) days.

COPY

If you choose option (2), within 90 days of this citation, you shall submit proof of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations. Any failure to do so shall be deemed a failure to meet the abatement requirements of this citation.

If you timely submit proof of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations within 90 days from the date the citation was issued, this citation shall be reduced to $1,000.00 and proof of compliance of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations shall be considered satisfactory abatement of the citation.

If you fail to submit proof of compliance of new temperature control systems in addition to central HVAC systems installed throughout the pharmacy and 30 days of temperature log from the various drug storage locations within 90 days from the date the citation was issued, the stay shall be lifted and the fine(s) in the amount of $5,000.00 shall be due and owing from you within thirty (30) days of any such failure.

**CITATION ISSUED ON: August 25, 2021**

**TOTAL AMOUNT OF FINE(S): $5,000.00**

**PROOF OF ABATEMENT AND PAYMENT OF FINE(S) DUE BY: September 24, 2021**

COPY

**LOUISIANA BOARD OF PHARMACY**

**BATON ROUGE, LOUISIANA**

**IN THE MATTER OF:** **CONSENT ORDER**

**POSTMEDS, INC.**

**LOUISIANA PHARMACY PERMIT NO. 7761** **Case No. 21-0456**

**********

## CONSENT AGREEMENT

WHEREAS, an informal conference was conducted by the Violations Committee of the Louisiana Board of Pharmacy (hereinafter referred to as the "Board") on March 16, 2022 at the Board office, 3388 Brentwood Drive, Baton Rouge, LA 70809, in the matter of POSTMEDS, INC. (hereinafter referred to as "Respondent"), holding Louisiana Pharmacy Permit No. 7761, 3121 Diablo Ave., Hayward, CA 94545-2701, with attorney Skip Philips and Postmeds Corporate Counsel Donnie Simkin appearing on behalf of Respondent.

WHEREAS, WHEREAS, on August 27, 2018, the Louisiana Board of Pharmacy issued a non-resident pharmacy permit, PHY.007761-NR, to Postmeds Inc. At that time, Postmeds Inc. was 31.5% owned by Mohammad Umar Afridi, 31.5% owned by Siddharth Viswanathan, 16.5% owned by Initialized III L.P., and 20.5% owned by others with no individual owner holding more than 4%. On December 17, 2021 the Board received an "Application for New Louisiana Pharmacy Permit for Nonresident Pharmacy" from Postmeds, Inc. d/b/a Truepill. Accompanying correspondence and organization chart detailed a 100% change in the ownership structure of Postmeds Inc., effective November 6, 2019. Postmeds Inc. went from being owned 31.5% by Mohammad Umar Afridi, 31.5% by Siddharth Viswanathan, 16.5% by Initialized III L.P., and 20.5% by others with no individual owner holding more than 4%, to being owned 100% by Truepill, Inc.

WHEREAS, the Board alleges that such actions constitute violations of the following:

**La. R.S. 37:1241 (A)(1):** Practiced or assisted in the practice of pharmacy, or knowingly permitted or has permitted anyone in his employ or under his supervision to practice or assist in the practice of pharmacy, in violation of the provisions of this Chapter and any rules and regulations promulgated thereto in accordance with the Administrative Procedure Act.

**La. R.S. 37:1221(B).** No out-of-state pharmacy providing pharmacy services to residents of this state shall open, establish, operate, or maintain a pharmacy, located out-of-state, unless the pharmacy is issued a permit by the board.

**La. R.S. 37:1222(A).** A person applying for a permit to open, establish, operate, or maintain a pharmacy, within or outside of this state, shall complete an application in such form and contain such data as the board may require, and complete such other requirements as deemed necessary by the board, including but not limited to designation and identification of a pharmacist-in-charge.

**La. R.S. 37:1222(E).** A permit to operate a pharmacy shall not be transferable.

**La. R.S. 37:1232(A).** A pharmacy located outside this state which does business in this state within the meaning of this Chapter, shall hold a current pharmacy permit as provided in this Chapter. The pharmacy shall be designated a "nonresident pharmacy" and the permit shall be designated a "nonresident pharmacy permit."

**LAC, Title 46: LIII §1101(A).** Individuals, partnerships, corporations, limited liability companies, or associations desiring to operate a pharmacy in Louisiana, or outside the state where prescriptions drugs/devices are dispensed and delivered to Louisiana residents, shall execute an application for a pharmacy permit for their particular classification of pharmacy.

**LAC, Title 46: LIII §1135(A)(1)(e).** The holder of a pharmacy permit shall notify the board, in writing, prior to the transfer of ownership, in order for the board to complete an inspection of the pharmacy premises. A change of ownership of a pharmacy is evident under the following conditions: a 50 percent, or more, change in ownership of a corporation, limited liability company, or association since the issuance of the original permit or the last renewal application.

**LAC, Title 46: LIII §1135(A)(2).** The new owner(s) of the pharmacy shall submit a properly completed pharmacy permit application, with appropriate fee, to the board.

**LAC, Title 46: LIII §1135(A)(4).** Pharmacy permits are not transferable from the original holder(s) of the permit to the new owner(s).

**LAC, Title 46: LIII §2305(A).** The out-of-state pharmacy shall apply for a permit and annual permit renewals on forms provided by the board.

**LAC, Title 46: LIII §2307(C). Authority and Accountability**. The designated pharmacist-in-charge of the pharmacy and the pharmacy owner(s), or partners, or corporate officer(s) of the permit holder, where applicable, shall be responsible for the complete supervision, management, and compliance with all federal and state pharmacy laws and regulations pertaining to the practice of pharmacy of the entire prescription department. This responsibility necessarily includes accountability for any violation involving federal or state laws or regulations occurring within the prescription department supervised by a pharmacist-in-charge.

To facilitate the submission of this Consent Agreement, Respondent does not contest the allegations and agrees that there is sufficient evidence upon which to predicate a finding of those violations.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

Respondent further understands that this Consent Agreement shall constitute a Public Record, pursuant to La. R.S. 44:1 et seq., and is considered disciplinary action by the Board.

In order to avoid further administrative and judicial proceedings, Respondent hereby consents to accept and abide by the following order of the Board:

**POSTMEDS, INC., holder of Louisiana Pharmacy Permit No. 7761, is ordered to pay a fine of $10,000.00 and to reimburse the Board $250.00 for administrative costs, and $324.48 for investigative costs with total payment due the Board of $10,574.80, due by *certified check or money order* to be paid simultaneously with the execution of this Consent Agreement by Respondent.**

By signing this Consent Agreement, Respondent agrees that the Board has jurisdiction in this matter, waives all rights to informal conference, to Notice of Hearing, to a formal Administrative Hearing and to judicial review of this Consent Agreement. Moreover, at no time shall Respondent request the expungement, rescission or removal of this Consent Agreement.

By signing this Consent Agreement, Respondent agrees that any failure to comply with the terms of this Agreement is a basis for discipline by the Board.

Both Respondent and the Board stipulate that this Consent Order shall not become effective and shall not become binding on the Board unless and until approved by the Board at formal meeting. However, Respondent agrees that this Consent Order shall be effective and binding upon Respondent without recourse upon its authorized representative signing said Order.

Respondent agrees to authorize the Board to report this action to the National Practitioner Data Bank – Healthcare Integrity and Protection Data Bank (NPDB-HIPDB) as required by law.

I, Matt Davis-Ratner, authorized to act on behalf of and acting on behalf of **POSTMEDS, INC.,** understand that this Consent Agreement is effective as a Board Order upon affirmative vote by the Board at formal hearing. It is also understood that, should the Board not approve this Consent Agreement, the agreement therein does not preclude the Louisiana Board of Pharmacy from requiring a formal hearing of this case.

It is further understood that, should this Consent Agreement not be accepted by the Board, the presentation to and consideration by the Board of this Agreement, including presented documentary evidence and information, shall not unfairly or illegally prejudice or preclude the Board or any of its members from further participation in hearings or resolution of these proceedings.

[*Remainder of page intentionally left blank; signature page to follow.*]

SIGNED, AGREED TO AND ENTERED ON THIS 6th DAY OF April, 2022.

**POSTMEDS, INC.**
**Louisiana Pharmacy Permit No. 7761**

Matt Davis-Ratner

BY: Matt Davis-Ratner
Authorized Representative

HARRY J. "SKIP" PHILIPS
Taylor Porter
450 Laurel St, 8th Floor
Baton Rouge, LA 70801
*Attorney for Respondent*

APPROVED FOR SUBMISSION TO THE LOUISIANA BOARD OF PHARMACY:

CARLOS M. FINALET, III
*General Counsel, Louisiana Board of Pharmacy*

ACCEPTANCE OF THE CONSENT AGREEMENT BY THE LOUISIANA BOARD OF PHARMACY:

By a majority vote of the Board members voting in favor of the foregoing Consent Agreement at the Board meeting on May 11, **2022**, the Board hereby adopts said Agreement as a Final Order of the Board.

FOR THE BOARD:

Marty R. McKay
Hearing Officer for the Board

svb

Silicon Valley Bank

3003 Tasman
Santa Clara, California 95054
408-654-7400

90-4039
1211

**CASHIER'S CHECK** No. 208457

Remitter: **Postmeds, Inc.**
**Permit No. 7761**

| Date | Check No. | Amount |
|---|---|---|
| Apr 13,2022 | 208457 | $10,574.80 |

*PAY EXACTLY*
*** **Ten Thousand Five Hundred Seventy-Four and 80/100** **Dollars**

TWO SIGNATURES REQUIRED OVER $50,000.00

Pay to the order of: **Louisiana Board of Pharmacy**

⑈208457⑈ ⑆121140399⑆ [redacted]⑈

**STATE OF NORTH CAROLINA**
**NORTH CAROLINA BOARD OF PHARMACY**

| | | |
|---|---|---|
| **IN THE MATTER OF** | ) | |
| | ) | |
| **POSTMEDS, INC. d/b/a Truepill,** | ) | **CONSENT ORDER** |
| | ) | **OF DISCIPLINE** |
| **Permit No. 13413 and Its Successor Permit(s).** | ) | |

THIS MATTER came to be considered before a member of the North Carolina Board of Pharmacy (hereinafter, the "Board") pursuant to 21 N.C.A.C. 46 .2008. The Conference was scheduled for Thursday, February 24, 2022, and, after appropriate notice, was heard on that day by Board member Wallace E. Nelson. Respondent PostMeds, Inc. was informed of its right to be present at the pre-hearing conference and declined. The Board's General Counsel, Clinton R. Pinyan, represented the Board.

Respondent has agreed to waive a formal hearing in the above-referenced matter. It stipulates and agrees to the findings of fact and conclusions of law recited herein and to the order of discipline imposed. By its consent, Respondent also stipulates that it waives its right to appeal this Consent Order or challenge in any way the sufficiency of the findings of this Order as a basis for the action taken. Based upon the consent of the parties, the Board hereby enters the following:

## FINDINGS OF FACT

1. On November 20, 2017, the Board issued Permit No. 13413 to Respondent PostMeds, Inc. d/b/a Truepill (Permit No. 13413) ("PostMeds").

2. On PostMeds' initial permit application, its then-pharmacist manager, Mohammad Umar Afridi, submitted an inaccurate statement that he was the sole owner and officer of PostMeds. In fact, PostMeds now acknowledges that Afridi and Siddharth

Viswanathan each owned 47 percent of PostMeds on November 20, 2017, with others owning six percent, and that Viswanathan was also an officer of PostMeds.

3. Viswanathan and the minority owners' interests would not have raised questions about the permit application in this particular case. If PostMeds had disclosed the true ownership and officers of PostMeds, the Board still would have granted PostMeds a permit. However, it was an inaccurate statement that Afridi, as the person who submitted the application, knew was inaccurate. That statement prevented the Board from vetting Viswanathan as the owner of the pharmacy. Because of the inaccuracy of the representations, the initial permit was void ab initio.

4. In November 2019, PostMeds went through a corporate restructuring. During that restructuring, Truepill, Inc. was created as a holding company for PostMeds. At that time, Truepill, Inc. became the sole owner of PostMeds. Afridi, Viswanathan and the other former direct owners of PostMeds became indirect owners with the same ownership interests in the holding company, Truepill, Inc., that they had before the transfer of ownership.

5. This restructuring required PostMeds to submit a transfer of ownership application and have that application granted before the restructuring closed. PostMeds failed to do this. Therefore, even if the initial permit had been valid (which it was not), it would have become invalid upon the corporate restructuring.

6. Insertion of a new holding company between the ultimate owners and PostMeds would not have raised questions about the permit application in this particular case. The ownership interests of the ultimate owners did not change. If PostMeds had disclosed the new holding company, the Board still would have granted the transfer of ownership. However,

PostMeds failed to submit the transfer of ownership application or otherwise disclose the interests of Truepill, Inc.

7. In each of its subsequent renewals, PostMeds failed to correct the ownership information that it had inaccurately submitted on its initial application or to list Truepill, Inc., as the direct owner of the pharmacy.

8. On November 4, 2021, counsel for PostMeds informed the Board that its "current ownership information on file with the North Carolina Board of Pharmacy is out of date." Upon follow-up questioning, the next day, PostMeds disclosed that it should have submitted a transfer of ownership application in November 2019. It further was apparent from the ownership information that PostMeds provided that Afridi made inaccurate representations about ownership and officers on PostMed's initial application that had never been corrected.

9. PostMeds agreed to stop shipping any drugs, devices or medical equipment into the State of North Carolina until the matter was resolved. It further agreed to stop shipping or dispensing any drugs, devices or medical equipment from six other pharmacies under its ownership until the matter was resolved (even though those pharmacies did not receive permits until after the transfer of ownership had occurred, and so did not suffer from the same problem).

10. PostMeds submitted a transfer of ownership application promptly.

11. Although PostMed's disclosure of its inaccuracies was tardy, its remedial actions are a mitigating factor in this matter.

## CONCLUSIONS OF LAW

1. Reporting of correct and complete ownership information on an initial pharmacy permit application or a renewal application is material, indeed essential, to the Board's ability to ensure that a pharmacy will provide services safely and competently to the public.

2. PostMeds made inaccurate statements about its ownership and officers on its initial application, which it failed to correct at any point through its 2022 renewal. That initial permit was therefore void ab initio and violated G.S. § 90-85.38(b).

3. The creation of Truepill, Inc. as a holding company further triggered a requirement to report the ownership change and obtain a successor permit, and to do so before the closing of the transaction that created Truepill, Inc. The transaction "result[ed] in a different person . . . owning more than 50 percent interest in the permit holder . . . ." 21 NCAC 46.1603. Failure to apply for and obtain a successor permit prior to the transaction, and a continuing failure to disclose the ownership interest of Truepill, Inc., violated G.S. § 90-85.38(b).

**IT IS THEREFORE ORDERED**:

PostMeds was in violation of G.S. § 90-85.38(b) in North Carolina from November 20, 2017 until at least November 4, 2021. Respondent PostMed's Permit No. 13413 was **VOID** from the time that it was granted on November 20, 2017. G.S. § 90-85.38(c).

Respondent PostMed's change of ownership application is **APPROVED** as a successor permits to Permit No. 13413 (the "Successor Permit") with the following **CONDITIONS**:

1. PostMeds shall provide timely advance notice of any contemplated change in ownership to the current pharmacist-manager and any future pharmacist-manager(s) of the Successor Permit. PostMeds shall consult with the Successor Permit's pharmacist-manager(s) to determine whether any contemplated transaction triggers the need to obtain new permits. PostMeds shall authorize the Successor Permit's pharmacist-manager(s) to take any necessary action to update that ownership information with the Board or to apply for new permits. If a contemplated transaction triggers the need for new permits, PostMeds shall not complete that

transaction unless and until either the Board issues new permits or PostMeds ceases all practice of pharmacy at the permitted location.

2. The Successor Permit shall violate no laws governing the practice of pharmacy or the distribution of drugs.

3. The Successor Permit shall violate no rules or regulations of the Board.

4. If the Successor Permit fail to comply with any term or condition of this Order, it may be subject to additional disciplinary action by the Board.

This is the 8th day of March, 2022

NORTH CAROLINA BOARD OF PHARMACY

By: /s/ William A. Mixon
William A. Mixon
President

Respondent PostMeds, Inc. has full knowledge that it has the right to a formal hearing, at which it would have the right to be represented at its expense by counsel, in this matter. Respondent freely, knowingly and voluntarily waives its right to such a hearing by entering into this Consent Order.

Respondent understands and agrees that by entering into this Consent Order, it certifies that it has read the foregoing Consent Order and that it voluntarily consents to the terms and conditions set forth therein and relinquishes any right to judicial review of Board actions that may be taken concerning this matter.

Respondent further understands that should it violate the terms and conditions of this Consent Order, the Board may take additional action.

Respondent understands and agrees that this Consent Order will not become effective unless and until approved by the Board.

Respondent understands that it has the right to have counsel of its choice review and advise them with respect to their rights and this Consent Order, and represents that it enters this Consent Order after consultation with counsel or after knowingly and voluntarily choosing not to consult with counsel. Respondent further agrees that the person who is executing this Consent Order has been duly authorized by any required corporation action to execute on behalf of Respondent.

CONSENTED TO BY:

_____ Date 3/7/22

Printed Name: Matt Davis-Ratner

Title: General Counsel

STATE OF _____

_____ COUNTY

I, the undersigned Notary Public of the County and State aforesaid, do hereby certify that the above-named representative of PostMeds, Inc. personally appeared before me this day, and acknowledged the due execution of the foregoing document.

Date: _____

_____
Notary Public

_____

My commission expires: _____

Truepill
CA old license PHY 56100
ME old license MO40002429
NC old license 13413
LA license PHY.007761-NR
KS license 22-117859
DEA license FP6189725

**DEA Order to Show Cause**
Although the matter remains pending and no discipline has issued, for transparency with the Board and out of an abundance of caution, the Pharmacy wishes to disclose that on December 15, 2022, the federal Drug Enforcement Agency ("DEA") issued the Pharmacy an administrative Order to Show Cause ("OSC") regarding revocation of its DEA registration FP6189725. On January 13, 2023, the Pharmacy answered the OSC.

**Kansas Board of Pharmacy**
The Kansas Board of Pharmacy issued the pharmacy an amended Summary Order effective February 8, 2023. The pharmacy did not report the change of ownership in a timely manner, and paid a fine. The Kansas Board of Pharmacy approved the change of ownership application, and issued license 22-117859 on May 20, 2022.

**Louisiana Board of Pharmacy**
The Louisiana Board of Pharmacy issued the pharmacy a Consent Order of Discipline dated May 11, 2022. The pharmacy did not report the change of ownership in a timely manner. The Louisiana Board of Pharmacy approved the change of ownership application with a new permit number PHY.008479-NR as a successor to permit number PHY.007761-NR.

**North Carolina Board of Pharmacy**

The North Carolina Board of Pharmacy issued the pharmacy a Consent Order of Discipline dated March 8, 2022. The pharmacy made inaccurate statements about its ownership and officers on its initial application in November 2017 and did not correct this until November 2021. The North Carolina Board of Pharmacy approved the change of ownership application with a new permit number 14900 as a successor to permit number 13413.

**Maine Board of Pharmacy**

The Maine Board of Pharmacy notified the pharmacy on March 30, 2022 that its non-resident license was terminated effective November 6, 2019 for reporting deficiencies related to its ownership. The pharmacy submitted a change of ownership application for licensure, and has been issued a new pharmacy license on November 2, 2022.

**California Board of Pharmacy**

The California Board of Pharmacy issued the pharmacy a letter of admonishment CI 2019 84877 dated January 23, 2020, concluding an investigation that found the pharmacy shipped a prescription to the wrong patient and shipped two prescriptions with the wrong return address.

The California Board of Pharmacy issued the pharmacy a modified citation and fine CI 2019 78633 dated June 16, 2020, with the fine amount of $0.00. In 2018, certain prescriptions were issued to the pharmacy

by prescribers that were either not yet licensed to prescribe in California or who had not yet entered into an established standardized procedure or protocol developed by a supervising physician.

Also, The California Board of Pharmacy issued the pharmacy a citation and fine order of abatement CI 2020 89223 dated August 25, 2021, with the fine amount of $5,000. The pharmacy was in violation when dangerous drugs were stored in temperatures exceeding the recommended storage temperatures Truepill did not consider the manufacturer's stability data for drugs which may have been adulterated by heat.

**U.S. Department of Justice**
**Drug Enforcement Administration**

www.dea.gov

Springfield, Virginia 22152

**IN THE MATTER OF**

Truepill
3121 Diablo Ave
Hayward, CA 94545

DEA Certificate of Registration FP6189725

## ORDER TO SHOW CAUSE

Telemedicine is an important tool for providing increased access to medical treatment that has been relied upon by hundreds of millions of Americans since the onset of the COVID-19 pandemic in 2020. Unfortunately, this access is being exploited by a subset of medical practitioners and businesses seeking opportunities to profit by wrongfully providing controlled substances without a legitimate medical purpose.

DEA has an obligation to protect the public by ensuring that pharmacists only fill prescriptions for controlled substances which are prescribed for legitimate medical purposes by practitioners acting in the usual course of professional practice. It is critical that entities engaged in the practice of online pharmacy are appropriately registered and subject to reporting, disclosure, and other requirements imposed under law. These requirements allow entities engaged in the legitimate practice of telemedicine to continue safely providing critical services and protect the safety and health of the American public.

The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 (Ryan Haight Act) and its implementing regulations prohibit actors from operating as an "online pharmacy" without the appropriate DEA registration. Truepill does not have the requisite registration to act as an online pharmacy. But since September 2020, it has acted as an online pharmacy, and in a two-year period filled 72,000 controlled substance prescriptions, of which 60% were for stimulants, such as amphetamines used in the treatment of Attention Deficit/Hyperactivity Disorder (ADHD).

Truepill was the pharmacy for telehealth companies, including Cerebral, that marketed ADHD treatments, including Adderall ® and its generic forms, directly to consumers using Internet advertisements and social media. Cerebral arranged for patients to receive prescriptions for ADHD treatments through a telehealth visit, and for Truepill to fill those prescriptions. In numerous instances, Truepill dispensed controlled substances pursuant to prescriptions that were not issued for a legitimate medical purpose in the usual course of professional practice. Many of these prescriptions were written by providers that lacked the requisite state certifications to prescribe and who issued multiple prescriptions for a patient to receive more than a 90-day supply of a

Schedule II controlled substance, including prescriptions for the treatment of ADHD, in violation of federal regulations.

Accordingly,

**PURSUANT** to Sections 303 and 304 of the Controlled Substances Act, Title 21, United States Code, Sections 823 and 824,

**NOTICE** is hereby given to afford Truepill an opportunity to Show Cause before the Drug Enforcement Administration (DEA), at the DEA Hearing Facility, 700 Army Navy Drive, 2nd Floor, Arlington, Virginia 22202, or a location designated by the Administrative Law Judge, on March 21, 2023, or on such a subsequent date designated by the Administrative Law Judge (if Truepill requests such a hearing), as to why DEA should not revoke Truepill's DEA Certificate of Registration (COR or registration), Number FP6189725, pursuant to 21 U.S.C. § 824(a)(4), and deny any applications for any other DEA registrations, because Truepill's registration would be inconsistent with the public interest, as that term is defined in 21 U.S.C. § 823(f).

As detailed below, this Order states DEA's basis to revoke the above-referenced DEA registration, including a ***non-exhaustive summary*** of the matters of fact and law at issue, as well as citations to laws and regulations that Truepill has violated (*see* 21 C.F.R. §§ 1301.36(e) and 1301.37(c), which DEA construes *in pari materia*). In order to preserve Truepill's rights in this proceeding, Truepill may appear in these revocation proceedings by filing a notice of appearance or request for hearing in the manner prescribed by regulations within 30 days from the receipt of this Order. On or before the date of Truepill's appearance, Truepill may submit a corrective action plan that will be considered by DEA in accordance with 21 U.S.C. § 824(c).

## LEGAL REQUIREMENTS

### Entities That Must Register as Online Pharmacies

Federal law proscribes any person from distributing or dispensing a controlled substance except as authorized by the Controlled Substances Act (CSA). *See* 21 U.S.C. §§ 841(a)(1); 842(a)(1). Federal law further explicitly provides that it is unlawful for "any person" to "deliver, distribute, or dispense a controlled substance by means of the Internet, except as authorized" by the CSA. 21 U.S.C. § 841(h)(1).

An "online pharmacy" is "a person, entity, or Internet site . . . that knowingly or intentionally delivers, distributes, or dispenses, or offers or attempts to deliver, distribute, or dispense, a controlled substance by means of the Internet." 21 U.S.C. § 802(52)(A); *see also* 21 C.F.R. § 1300.04(h) (same). Further, the term "'deliver, distribute, or dispense by means of the Internet' refers, respectively, to any delivery, distribution, or dispensing of a controlled substance that is caused or facilitated by means of the Internet." 21 U.S.C. § 802(51). To act as an online pharmacy, a pharmacy must "request that the Administrator modify its registration to authorize the pharmacy to dispense controlled substances by means of the Internet as an online pharmacy." 21 C.F.R. § 1301.19(a); *see* 21 C.F.R. § 1301.11(b).

The CSA instructs that "it is unlawful for any person who falls within the [CSA's] definition of 'online pharmacy' . . . to deliver, distribute, or dispense a controlled substance by means of the

Internet" unless that person is "validly registered with a modification of such registration authorizing such activity." 21 C.F.R. § 1301.11(b). "Accordingly, any pharmacy registered" with DEA "that falls within the definition of an online pharmacy and proposes to dispense controlled substances by means of the Internet must obtain a modification of its registration authorizing such activity." *Id.*; *see also* 21 C.F.R. § 1301.19(f) ("No person . . . required to obtain a modification of a registration . . . authorizing it to operate as an online pharmacy may engage in any activity for which such modification of registration is required until the application for such modified registration is granted and an active Certificate of Registration indicating the modification of the registration has been issued by the Administrator to such person."). The CSA explicitly provides that "delivering, distributing, or dispensing a controlled substance by means of the Internet by an online pharmacy that is not validly registered with a modification authorizing such activity" is a violation of section 841(h)(1). 21 U.S.C. § 841(h)(2)(A).

Requirements Applicable to Online Pharmacies

An online pharmacy is subject to a number of requirements under the CSA. Among other things, an online pharmacy must:

- "[D]isplay in a visible and clear manner on its homepage a statement that it complies with the requirements of this section with respect to the delivery or sale or offer for sale of controlled substances." 21 U.S.C. § 831(a); 21 C.F.R. § 1304.45(a); *see also* 21 U.S.C. § 802(53) ("The term 'homepage' means the opening or main page or screen of the website of an online pharmacy that is viewable on the Internet.").

- Post "in a visible and clear manner" on its homepage or a page clearly linked from its homepage, the following information:

    - "The name, professional degree, and States of licensure of the pharmacist-in-charge, and a telephone number at which the pharmacist-in-charge can be contacted."

    - "A list of the States in which the pharmacy is licensed to dispense controlled substances."

    - "A certification that the pharmacy is registered under" the CSA "to deliver, distribute, or dispense" controlled substances "by means of the Internet."

    - The following statement: "This online pharmacy is obligated to comply fully with the Controlled Substances Act and DEA regulations. As part of this obligation, this online pharmacy has obtained a modified DEA registration authorizing it to operate as an online pharmacy. In addition, this online pharmacy will only dispense a controlled substance to a person who has a valid prescription issued for a legitimate medical purpose based upon a medical relationship with a prescribing practitioner. This includes at least one prior in-person medical evaluation in accordance with section 309 of the Controlled Substances Act (21 U.S.C. 829) or a medical evaluation via telemedicine in

accordance with section 102(54) of the Controlled Substances Act (21 U.S.C. 802(54))."

*See* 21 U.S.C. § 831(c); 21 C.F.R. § 1304.45.

- Notify the DEA Administrator, thirty days before offering a controlled substance for sale, delivery, distribution, or dispensing, of, among other things: the information the online pharmacy is required to post on its Internet site under 21 U.S.C. § 831(c), and 21 C.F.R. § 1304.45; each Internet site address used by the online pharmacy; the DEA registration numbers of every pharmacy that delivers, distributes or dispenses controlled substances pursuant to orders made through each of those identified websites; and a certification that the information provided on its Internet site under 21 U.S.C. § 831(c), and 21 C.F.R. § 1304.45 is true and accurate. *See* 21 U.S.C. § 831(d); 21 C.F.R. § 1304.40(b).

- Display on its homepage a declaration that it has made an appropriate notification to the DEA Administrator. *See* 21 U.S.C. § 831(e); 21 C.F.R. § 1304.40(d).

- Monthly report to the DEA Administrator of the total quantity of controlled substances the online pharmacy has dispensed for each calendar month in which it dispenses either 100 or more controlled substance prescriptions, or 5,000 or more dosage units of controlled substances. If the pharmacy's dispensing does not meet either threshold in a given month, it must report a negative response for that month. *See* 21 C.F.R. § 1304.55.

Requirements Applicable to All Pharmacies

A "prescription for a controlled substance may only be filled by a pharmacist, acting in the usual course of his professional practice." 21 C.F.R. § 1306.06. A pharmacist is only permitted to fill prescriptions "issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice." 21 C.F.R. § 1306.04(a). Although "[t]he responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, . . . a corresponding responsibility rests with the pharmacist who fills the prescription." *Id.*

"DEA has consistently interpreted this provision as prohibiting a pharmacist from filling a prescription for a controlled substance when [s]he either knows or has reason to know that the prescription was not written for a legitimate medical purpose." *Wheatland Pharmacy*, 78 Fed. Reg. 69,441, 69,445 (2013) (internal quotation marks and citation omitted, alternation in original). Section 1306.04(a) "expressly requires pharmacists to identify and resolve suspicions that a prescription is illegitimate." *Trinity Pharmacy II*, 83 Fed. Reg. 7304, 7331 (2018).

A violation of these regulations is a violation of federal law. *See* 21 U.S.C. § 842(a)(1) (making it unlawful to dispense controlled substances in violation of 21 U.S.C. § 829, whose scope is defined in part by 21 C.F.R. §§ 1306.04, 1306.06). Any attempt to violate these regulations is also a violation of federal law. *See* 21 U.S.C. § 846.

Additionally, DEA may find that a registrant's DEA COR is inconsistent with the public interest if the registrant acted carelessly or negligently in handling controlled substances, even if the registrant did not intend to violate the Controlled Substances Act. *See, e.g., Med. Shoppe*, 79 Fed. Reg. 59,504, 59,506 (2014) ("Careless or negligent handling of controlled substances creates the opportunity for diversion and [can] justify revocation or denial." (quoting *Paul J. Caragine, Jr.*, 63 Fed. Reg. 51,592, 51,601 (1998))).

Pharmacies are also required to keep appropriate records as set forth in the CSA. "Recordkeeping is one of the CSA's principal tools for preventing the diversion of controlled substances." *Wayne Pharmacy*, 85 Fed. Reg. 63,579, 63,582 (2020). Such recordkeeping is one of the central features of the CSA's regulatory regime because "a registrant's accurate and diligent adherence to this obligation is absolutely essential to protect against the diversion of controlled substances." *Superior Pharmacy I & Superior Pharmacy II*, 81 Fed. Reg. 31,310, 31,337 (2016). Thus, a finding that a registrant "failed to maintain complete and accurate records . . . supports the conclusion that [the registrant] has committed such acts as to render its continued registration 'inconsistent with the public interest.'" *Id.* at 31,338 (quoting 21 U.S.C. § 824(a)(4)).

Pharmacies are also required to, among other things, "maintain, on a current basis, a complete and accurate record of each [controlled] substance . . . received, sold, delivered, or otherwise disposed of." 21 U.S.C. § 827(a)(3); 21 C.F.R. § 1304.21(a); *see also* 21 C.F.R. § 1304.22(c) (specific recordkeeping requirements for dispensers).

An individual practitioner is not authorized, on a single occasion, to issue multiple prescriptions for a patient to receive more than a 90-day supply of a Schedule II controlled substance. *See* 21 C.F.R. § 1306.12(b).

State of California Authority to Dispense Controlled Substances

As noted above, a pharmacy may only fill valid prescriptions. *See* 21 U.S.C. § 829; 21 C.F.R. § 1306.06.

California law provides that to practice as a nurse practitioner in California, a nurse practitioner must hold, among other things, a valid and active registered nursing license issued by the Board of Registered Nursing (Nursing Board). Cal. Bus. & Prof. Code § 2835.5. Additionally, for a nurse practitioner licensed in California to prescribe a controlled substance, the Nursing Board must certify that the nurse practitioner satisfactorily completed a course in pharmacology covering the controlled substances to be prescribed and must issue a Furnishing Number to the nurse practitioner. *See id.* §§ 2836.1(g)(1), 2836.2, 2836.3.

To practice as a doctor of naturopathic medicine in California, one must hold a valid and active naturopathic medicine license issued by the California Naturopathic Medicine Committee. *See* Cal. Bus. & Prof. Code §§ 3630, 3633, 3644(d)(2). Schedule III through V controlled substances may only be dispensed by a naturopathic doctor under supervision by a physician or surgeon and pursuant to standardized procedures or protocols established between them. *See* Cal. Bus. & Prof. Code § 3640.5(f).

To practice as a physician assistant in California, one must hold a valid physician assistant license issued by the California Physician Assistant Board. *See* Cal. Bus. & Prof. Code § 3519;

*see also* Cal. Bus. & Prof. Code §§ 3501, 3503, 3516. Schedule II through V controlled substances may only be prescribed by a physician assistant under supervision by a physician or surgeon and pursuant to a practice agreement. *See* Cal. Bus. & Prof. Code §§ 3502.1 and 3516.

Additionally, practitioners licensed outside California may only be authorized to practice within California by the California Director of Emergency Medical Services Authority during a gubernatorially declared state of emergency. *See* Cal. Bus. and Prof. Code § 900.

**BACKGROUND**

1. Truepill is registered as a retail pharmacy under DEA COR Number FP6189725 in Schedules II through V with a registered address of 3121 Diablo Avenue, Hayward, California 94545. Truepill's registration expires by its own terms on November 30, 2025.

2. Truepill is not registered as an online pharmacy with DEA.

3. Truepill is licensed by the State of California as a community pharmacy with license number PHY58585. Truepill's pharmacy license expires by its own terms on March 1, 2023.

4. Between on or about September 14, 2020, and September 13, 2022, of the more than 72,000 controlled substances Truepill filled, nearly 46,000 were stimulants, accounting for more than 60% of the controlled substances Truepill dispensed.

5. Truepill's DEA COR should be revoked, and any applications for registration should be denied, because Truepill has committed such acts as would render its registration inconsistent with the public interest. *See* 21 U.S.C. §§ 823(f), 824(a)(4). Specifically, Truepill has acted as an online pharmacy without obtaining an appropriate DEA registration and without meeting a number of legal requirements applicable to online pharmacies. Truepill has, on numerous occasions, unlawfully filled controlled stimulant prescriptions issued by prescribers with no state authority to issue such prescriptions. Truepill has also repeatedly filled controlled stimulant prescriptions there were for more than a 90-day supply, in violation of 21 C.F.R. § 1306.12(b).

6. Dextroamphetamine-amphetamine, which is often sold under the brand names Adderall® and Adderall XR®, is a Schedule II stimulant.

7. Methylphenidate, which is often sold under the brand name Ritalin®, is a Schedule II stimulant.

**OPERATING AS AN ONLINE PHARMACY WITHOUT DEA REGISTRATION**

8. Truepill provides both pharmacy and technical services to corporate customers, including telehealth companies such as Cerebral. Moreover, Truepill employs a number of customer service representatives to assist its corporate customers.

9. On its Internet site, Truepill describes itself as a "virtual pharmacy," providing "[a]n end-to-end virtual pharmacy experience." Furthermore, Truepill claims that "Truepill's virtual pharmacy enables you to create the convenient experience your customers want."

10. Truepill provides its corporate customers with a software platform containing, among other things, patient information, prescriber information, and prescription information to facilitate the delivery of prescriptions by means of the Internet.

11. Truepill's Internet site also extensively describes how its software programs assist its corporate customers in providing patients with prescriptions. Among other things, the Truepill's Internet site includes the following statements:

    a. Truepill states that it can help companies "[d]eliver medications to your patients using powerful programmatic APIs [Application Programing Interfaces] that give you full control." It further states that these companies can "[p]air our pharmacy fulfillment services with our telehealth solutions to make your programs more accessible to patients who may find it difficult to commute to a doctor's office."

    b. Truepill informs that it provides other software that uses the Internet to facilitate the filling of prescriptions, including, among others, telehealth APIs to help practitioners create and update patient records, and to provide the practitioners' patients with patient health questionnaires, all in "the Truepill ecosystem." Truepill makes clear that its telehealth API customers are "third-party provider networks and physician groups that that can diagnose, treat and prescribe for your patient population. These providers are all part of licensed professional medical corporations who are independently owned and operated."

    c. Truepill explains that it uses a "fulfillment API" to assist providers to "efficiently get medications to your patient's door across all 50 states." Truepill goes on to explain how its software platform uses the Internet to electronically create patient records, obtain prescriptions, and allow practitioners to create fill requests that they submit to Truepill electronically.

    d. Truepill states that it offers a "team of marketers, merchandisers, and fulfillment experts" to help telehealth companies "maximize the value of your e-commerce program."

12. Through these services, Truepill "deliver[ed], distribute[ed], or dispense[ed]" "a controlled substance by means of the Internet," despite not being registered as an online pharmacy, in violation of 21 U.S.C. § 841(h)(1) and 21 C.F.R. §§ 1301.11(b) & 1301.19(f).

**FAILURE TO MAKE AND DISPLAY REQUIRED REPORTS AND NOTIFICATIONS**

13. Despite operating as an online pharmacy, Truepill failed to put on its Internet site information required by the CSA, including:

a. A statement on its homepage that Truepill complies with the requirements of 21 U.S.C. § 831 with respect to the delivery or sale or offer for sale of controlled substances, in violation of 21 U.S.C. § 831(a) and 21 C.F.R. § 1304.45(a).

b. A visible and clear statement on its homepage, or a page clearly linked from its homepage including:

   i. the name, professional degree, and states of licensure of its pharmacist-in-charge;

   ii. a telephone number at which its pharmacist-in-charge can be contacted;

   iii. a list of states in which Truepill is licensed to dispense controlled substances;

   iv. a certification that Truepill is licensed under the CSA to deliver, distribute, or dispense controlled substances by means of the Internet; and

   v. the following statement: "This online pharmacy is obligated to comply fully with the Controlled Substances Act and DEA regulations. As part of this obligation, this online pharmacy has obtained a modified DEA registration authorizing it to operate as an online pharmacy. In addition, this online pharmacy will only dispense a controlled substance to a person who has a valid prescription issued for a legitimate medical purpose based upon a medical relationship with a prescribing practitioner. This includes at least one prior in-person medical evaluation in accordance with section 309 of the Controlled Substances Act (21 U.S.C. 829) or a medical evaluation via telemedicine in accordance with section 102(54) of the Controlled Substances Act (21 U.S.C. 802(54)).";

all in violation of 21 U.S.C. § 831(c) and 21 C.F.R. § 1304.45.

14. Truepill failed to notify the DEA Administrator of the information listed in 13.b., *supra*, through the submission of an application for a modified registration thirty days before offering a controlled substance for sale, delivery, distribution, or dispensing together with a certification that such information is true and accurate, in violation of 21 U.S.C. § 831(d) and 21 C.F.R § 1304.40(a)(1). Truepill also did not notify the DEA Administrator of each Internet site address it used, nor of the DEA registration numbers of every pharmacy that delivers, distributes or dispenses controlled substances pursuant to orders made through each of those identified websites, in violation of 21 U.S.C. § 831(d) and 21 C.F.R. § 1304.40(b)(3) and (4).

15. Truepill failed to display on the homepage of its Internet site that it had made an appropriate notification to the DEA Administrator under 21 U.S.C. § 831(d) and 21 C.F.R. § 1304.40(b), in violation of 21 U.S.C. § 831(e) and 21 C.F.R. § 1304.40(d).

16. Truepill failed to the provide the DEA Administrator with any of the monthly reports required by 21 C.F.R. § 1304.55.

**UNLAWFUL DISPENSING OF SCHEDULE II CONTROLLED SUBSTANCES PURSUANT TO PRESCRIPTIONS FOR GREATER THAN 90-DAY SUPPLY**

17. Between on or about September 13, 2020, and September 13, 2022, in dozens of instances, Truepill dispensed Schedule II controlled substances for prescriptions written on a single date by an individual practitioner to an individual patient for a greater than 90-day supply. A non-exhaustive set of examples is provided below.

18. On August 24, 2020, a practitioner issued **Patient N.S.** five prescriptions amounting to a 150-day supply of dextroamphetamine-amphetamine extended release (ER) 10 mg capsules, which are often sold under the brand name Adderall XR®, a total of 300 capsules, which Truepill dispensed.

19. On January 12, 2021, a practitioner issued **Patient L.H.** four prescriptions amounting to a 120-day supply of methylphenidate 20 mg tablets, which are often sold under the brand name Ritalin®, a total of 120 tablets, which Truepill dispensed.

20. On January 12, 2021, a practitioner issued **Patient L.H.** four prescriptions amounting to a 120-day supply of methylphenidate ER 54 mg tablets, which are often sold under the brand name Ritalin®, a total of 120 tablets, which Truepill dispensed.

21. On February 11, 2021, a practitioner issued **Patient D.K.** two prescriptions amounting to a 120-day supply of dextroamphetamine-amphetamine 20 mg tablets, which are often sold under the brand name Adderall®, a total of 120 tablets, which Truepill dispensed.

22. On February 11, 2021, a practitioner issued **Patient D.K.** two prescriptions amounting to a 180-day supply of dextroamphetamine-amphetamine ER 30 mg capsules, which are often sold under the brand name Adderall XR®, a total of 180 capsules, which Truepill dispensed.

23. On March 9, 2021, a practitioner issued **Patient H.M.** three prescriptions amounting to a 210-day supply of dextroamphetamine-amphetamine 10 mg tablets, which are often sold under the brand name Adderall®, a total of 315 tablets, which Truepill dispensed.

24. On November 8, 2021, a practitioner issued **Patient N.B.** four prescriptions amounting to a 120-day supply of dextroamphetamine-amphetamine ER 15 mg capsules, which are often sold under the brand name Adderall XR®, a total of 120 capsules, which Truepill dispensed.

25. On November 8, 2021, a practitioner issued **Patient N.B.** four prescriptions amounting to a 120-day supply of dextroamphetamine-amphetamine 5 mg tablets, which are often sold under the brand name Adderall®, a total of 120 tablets, which Truepill dispensed.

**UNLAWFUL DISPENSING OF CONTROLLED SUBSTANCES PURSUANT TO PRESCRIPTIONS ISSUED BY PRACTITIONERS WITHOUT STATE AUTHORITY**

26. Between on or about September 13, 2020, and September 13, 2022, Truepill dispensed controlled substances to patients located in California pursuant to prescriptions written by numerous practitioners who were neither sufficiently licensed in California to do so nor holders of an Authorization for Out-of-State Health Care Practitioner issued by the California Emergency Medical Services Authority (Temporary Emergency Authorization). These practitioners included nurse practitioners, physician assistants, and doctors of naturopathic medicine.

27. A non-exhaustive set of insufficiently licensed practitioners who also did not hold a Temporary Emergency Authorization include: **Nurse Practitioner N.B.**; **Nurse Practitioner T.C.**; **Nurse Practitioner D.S.**; **Nurse Practitioner H.M.**; **Nurse Practitioner J.M.**; **Nurse Practitioner A.N.**; **Nurse Practitioner S.O.**; **Nurse Practitioner A.S.**; and **Nurse Practitioner N.S.**

**RECORDKEEPING AND AUDIT FINDINGS**

28. In September and October of 2022, DEA investigators conducted an audit of Truepill's controlled substance records by conducting an inventory of certain controlled substances present at Truepill's registered location and comparing that inventory to the records maintained and provided by Truepill. DEA's audit identified 1,674 missing dosage units of dextroamphetamine-amphetamine ER 20 mg, often sold under the brand name Adderall XR®, for which Truepill was unable to account, in violation of 21 C.F.R. §§ 1304.21(a) and 1304.22(c). *See Bill Lloyd Drug*, 64 Fed. Reg. 1,823, 1,824 (1999) ("The shortages and overages revealed by the accountability audit show that Respondent does not keep complete and accurate records of its controlled substance handling as required by 21 U.S.C. 827 and 21 CFR 1304.21.").

29. This shortage of 1,674 units constituted over two percent of the dextroamphetamine-amphetamine ER 20 mg, often sold under the brand name Adderall XR®, for which Truepill was accountable during the audit period. Truepill's failure to account for a significant number of dosage units of controlled substances not only violated its obligation to maintain accurate records, but also constituted a failure to comply with its obligation to maintain effective controls against the diversion of controlled substances into illicit channels. *See, e.g.*, *Superior Pharmacy*, 81 Fed. Reg. at 31,337.

**THE** following procedures are available to Truepill in this matter:

1. Within 30 days after the date of receipt of this Order to Show Cause, Truepill may file with DEA a written request for a hearing in the form set forth in 21 C.F.R. § 1316.47. *See* 21 C.F.R. § 1301.43(a). If Truepill fails to file such a request, the hearing shall be cancelled in accordance with paragraph 3, below.

2. Within 30 days after the date of receipt of this Order to Show Cause, Truepill may file with DEA a waiver of hearing together with a written statement regarding its position on the matters of fact and law involved. *See* 21 C.F.R. § 1301.43(c).

3. Should Truepill decline to file a request for a hearing, or should Truepill request a hearing and then fail to appear at the designated hearing, Truepill shall be deemed to

have waived the right to a hearing, and DEA may cancel such hearing and may enter a final order in this matter without a hearing based upon the evidence presented. *See* 21 C.F.R. §§ 1301.43(d), 1301.43(e).

Requests for hearing should be filed by email with the Office of Administrative Law Judges at the following address: ECF-DEA@dea.gov, with a copy simultaneously provided to the Government at the following address: DEA.Registration.Litigation@dea.gov. Except as provided below with respect to a corrective action plan, correspondence concerning this matter, including requests referenced in paragraphs 1 and 2 above, should be addressed to the Hearing Clerk, Office of Administrative Law Judges, Drug Enforcement Administration, 8701 Morrissette Drive, Springfield, VA 22152. A copy of the same shall also be served on Government counsel, Edward O. Siclari, and be addressed to the Office of Chief Counsel, Diversion and Regulatory Litigation Section, 8701 Morrissette Drive, Springfield, VA 22152. Matters are deemed filed upon receipt by the Hearing Clerk. *See* 21 C.F.R. § 1316.45.

**OPPORTUNITY TO SUBMIT CORRECTIVE ACTION PLAN**

In addition to the procedural options set forth in paragraphs 1 and 2 above, in accordance with 21 U.S.C. § 824(c)(2)(C), Truepill has the opportunity to submit a corrective action plan, which must be received by the Acting Assistant Administrator, Diversion Control Division, on or before the date of its appearance. Truepill is not required to submit a corrective action plan, nor will any adverse inference be drawn if Truepill chooses not to do so. If Truepill wishes to submit a corrective action plan, it must be submitted directly to the Acting Assistant Administrator, Diversion Control Division, who will decide whether, in view of the plan and the allegations set forth in this Order to Show Cause, the proceedings to revoke Truepill's registration should be discontinued, or deferred for the purposes of modification, amendment, or clarification of such plan. Any corrective action plan should be clearly labeled "Corrective Action Plan" and submitted by email to Thomas W. Prevoznik, Acting Assistant Administrator, Diversion Control Division, at the following address: CAPresponse@usdoj.gov.

A copy of the corrective action plan shall also be served on Government counsel, Edward O. Siclari, and be addressed to the Office of Chief Counsel, Diversion and Regulatory Litigation Section, 8701 Morrissette Drive, Springfield, VA 22152.

In the event Truepill submits a corrective action plan and the Acting Assistant Administrator decides not to discontinue or postpone the proceedings, please note that such a decision is not a final determination by the agency regarding Truepill's corrective action plan or registration. In such circumstances, the Administrator may nonetheless consider the corrective action plan in issuing the final order at the conclusion of the proceedings.

Finally, please be advised that the submission of a corrective action plan shall not constitute a request for a hearing under paragraph 1 above or a written statement regarding Truepill's position on the matters of fact and law involved under paragraph 2 above. As indicated, if Truepill chooses to submit a corrective action plan and also wishes to proceed under paragraph 1 or 2 above, it must separately submit its request for a hearing (paragraph 1) or written statement (paragraph 2) in accordance with the instructions above.

THOMAS PREVOZNIK Digitally signed by THOMAS PREVOZNIK Date: 2022.12.15 17:15:08 -05'00'

Thomas W. Prevoznik
Acting Assistant Administrator
Diversion Control Division
Drug Enforcement Administration

cc: Hearing Clerk, Office of Administrative Law Judges
Edward O. Siclari, Counsel for the Government

BEFORE THE KANSAS BOARD OF PHARMACY

| | | |
|---|---|---|
| In the Matter of | ) | |
| | ) | Case No. 22-183 |
| PostMeds, Inc dba Truepill | ) | |
| | ) | |
| Registration No. 22-117859 | ) | |

**AMENDED SUMMARY ORDER**

NOW on this 20th day of January, 2023, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Director, the matter of PostMeds, Inc dba Truepill ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Amended Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, makes the following findings, conclusions and order:

FINDINGS OF FACT

1. The Board has previously issued Respondent Registration No. 22-104228 which entitled Respondent to operate as a non-resident pharmacy in the State of Kansas.

2. On November 6, 2019, the ownership of Respondent's non-resident pharmacy changed.

3. On May 22, 2020, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 3, 2020 with an expiration date of June 30, 2021. Respondent answered "No" to the question: "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state of federal government?"

Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

4. On June 1, 2021, the Board received a renewal application for Respondent's Registration No. 22-104228, which was approved on June 21, 2021 with an expiration date of June 30, 2022. Respondent answered "No" to the question: "Has any license or registration, currently or previously held by the applicant or the PIC been surrendered to, denied, disciplined, censured, suspended, limited, placed on probation, or revoked by any state of federal government?" Respondent certified the information submitted was true, correct, and complete to the best of Respondent's knowledge.

5. Due to staffing challenges, personnel turnover and administrative oversight resulting from its early, rapid growth and restructuring and the corresponding COVID-19 pandemic, Respondent mistakenly failed to report the 2019 ownership change and related disclosures to the Board in its May 22, 2020 and June 1, 2021 renewal applications.

6. On April 18, 2022, the Board received notification from Respondent of an ownership change and several past disciplinary actions not previously reported to the Board including: North Carolina Board of Pharmacy Consent Order of Discipline dated March 8, 2022; California State Board of Pharmacy Letter of Admonishment dated January 23, 2020; California State Board of Pharmacy Citation and Fine dated June 16, 2020; California State Board of Pharmacy Citation and Fine Order of Abatement dated August 25, 2021; Alabama State Board of Pharmacy Final Order dated October 25, 2021; California State Board of Pharmacy Citation and Fine dated January 24, 2019; and California State Board of Pharmacy Citation dated December 16, 2019.

7. On April 28, 2022, the Board received from Respondent a Form BA-22 Non-Resident Pharmacy Registration Application ("Respondent's Application"), notifying of the change in ownership effective November 6, 2019, and applying for a new non-resident pharmacy registration under the new ownership.

8. On May 20, 2022, the Board approved Respondent's Application and issued Respondent the new Non-Resident Pharmacy Registration No. of 22-117859 ("Respondent's Registration") under their new ownership.

9. Prior to receiving the ownership change application, registrant provided a letter notifying of the late ownership change, as well as unreported discipline. Ownership change application completed indicating discipline had occurred and providing details of discipline (5 occurrences).

10. In mitigation, Respondent states that it has invested in additional staff, engaged internal and external legal counsel and implemented training efforts to prevent any such reporting oversights in the future.

## CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.S.A. 65-1627(f), the Board may take action against a registration on any ground that would authorize the board to take action against the registration of a pharmacy under K.S.A. 65-1627, and amendments thereto.

3. Pursuant to K.S.A. 65-1627(e)(1), the Board may take action against the registration of a pharmacy upon a finding that such pharmacy has been operated in such manner

that violations of the provisions of the pharmacy act of the state of Kansas or of the rules and regulations of the board have occurred in connection therewith.

4. Pursuant to K.S.A. 65-1627(e)(4), the Board may take action against the registration of a pharmacy upon a finding that the registrant has had a registration revoked, suspended or limited, has been censured or has had other disciplinary action taken, or an application for registration denied, by the proper registering authority of another state, territory, District of Columbia or other country.

5. Pursuant to K.S.A. 65-1657, no nonresident pharmacy shall ship, mail, or deliver, in any manner, prescription drugs to a patient in this state unless registered with the Board as a nonresident pharmacy.

6. Pursuant to K.S.A. 65-1645(f), registrations shall not be transferable.

7. Pursuant to K.A.R. 68-2-9, each registrant shall notify the executive secretary of the Board in writing of any change in majority ownership of the operation for which the registration was issued within five days after the date the change in ownership becomes effective.

8. Pursuant to K.A.R. 68-2-23, each pharmacy owner shall notify the board in writing within 30 days of any denial, limitation, suspension, revocation, voluntary surrender, or other disciplinary action taken by the state of Kansas or another jurisdiction against the pharmacy or the pharmacy owner or any application, license, registration, or permit held by the pharmacy owner.

9. Respondent's registered facility changed ownership on November 6, 2019 but Respondent did not provide notification or file a new application with the Board until April 18 and 28, 2022, respectively.

10. Respondent's failure to submit the complete change of ownership to the Board until April 2022 is a violation pursuant to K.A.R. 68-2-9 and an unlawful transfer of the previous

registration to the new ownership. Respondent's actions are a violation pursuant to K.S.A. 65-1657 and K.S.A. 65-1627(e)(1), and a basis to take action against Respondent's Registration.

11. Respondent failed to notify the Board of the six disciplinary actions by North Carolina, California, and Alabama until April 18, 2022, nearly one to two years after they were effective, is a violation of K.A.R. 68-2-23 and a basis to take action against Respondent's Registration pursuant to K.S.A. 65-1627(e)(1) and (e)(4).

## ORDER

Taking into account the mitigating and corrective actions of Respondent, the Board finds and concludes that Respondent's conduct, as described above, violates the Act and such conduct warrants the imposition of a fine pursuant to K.S.A. 65-1658, in the amount of $3,500.00. Respondent has 30 days from the date of this order to pay the fine.

## NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

1/20/2023
Date

Alex Blasi
Kansas Board of Pharmacy

CERTIFICATE OF SERVICE

I hereby certify that I did, on the 24th day of January, 2023, deposit in business mail a copy of the foregoing Amended Summary Order, which is then placed in the United States Mail, postage prepaid, properly addressed to the following:

PostMeds, Inc dba Truepill
[redacted] Diablo Ave
Hayward, CA 94545

and via email to:

Christopher C. Tillery
Seigfreid Bingham, P.C.
ctillery@sb-kc.com
Attorney for Respondent

Brenda L. Head
Disciplinary Counsel for the Kansas Board of Pharmacy

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Seven Hills Pharmacy LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): N/A

Physical Address: 2722 E Kemper Rd

City: Sharonville State: OH Zip: 45241

Mailing Address (if different from physical address): Same as above

City: State: Zip:

Telephone: Website:

Licensing Company Email:

### Section 2: Personal Information

First: Mohammad Middle: Umar Last: Afridi

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] Lavaca St PMB 40408

City: Austin State: TX Zip: 78701

Telephone: Email: [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| University of Manchester UK | | | 06/2005 | |
| **Address** | **City** | | **State** | **Zip** |
| Oxford Rd | Manchester | | UK | |
| **Diploma/Degree obtained, if any** | | | | |
| Masters in Pharmacy | | | | |
| **School Name** | | | **From - To (MM/YY – MM/YY)** | |
| | | | | |
| **Address** | **City** | | **State** | **Zip** |
| | | | | |
| **Diploma/Degree obtained, if any** | | | | |
| | | | | |
| **School Name** | | | **From - To (MM/YY – MM/YY)** | |
| | | | | |
| **Address** | **City** | | **State** | **Zip** |
| | | | | |
| **Diploma/Degree obtained, if any** | | | | |
| | | | | |
| **School Name** | | | **From - To (MM/YY – MM/YY)** | |
| | | | | |
| **Address** | **City** | | **State** | **Zip** |
| | | | | |
| **Diploma/Degree obtained, if any** | | | | |
| | | | | |
| **School Name** | | | **From - To (MM/YY – MM/YY** | |
| | | | | |
| **Address** | **City** | | **State** | **Zip** |
| | | | | |
| **Diploma/Degree obtained, if any** | | | | |
| | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/22-Current | Sorrento, Hawley Lane | Hale Barns, WA15 ODR | UK | |
| 12/21-7/22 | [redacted] La Canada Way | Bee Cave | TX | 78738 |
| 5/19-12/21 | [redacted] Elisha Lane | San Ramon | CA | 94583 |
| 1/18-5/19 | [redacted] True Wind Way Unit 607 | Redwood | CA | 94063 |
| 1/16-1/18 | [redacted] Willow Rd #202 | Pleasanton | CA | 94588 |
| 1/14-1/16 | [redacted] W San Carlos St 383 | San Jose | CA | 95126 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Truepill | | | 6/2016 - 8/2022 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1700 S Amphlett Blvd | | San Mateo | CA | 94402 |
| **Phone** | **Title** | | | |
| 650-353-5495 | CEO | | | |

**Description of Duties**

Managed and directs the company toward goals and objectives, oversee executive business decisions

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| CVS | | | 12/2012 - 1/2016 | |
| **Business Address** | | **City** | **State** | **Zip** |
| Various Bay area locations | | San Jose | CA | |
| **Phone** | **Title** | | | |
| | Pharmacist | | | |

**Description of Duties**

Verified prescriptions for accuracy, patient consultations, supervise pharmacy technicians and clerks

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Rite Aid | | | 9/2010-7/2012 | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | Seattle | WA | |
| **Phone** | **Title** | | | |
| | Pharmacist | | | |

**Description of Duties**

Verified prescriptions for accuracy, patient consultations, supervise pharmacy technicians and clerks

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |

**Description of Duties**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |

**Description of Duties**

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | ✓ | |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | ✓ | |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | ✓ | |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | ✓ | |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 4 & 6. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 1/24/2019 | | CA | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| CI 2017 80030 | | California Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| Failure to provide documentation substantiating completion of continuing education. Unprofessional conduct | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | **Lawsuit/Arbitration/Bankruptcy** | | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

CI 2017 80030 issued on January 24, 2019
Mr. Afridi received a citation and fine following an audit of the Continuing Education ("CE") requirements imposed on pharmacists by the State of California. California Board of Pharmacy alleges Mr. Afridi had not completed all CE requirements to maintain his California Registered Pharmacist license.

Mr. Afridi has paid the fine imposed by the California Board of Pharmacy. Upon receipt of the fine, the California Board of Pharmacy considered the matter closed and took no further action. Mr. Afridi's California Registered Pharmacist License remains active in good standing.

Mr. Afridi has since registered for the NABP CE Monitor tracking service, enabling him to remain compliant now and in the future.

M. U. Afridi
Original Signature (electronic, copies or stamps not accepted)

6/12/23
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 12/16/2019 | | CA | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| CI 2019 86472 | | California Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| furnished dangerous drugs on order of nurse practitioners who had not yet entered into an established protocol in place | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | **Lawsuit/Arbitration/Bankruptcy** | | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

CI 2019 86472 issued on December 16, 2019
Mr. Afridi received a citation while pharmacist-in-charge of Truepill PHY 56100. The California Board of Pharmacy alleges Truepill furnished dangerous drugs on order of nurse practitioners and physician assistants who had not yet entered into an established protocol in place.

M. U. Afridi
Original Signature (electronic, copies or stamps not accepted)

6/12/23
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 4 & 6. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 10/25/2021 | | AL | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| 21-L-0080 | | Alabama Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| Failure to timely notify the Alabama Board of Pharmacy of the California Board of Pharmacy Citation and Fine | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

21-L-0080 issued on October 25, 2021
Alabama Board of Pharmacy issued a Final Order to Mr. Mohammad Afridi, Alabama Registered Pharmacist #20384, regarding the California Board of Pharmacy Citation and Fine described below. Alabama Board of Pharmacy scheduled a reciprocal discipline hearing on the matter. The hearing was to discuss the California Board of Pharmacy Citation and Fine and to issue reciprocal discipline. Alabama Board of Pharmacy fined Mr. Afridi for failure to timely notify the Alabama Board of Pharmacy of the California Board of Pharmacy Citation and Fine. Mr. Afridi paid the fine to the Alabama Board of Pharmacy. Upon receipt of the fine, the Alabama Board of Pharmacy considered the matter closed and took no further action. Mr. Afridi's Alabama Registered Pharmacist License remains active in good standing.

M. U. Afridi
Original Signature (electronic, copies or stamps not accepted)

6/12/23
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 4 & 6 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 03/07/2022 | | MI | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 53-22-000152 | Michigan Board of Pharmacy |

| Reason/Charge |
|---|
| Failure to timely notify the Michigan Board of Pharmacy of the California Board of Pharmacy Citation and Fine |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

53-22-000152 issued on 03/07/2022
Michigan Board of Pharmacy issued a consent Order to Mr. Mohammad Afridi, Michigan Registered Pharmacist #53-02-046254, regarding the California Board of Pharmacy Citation and Fine described below. Michigan Board of Pharmacy requested explanation of the California citation. Michigan Board of Pharmacy fined Mr. Afridi for failure to timely notify the Michigan Board of Pharmacy of the California Board of Pharmacy Citation and Fine. Mr. Afridi paid the fine to the Michigan Board of Pharmacy. Upon receipt of the fine, the Michigan Board of Pharmacy considered the matter closed and took no further action. Mr. Afridi's Michigan Registered Pharmacist License remains active in good standing.

Original Signature (electronic, copies or stamps not accepted)

6/12/23
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 5. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Mohammed Afridi does not have a direct ownership interest in any licensed pharmacy. Mr. Afridi does have an ownership interest in the grandparent level holding company of licensed pharmacies. In the interests of transparency the Postmeds, Inc (direct owner of Seven Hills Pharmacy, LLC) has been involved in discipline cases. Which are described in Postmeds Discipline summary (provided along with the original NV application).

M.A

Original Signature (electronic, copies or stamps not accepted)

6/12/23

Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 9. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Mohammed Afridi does not have a direct ownership interest in any licensed pharmacy. Mr. Afridi does have an ownership interest in the grandparent level holding company of licensed pharmacies. In the interests of transparency the following pharmacies (also owned by Postmeds Inc) were voluntarily closed:

Lake Forest Pharmacy, LLC - closed on 6/23/22
Belle Isle Pharmacy, LLC - closed on 6/23/22
Wind City pharmacy, LLC - closed on 6/14/22
Queen City Pharmacy, LLC - closed on 8/17/2022

The following pharmacies have also closed since the initial submission of this application:
Overlake Pharmacy, LLC - closed on 03/15/23
LA Pharmacy, LLC - closed on 03/15/23
Marymoor Pharmacy, LLC - closed on 04/21/23
River City Pharmacy, LLC - closed on 04/14/23

M.U.A

Original Signature (electronic, copies or stamps not accepted)

6/12/23

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Mohammad Afridi

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/12/23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

**Date**

Subscribed and Sworn to before me this _____ day of _____.

**Notary Public Signature**

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler: Seven Hills Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): OH 0232000312

Physical Address: 2722 E. Kemper Rd

City: Sharonville State: OH Zip: 45241

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 513-771-0367 Website: N/A

Licensing Company Email: compliance@truepill.com

**Section 2: Personal Information**

First: Siddharth Middle: Last: Viswanathan

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted]ong Bridge Street, Apt 514

City: San Francisco State: CA Zip: 94158

Telephone: [redacted] Email: compliance@truepill.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Carnegie Mellon University | | 09/2002-05/2006 | |
| **Address** | **City** | **State** | **Zip** |
| 5000 Forbes Avenue | Pittsburgh | PA | 15213 |
| Diploma/Degree obtained, if any | | | |
| Bachelor of Science Mechanical Engineering | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Watkins Mill High School | | 09/1998-05/2002 | |
| **Address** | **City** | **State** | **Zip** |
| 10301 Apple Ridge Road | Gaithersburg | MD | 20879 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 01/2021 - Present | [redacted]Long Bridge Street, Apt 514 | San Francisco | CA | 94158 |
| 02/2017 - 12/2020 | [redacted]Long bridge Street, Apt 705 | San Francisco | CA | 94158 |
| 09/2015 - 01/2017 | [redacted]King Street, Apt 456 | San Francisco | CA | 94107 |
| 11/2009 - 08/2015 | [redacted]Farrel Court | Mountain View | CA | 94043 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Truepill | | | 01/2016 - present |
| **Business Address** | **City** | **State** | **Zip** |
| 3100 Diablo Avenue | Hayward | CA | 94545 |
| **Phone** | **Title** | | |
| 855-910-8606 | CEO and Co-Founder | | |
| **Description of Duties** | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| LinkedIn | | | 01/2011 - 08/2014 |
| **Business Address** | **City** | **State** | **Zip** |
| 700 E. Middlefield Road | Mountain View | CA | 94043 |
| **Phone** | **Title** | | |
| 650-687-3600 | Product Manager | | |
| **Description of Duties** | | | |

Worked on CardMunch and other relationship management products for the world's largest professional network. Led the integration, relaunch, and growth of LinkedIn CardMunch, which was the most downloaded iPhone application for busines

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Cardmunch, Inc. (acquired by LinkedIn) | | | 11/2009 - 12/2010 |
| **Business Address** | **City** | **State** | **Zip** |
| 57 W El Camino Rea | Mountain View | CA | 94040 |
| **Phone** | **Title** | | |
| | Co-Founder | | |
| **Description of Duties** | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Johnson & Johnson | | | 07/2006 - 12/2008 |
| **Business Address** | **City** | **State** | **Zip** |
| One Johnson & Johnson Plaza | New Brusnwick | NJ | 08933 |
| **Phone** | **Title** | | |
| 732-524-0400 | Global Operations Leadership Development | | |
| **Description of Duties** | | | |

Part of a 2-year rotational program and held positions in the medical device (orthopedic implants, diabetic monitors) and pharmaceutical sectors. Key project involved the ramp-up a new$70M distribution facility for the pharmaceutical business

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Siddharth Viswanathan

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/10/2022

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of California, ss. County of San Francisco

I, Siddharth Viswanathan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10/13/2022

**Date**

Subscribed and Sworn to before me this 13th day of October, 2022

**Notary Public Signature**

JUDY ANN PARDINI
Notary Public - California
San Mateo County
Commission # 2329943
My Comm. Expires Jul 23, 2024

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Seven Hills Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): OH 0232000312

Physical Address: 2722 E. Kemper Rd

City: Sharonville State: OH Zip: 45241

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 513-771-0367 Website: N/A

Licensing Company Email: compliance@truepill.com

### Section 2: Personal Information

First: Mathew Middle: Sloan Last: Davis-Ratner

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] 51st Ave S

City: Seattle State: WA Zip: 98118

Telephone: [redacted] Email: compliance@truepill.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Columbia Law School | | 2007-2010 | |
| **Address** | **City** | **State** | **Zip** |
| 435 W 116th St | New York | NY | 10027 |
| **Diploma/Degree obtained, if any** | | | |
| J.D | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Stanford University | | 2002-2007 | |
| **Address** | **City** | **State** | **Zip** |
| 450 Serra Mall | Stanford | CA | 94305 |
| **Diploma/Degree obtained, if any** | | | |
| M.A. and B.A. | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Troy High School | | 1998-2002 | |
| **Address** | **City** | **State** | **Zip** |
| 2200 Dorothy Ln | Fullerton | CA | 92831 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 12/2021 - present | [redacted]51st Ave S | Seattle | WA | 98118 |
| 3/2020 - 12/2021 | [redacted]Dahlia Pl | Corona del Mar | CA | 92625 |
| 12/2018 - 2/2020 | [redacted]44th Ave. | San Francisco | CA | 94122 |
| 1/2017 - 12/2018 | [redacted]Dahlia Pl | Corona del Mar | CA | 92625 |
| 8/2015 - 12/2017 | [redacted]Comerford Ln SE | Turner | OR | 97392 |
| 5/2011 - 8/2015 | [redacted]Dahlia Pl | Corona del Mar | CA | 92625 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Truepill, Inc | | | 3/2020-present |
| **Business Address** | **City** | **State** | **Zip** |
| 3121 Diablo Ave | Hayward | CA | 94545 |
| **Phone** | **Title** | | |
| 833-860-1057 | General Counsel | | |
| **Description of Duties** | | | |
| responsible for legal function of company | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Smith Health, Inc | | | 4/2019-3/2020 |
| **Business Address** | **City** | **State** | **Zip** |
| 300 Brannan St | San Francisco | CA | 94107 |
| **Phone** | **Title** | | |
| 8444540123 | Head of Legal and Corporate Operations | | |
| **Description of Duties** | | | |
| responsible for legal, compliance, people and facilities functions of company | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Incipio, LLC | | | 1/2017-8/2018 |
| **Business Address** | **City** | **State** | **Zip** |
| 3347 Michelson Dr STE 100 | Irvine | CA | 92612 |
| **Phone** | **Title** | | |
| 8007330088 | General Counsel & Secretary | | |
| **Description of Duties** | | | |
| responsible for legal function of company | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Kundalini Farms, LLC | | | 8/2015-12/2019 |
| **Business Address** | **City** | **State** | **Zip** |
| 14415 Comerford Ln SE | Turner | OR | 97392 |
| **Phone** | **Title** | | |
| n/a | Co-Founder | | |
| **Description of Duties** | | | |
| esponsible for operational functions of company | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Nextgen Healthcare, Inc | | | 7/2013-9/2015 |
| **Business Address** | **City** | **State** | **Zip** |
| 18111 Von Karman Ave Suite 600 | Irvine | CA | 92612 |
| **Phone** | **Title** | | |
| 9492552600 | Vice President, Associate General Counsel and Assistant Secretary | | |
| **Description of Duties** | | | |
| member of legal function of company | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Latham & Watkins LLP | | | 11/2010-7/2013 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 650 Town Center Dr #20 | | Costa Mesa | CA | 92626 |
| **Phone** | **Title** | | | |
| 7145401235 | Associate | | | |
| **Description of Duties** | | | | |
| associate in legal services organization | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
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| **Description of Duties** | | | | |
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| Business Name | | | From - To (MM/YY – MM/YY) | |
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| **Business Address** | | **City** | **State** | **Zip** |
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| **Phone** | **Title** | | | |
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| **Description of Duties** | | | | |
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| Business Name | | | From - To (MM/YY – MM/YY) | |
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| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
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| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations: | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Mathew Davis-Ratner

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/28/22

Date

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**Please have this section completed in the presence of a Notary Public.**

State of Washington, ss. County of King

I, Mathew Davis-Ratner, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10/28/22

**Date**

Subscribed and Sworn to before me this 28 day of October 2022.

**Notary Public Signature**

GENNELL CLAUDETTE HUNTER
Notary Public
State of Washington
Commission # 203817
My Comm. Expires Oct 11, 2026

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Seven Hills Pharmacy, LLC

Pharmacy/Wholesaler License # (if applicable): 0232000312

Physical Address: 2722 E. Kemper Rd

City: Sharonville State: OH Zip: 45241

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 513-771-0367 Website:

Licensing Company Email: compliance@truepill.com

### Section 2: Personal Information

First: Christopher Middle: William Last: Spitzer

Alias(es, nicknames, name changes, etc.): N/A

Date of Birth: [redacted] SSN or ITIN: Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Gardenside Lane

City: Loveland State: OH Zip: 45140

Telephone: Email: christopher.spitzer@truepill.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Massachusetts, Dartmouth | | 09/16 - 05/18 | |
| **Address** | **City** | **State** | **Zip** |
| 285 Old Westport Rd | North Dartmouth | MA | 02747 |
| Diploma/Degree obtained, if any | | | |
| MBA | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Massachusetts College of Pharmacy and Health Sciences | | 09/04 - 05/10 | |
| **Address** | **City** | **State** | **Zip** |
| 179 Longwood Ave | Boston | MA | 02115 |
| Diploma/Degree obtained, if any | | | |
| PharmD | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Gateway Regional High School | | 09/00 - 06/04 | |
| **Address** | **City** | **State** | **Zip** |
| 12 Littleville Rd | Huntington | MA | 01050 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/18 - present | [redacted] Gardenside Ln | Loveland | OH | 45140 |
| 10/17 - 03/18 | [redacted] Sanctuary Ln | Maineville | OH | 45039 |
| 09/13 - 09/17 | [redacted] Winchester St | Brookline | MA | 02446 |
| 09/10 - 08/13 | [redacted] Island Hill Ave | Malden | MA | 02148 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| | | | | |
|---|---|---|---|---|
| Business Name: Seven Hills Pharmacy | | | | From - To (MM/YY – MM/YY): 09/21 - present |
| Business Address: 2722 E. Kemper Rd | | City: Sharonville | State: OH | Zip: 45241 |
| Phone: (513) 771-0367 | Title: Pharmacist-in-Charge | | | Number of Employed Hours: 2,200 |
| Description of Duties: Managing all pharmacy operations, hiring pharmacy/warehouse personnel, filling/shipping prescriptions, inventory management | | | | |
| Business Name: CVS Health | | | | From - To (MM/YY – MM/YY): 1/18 - 8/21 |
| Business Address: 13 Mary St | | City: Cincinnati | State: OH | Zip: 45216 |
| Phone: (800) 746-7287 | Title: District Leader, Pharmacy Supervisor, Pharmacy Manager | | | Number of Employed Hours: 7,040 |
| Description of Duties: Responsible for the overall retail store operations in assigned district (28 Stores), P&L management, operating COVID clinics, inventory management | | | | |
| Business Name | | | | From - To (MM/YY – MM/YY) |
| Business Address | | City | State | Zip |
| Phone | Title | | | Number of Employed Hours |
| Description of Duties | | | | |
| Business Name | | | | From - To (MM/YY – MM/YY) |
| Business Address | | City | State | Zip |
| Phone | Title | | | Number of Employed Hours |
| Description of Duties | | | | |
| Business Name | | | | From - To (MM/YY – MM/YY) |
| Business Address | | City | State | Zip |
| Phone | Title | | | Number of Employed Hours |
| Description of Duties | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: Christopher Spitzer Pharmacist Registration #: 03236754

Pharmacy Name: Seven Hills Pharmacy, LLC

**Initial each statement below to indicate you have read and agree with the following:**

CS I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

CS I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

CS I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

CS I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

CS I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? | | ✔ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | | ✔ |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | ✔ | |

**If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| Written Reprimand and Penalty | Ohio | 3/9/2022 | A-2021-0336 |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| N/A | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Original signature of Managing Pharmacist (copies or stamps not accepted)

12/7/22
Date

**Christopher W. Spitzer**
[redacted] Gardenside Ln
Loveland, OH 45140
[redacted]

September 9, 2022

**Nevada State Board of Pharmacy**
985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521

To whom it may concern,

Attached please find the details concerning a recent settlement between myself and the Ohio Board of Pharmacy. The fine of $250 has already been paid and the additional CE hours (5) will be submitted by the end of the month.

If you need any more information from me feel free to reach out via phone/email at any time.

Sincerely,

Christopher W. Spitzer

RECEIVED
SEP 19 2022
NEVADA STATE BOARD
OF PHARMACY

STATE OF OHIO
BOARD OF PHARMACY

**IN THE MATTER OF:**

**CASE NO. A-2021-0336**

**Christopher Spitzer, RPh**
[redacted] Gardenside Lane
Loveland, Ohio 45140

**License No. 03-236754**

## SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Christopher Spitzer, RPh, for the purpose of resolving all issues between the parties relating to the Board investigation of Christopher Spitzer and CVS Pharmacy #6123 for failing to report a pharmacist for arriving to work his scheduled shift at CVS Pharmacy while impaired and under the influence of alcohol. Together, the Board and Christopher Spitzer are referred to hereinafter as "the parties."

## JURISDICTION

1. Pursuant to Section 4729.16 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Sections 4729.07 and 4729.08 of the Ohio Revised Code to practice pharmacy in the state of Ohio.

2. Christopher Spitzer is a licensed pharmacist in the state of Ohio under license number 03-236754, who was listed as the District Manager at CVS Pharmacy #6123, located at 7500 Beechmont Avenue, Cincinnati, Ohio, at the time of the Allegations in the Notice of Opportunity for Hearing dated March 9, 2022.

## FACTS

1. The Board initiated an investigation of Christopher Spitzer, pharmacist license number 03-236754, and CVS Pharmacy #6123 for failing to report a pharmacist for arriving to work his scheduled shift at CVS Pharmacy while impaired and under the influence of alcohol.

2. On or about March 9, 2022, the Board sent a Notice of Opportunity for Hearing to Christopher Spitzer, which outlined the allegations and provided notice of his right to a hearing, his rights in such hearing, and his right to submit contentions in writing.

3. On or about March 31, 2022, Christopher Spitzer, timely requested an administrative hearing, which was subsequently scheduled for April 6, 2022. Settlement of this matter was reached prior to hearing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative proceedings.

**TERMS**

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.

2. Christopher Spitzer neither admits nor denies the allegations stated in the Notice of Opportunity for hearing letter dated March 9, 2022; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.

3. Christopher Spitzer agrees to pay to the Board a monetary penalty in the amount of $250.00. This fine will be attached to Christopher Spitzer' license record and must be paid no later than 180 days from the effective date of this Order. To pay this fine, login to www.elicense.ohio.gov and process the items in the cart.

4. Christopher Spitzer must obtain five hours of approved continuing pharmacy education (0.5 CEUs) which may not also be used for license renewal. The 0.5 CEUs must be completed within six months from the effective date of this agreement. Copies of completed CEUs must be e-mailed to legal@pharmacy.ohio.gov.

5. The Board hereby imposes a written reprimand on Christopher Spitzer's pharmacist license, number 03-236754.

6. Christopher Spitzer agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.

7. Christopher Spitzer understands that he has the right to be represented by counsel for review and execution of this agreement.

8. Christopher Spitzer agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction in which he currently holds a professional license, including to the Board on renewal applications or applications for a new license.

9. Christopher Spitzer explicitly withdraws his request for a hearing, waives an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code, and waives any right to an appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.

11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.

12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.

13. If any of the provisions, terms, or clauses of this Agreement are declared illegal, unenforceable, or ineffective by an authority of competent jurisdiction, those provisions, terms, and clauses shall be deemed severable, such that all other provisions, terms, and clauses of this Agreement shall remain valid and binding upon both Parties.

14. This Agreement shall become effective upon the date of the Board President's signature below.

*[SIGNATURE PAGE FOLLOWS]*

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

| | |
|---|---|
| Christopher Spitzer, RPh, Respondent | 7/20/22<br>Date of Signature |
| James F. Leo, Attorney for Respondent | 7/20/22<br>Date of Signature |
| Shawn Wilt, RPh, President,<br>State of Ohio Board of Pharmacy | 08.11.2022<br>Date of Signature |
| N/A<br>Henry Appel, Ohio Assistant Attorney General | N/A<br>Date of Signature |

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| Reason/Charge | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| Name of Business/Industry/Entity | | | | |

**Provide explanation below:**

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Christopher Spitzer, **certify that as the designated representative for**

Seven Hills Pharmacy, LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. x I am at least 21 years of age;
3. X I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. X I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. X I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. X I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. X I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Christopher Spitzer
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/18/22
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Christopher Spitzer

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/18/22

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Ohio, ss. County of Hamilton

I, Christopher Spitzer, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10/18/22

**Date**

Subscribed and Sworn to before me this 18th day of October 2022

**Notary Public Signature**

HAYLEY ABNEY - NOTARY PUBLIC
COMM EXP: AUG 4 2025
STATE OF OHIO

**(Seal)**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler: Seven Hills Pharmacy, LLC

Pharmacy/MDEG/Wholesaler License # (if applicable): OH 0232000312

Physical Address: 2722 E. Kemper Rd

City: Sharonville State: OH Zip: 45241

Mailing Address (if different from physical address): same

City: State: Zip:

Telephone: 513-771-0367 Website: N/A

Licensing Company Email: compliance@truepill.com

**Section 2: Personal Information**

First: Daniel Middle: Yitzhak Last: Simkin

Alias(es, nicknames, name changes, etc.): Donny Simkin

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Hyperion Ave

City: Los Angeles State: CA Zip: 90029

Telephone: [redacted] Email: compliance@truepill.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Valley Torah High School | | 09/96 - 06/00 | |
| **Address** | **City** | **State** | **Zip** |
| 12517 Chandler Blvd | Valley Village | CA | 901607 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Stanford University | | 09/03 - 06/07 | |
| **Address** | **City** | **State** | **Zip** |
| 450 Serra Mall | Stanford | CA | 94305 |
| Diploma/Degree obtained, if any | | | |
| BA English | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| UCLA School of Law | | 08/13 - 05/16 | |
| **Address** | **City** | **State** | **Zip** |
| 385 Charles E Young Dr E | Los Angeles | CA | 90095 |
| Diploma/Degree obtained, if any | | | |
| JD | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 07/19 - Present | [redacted]Hyperion Ave | Los Angeles | CA | 90029 |
| 05/15 - 07/19 | [redacted]Lucile Ave #1 | Los Angeles | CA | 90027 |
| 02/15 - 05/15 | [redacted]S Wooster St #1 | Los Angeles | CA | 90035 |
| 04/14 - 02/15 | [redacted]Weyburn Ter # 216 | Los Angeles | CA | 90024 |
| 10/12 - 04/14 | [redacted]Castle Heights Ave | Los Angeles | CA | 90034 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| | | | | |
|---|---|---|---|---|
| Business Name: Truepill, Inc. | | | From - To (MM/YY – MM/YY): 08/21 - Present | |
| Business Address: 3121 Diablo Ave | | City: Hayward | State: CA | Zip: 94545 |
| Phone: (855) 910-8606 | Title: Associate General Counsel | | | |
| Description of Duties: Attorney | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Barta Tate | | | From - To (MM/YY – MM/YY): 04/18 - 03/20 | |
| Business Address: 1801 Century Park E STE 1200 | | City: Los Angeles | State: CA 9006 | Zip: |
| Phone: (310) 479 - 1454 | Title: Associate | | | |
| Description of Duties: Attorney | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Strook & Stroock & Lavan LLP | | | From - To (MM/YY – MM/YY): 09/16 - 12/17 | |
| Business Address: 2029 Century Park E 18th Floor | | City: Los Angeles | State: CA | Zip: 90067 |
| Phone: (310) 556 - 5800 | Title: Associate | | | |
| Description of Duties: Attorney | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Sparks Consulting | | | From - To (MM/YY – MM/YY): 08/12 - 09/13 | |
| Business Address: Virtual | | City: | State: | Zip: |
| Phone: (214) 557 - 0111 | Title: Senior Associate | | | |
| Description of Duties: Athletic and academic counseling | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: | | | From - To (MM/YY – MM/YY): | |
| Business Address: | | City: | State: | Zip: |
| Phone: | Title: | | | |
| Description of Duties: | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | ✔ | |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | ✔ | |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 4 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 12/25/2012 | N/A | CA | Los Angeles | Los Angeles |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| #3VY002301-01 | | Superior Court of California | | |
| **Reason/Charge** | | | | |
| Driving under the influence of an alcoholic beverage | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| DANIEL YITZHAK SIMKIN | | | N/A | |
| **Name of Business/Industry/Entity** | | | | |
| N/A | | | | |

**Provide explanation below:**

On January 29, 2013, Manager Daniel Simkin received a misdemeanor alcohol DUI conviction under California Vehicle Code section 23152(b). See Los Angeles Superior Court (2013), Case #3VY002301-01; see also Exhibit A, Misdemeanor Sentencing Memorandum – Vehicle Code. On March 22, 2016, this misdemeanor conviction was dismissed under California Penal Code section 1203.4. See Exhibit B, Order for Dismissal.
On January 11, 2018, Mr. Simkin was admitted to the State Bar of California and remains active and in good standing (State Bar Number: 319806).



Original Signature (electronic, copies or stamps not accepted)

10/28/22
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Daniel Simkin

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

10/28/22

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of California, ss. County of Los Angeles

I, Daniel Simkin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

10/31/22

**Date**

Subscribed and Sworn to before me this 31st day of October 2022.

**Notary Public Signature**

KEITH McGRUDER
COMM# 2293123
Notary Public - California
Los Angeles County
My comm. Expires July 12, 2023

(Seal)

# Exhibit A

SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES

THE PEOPLE OF THE STATE OF CALIFORNIA,
OR 01/15/2013 Bkg no. 3409911
Plaintiff,

vs.

DANIEL YITZHAK SIMKIN [redacted] M

V23152a/no prior

V23152b

Defendant(s).

MISDEMEANOR COMPLAINT

Case number: 3VY00230

FILED
JOHN A. CLARKE
Executive Officer/Clerk

By _____
Deputy Clerk

Issued by
CARMEN A. TRUTANICH
City Attorney

By _____
KATHLEEN FORD (LT)
Deputy City Attorney

Comes now the undersigned and states that he is informed and believes, and upon such information and belief declares: That on or about 12/25/2012 at and in the City of Los Angeles, in the County of Los Angeles, State of California, a misdemeanor, to wit, violation of Subdivision (a) of Section 23152 of the California Vehicle Code was committed by the above-named defendant(s) (whose true name(s) to affiant is(are) unknown), who at the time and place last aforesaid, did willfully and unlawfully drive a vehicle while being under the influence of an alcoholic beverage and a drug and under the combined influence of an alcoholic beverage and a drug.

MCI 23152(A)/29

COUNT II

For a further, separate and second cause of action being a different offense, belonging to the same class of crimes and offenses set forth in Count I hereof, affiant further alleges that on or about 12/25/2012 at and in the City of Los Angeles, in the County of Los Angeles, State of California, a misdemeanor, to wit, violation of Subdivision (b) of Section 23152 of the California Vehicle Code was committed by the above-named defendant(s) (whose true name(s) to affiant is(are) unknown), who at the time and place last aforesaid, did willfully and unlawfully drive a vehicle with 0.08 percent or more, by weight, of alcohol in his or her blood.

The allegations of prior convictions listed in Count I of this complaint are hereby incorporated by reference as allegations of prior convictions for the purposes of this Count of the complaint.

MCI 23152(B)/29

All of which is contrary to the law and against the peace and dignity of the People of the State of California. Declarant and complainant therefore prays that a warrant may be issued for the arrest of said defendant(s) and that he may be dealt with according to law.

Attached hereto and incorporated by reference as though fully set forth are written statements and reports which constitute the basis upon which I make the within allegations.

A declaration in Support of the Issuance of Such Warrant is Submitted.

Executed at Los Angeles, California, on

I declare under penalty of perjury that the foregoing is true and correct.

A. Martinez
Declarant and Complainant

INFORMAL DISCOVERY NOTICE

TO THE ABOVE-NAMED DEFENDANT(S) AND/OR ATTORNEY(S) FOR DEFENDANT(S):

Plaintiff, the People of the State of California, hereby requests discovery/disclosure from the defendant(s) and his or her attorney(s) in this case pursuant to Penal Code Sections 1054.3 and 1054.5.

YOU ARE HEREBY NOTIFIED that if complete disclosure is not made within 15 days of this request, plaintiff will seek -- on or before the next court date, or as soon as practicable thereafter -- a court order enforcing the provisions of Penal Code Section 1054.1, subdivisions (b) and (c). This is an ongoing request for any of the listed items which become known to the defendant(s) and his or her attorney(s) after the date of compliance.

The written statements and reports attached hereto constitute discoverable materials designated in Penal Code Section 1054.1. Any additional material discoverable pursuant to Penal Code Section 1054.1 that becomes known to plaintiff will be provided to the defense.

If, prior to or during trial, as a result of this request plaintiff obtains additional evidence or material subject to disclosure under a previous defense request or court order pursuant to Penal Code Section 1054.1, plaintiff will disclose the existence of that evidence or material within a reasonable time.

DISCOVERY MATERIALS SHOULD BE DELIVERED TO A DEPUTY CITY ATTORNEY IN TRIAL COURT ON THE FIRST TRIAL DATE.

Line Reference Target LRT-BE4-V3

# SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES

## MISDEMEANOR SENTENCING MEMORANDUM - VEHICLE CODE

| | | | |
|---|---|---|---|
| Defendant: DANIEL Simko | | | Case No: 3VY00110 |
| Date: | Dept/Div: 105 | Prosecutor: | Defense: Simon Mahavi |
| Judge: OMAN S | Clerk: H. ARROK | Reporter: | Interpreter/Language: |

As to Count 1, a violation of Penal Code § [ ] 23152(a) [ ] 23152(b) [ ] 23103 per 23103.5 [ ] 14601 [ ] 12500(a) [ ] _____ with ___ admitted priors.

**Arraignment For Judgment**

[ ] Arraignment for judgment and time for sentencing waived. There is no legal cause why judgment should not now be pronounced.

**Sentence**

1. [ ] **Probation is denied.** Defendant is to serve ____ days/hours in the Los Angeles County Jail, forthwith. [ ] consecutive [ ] concurrent with _____
   Defendant to receive total credit of _____ days/hours (credit _____ days/hours actual plus _____ days GT/WT).
2. [ ] **Pay a fine of $** _____ plus all applicable penalty assessments and enhancements.
3. [ ] Pay all fines and assessments as set forth in Paragraph 20 below.
4. [ ] **Execution of the foregoing sentence is suspended, on the following terms and conditions.**

**Conditional Sentence (PC §1203b/Order of Probation (PC §1203a)**

[ ] **Imposition of sentence is suspended (ISS)** [ ] With supervision by county probation officer (formal probation)
For a period of 36 months upon the following terms and conditions:

1. [ ] **Serve _____ days/hours in the Los Angeles County jail,** [ ] consecutive [ ] concurrent with _____
   Defendant to receive credit of _____ days/hours actual plus _____ days/hours GT/WT. [ ] Time may be served in any penal institution
   [ ] Time may be served on consecutive weekends of two days each, beginning _____ **(772)**
   [ ] Time may be served in any city jail having actual confinement, at defendant's expense. **(021)**
   [ ] Defendant may not participate in Sheriff's home detention/EHM per PC 1203.016(e). **(771)** [ ] Work furlough / early release not allowed
   [ ] Last _____ days of jail time to be served in: [ ] Antelope Valley Rehabilitation Center [ ] _____ Program. **(002)**
   Defendant to be released only to an authorized representative of that program and is to comply with all program terms and conditions. **(013)**
   If defendant leaves or is discharged from the program prior to completion, defendant is to report to court on the next court day. **(013)**
2. [ ] **Pay a fine of $** 390 **plus penalty assessments or** in default thereof serve ____ additional days in County jail consecutive **or** perform _____ days of Community Labor/ _____ or perform ____ days/hours of approved Community Service with credit for _____ days actual or $_____ toward fine for jail time already served. [ ] Fine may be paid in monthly installments of $_____ **(124)** [ ] Defendant to report to Financial Evaluator to work out a payment plan.
   [ ] Defendant elects jail in lieu of fine, forthwith, consecutive to all other time, credit _____ days actual plus _____ days GT/WT.
3. [ ] Perform _____ days of work for Community Labor/ _____ or perform _____ days/hours of approved Community Service, with credit for _____days actual. Sign up for all work or Community Service only at a court-approved volunteer center or in the clerk's office.
   Failure to complete court-ordered work or Community Service without excuse may result in jail. **This work or Community Service is in addition to that done in lieu of fine.**
4. [ ] Make **restitution to victim** _____ per PC §1202.4(f) **(048)** [ ] in an amount to be determined at a hearing. **(067)** [ ] *Harvey* waiver taken.
   [ ] in the stipulated sum of $_____ **(048)** [ ] per any final civil judgment against you. **(100)** [ ] Liability is admitted but amount is disputed.
5. [ ] **Enroll within 21 days (or within 21 days from your release from custody) and successfully complete an approved:** Defendant's BAC: ___.___ %. [ ] **Refusal**
   [ ] 12 hour (SB 1176) [ ] 3 mo. (AB541)**(327)** [ ] 6 mo. (AB 768) [ ] 9 mo. (AB1353) [ ] 18 mo. (SB38)**(328)** [ ] 30 mo. alcohol education program.
   The DMV will not restore your driving privilege until you successfully complete a licensed alcohol education program. [ ] Obtain program details Clerk or Health Officer.
6. [ ] Attend 16 Alcoholics Anonymous/Narcotics Anonymous meetings at the rate of one times per week, IN ADDITION to those required as part of the alcohol education program. **(246)**
7. [ ] **Do not drive any vehicle with any measurable amount of alcohol or drugs in your blood,** or refuse to take and complete any blood alcohol/drug chemical test, any field sobriety test or any preliminary alcohol screening test when requested by any peace officer. **(711)**
8. [ ] Do not drive a motor vehicle without a valid driver's license in your possession, or without liability insurance in at least the minimum amounts required b law. **(374)**
9. [ ] Abstain from the use of all alcoholic beverages and stay out of all places where they are a chief item of sale. **(300)**
10. [ ] Enroll in and complete the [ ] Hospital and Morgue ("HAM") Program. **(471)** [ ] MADD Victim Impact Program **(472)** [ ] _____
11. [ ] The court finds that defendant presents a traffic safety or public safety risk and, per VC §13352.4(d), disallows issuance by DMV of a restricted license. **(249)**
12. [ ] **Your driver's license is hereby ordered [ ] suspended [ ] revoked** for a period of ____ months ____ years. [ ] **"M" service given in open court. (283)**
    You may not drive a motor vehicle unless and until your driving privilege is restored. [ ] Defendant under age 21 at time of offense.
13. [ ] You are hereby declared to be a Habitual Traffic Offender for a period of _____ years. **(263)**
14. [ ] Comply with the "Supplemental Terms of Probation – Ignition Interlock Device" regarding installation of an ignition interlock. **(248)**
15. [ ] Do not own, use possess, buy or sell any controlled substances, or associated paraphernalia, except with valid prescription, and stay away from places where users, buyers or sellers congregate. Do not associate with persons known by you to be controlled substance users or sellers, except in an authorized drug counseling program. **(926)**
16. [ ] Submit your person and property to search and seizure at any time of the day or night, by any Probation Officer or other peace officer, with or without a warrant, probable cause or reasonable suspicion. **(576)**
17. [ ] The vehicle with license plate _____ is, after notice and hearing, ordered impounded for _____ days per Vehicle Code § 23594(a). **(703)**
18. [ ] The vehicle with license plate _____ is, after notice and hearing, ordered confiscated and sold per Vehicle Code § 23596(a).
19. [ ] If you are deported from or otherwise leave the United States, notify the Court [and Probation] in writing of your address and telephone number outside the United States within 72 hours of deportation or departure. Continue to pay all of your financial obligations to the Court [and to Probation] while outside the United States. **(474)**
20. [ ] **Pay all of the following (check all that apply):**

| | |
|---|---|
| [ ] **A restitution fine** of [ ] $100.00, [ ] $_____ per PC §1202.4(b) through (e). **(098)** | [ ] **An administrative screening fee** of $25 per PC 1463.07/GC §29550(f) (D released OR.) |
| [ ] **A probation revocation restitution fine** in the same amount as the restitution fine, per PC §1202.44, payment is stayed until probation is revoked and sentence imposed. | [ ] **A citation processing fee** of $10.00 per PC §1463.07 and GC §29550(f) (if D cited and released in field or at jail facility.) |
| [ ] **A criminal conviction/facilities assessment** of $30.00 per Gov't Code §70373(a). (SA:CC) | [ ] An alcohol abuse education and prevention penalty assessment of $_____ ($50 max.) per VC §23645. |
| [ ] **A criminal fine surcharge** of $_____ per Penal Code §1465.7 (20% of base fine). (SA:AB) | [ ] An alcohol and drug problem program assessment of $_____ ($100.00 max.) per VC §23649. |
| [ ] **A court security fee** of $20.00 per PC §1465.8(a)(1). (per count) (SA:SF) | [ ] A drug program fee of $150.00 (per drug count except §11357(b)) per H&S §11372.7(a). |
| [ ] **A criminal justice administration fee** of $_____ payable to the local arresting agency, per Gov't Code §§ 29550(c), 29550.1 or 29550.2 (agency's actual cost). | [ ] A crime lab fee of $50.00 plus penalty assessment per H&S Code §11372.5. **(184)** |
| [ ] **Cost of probation services** per PC 1203.1b, [ ] as determined by the Probation Officer, subject to a hearing if requested, [ ] in the amount of $_____ per month. | [ ] |

21. [ ] NOTIFY DMV OF ANY ADDRESS CHANGE WITHIN 10 DAYS
22. [ ] **Obey all laws** and orders of the Court (541), [ ] and rules and regulations of the Probation Department. **(542)**
    [ ] **Defendant acknowledges that he/she understands and accepts the terms and conditions of probation. (810)**
    [ ] Defendant ordered to pay attorney fees [ ] in the amount of $_____ [ ] in the amount determined by the Financial Evaluator.
    [ ] **Counts/allegations** _____ **are dismissed/stricken** on the People's motion pursuant to Penal Code Section 1385 as to this defendant.

**Compliance Dates: Defendant is ordered to appear in person on each of the following compliance dates. (683)**

| | | | |
|---|---|---|---|
| Surrender for jail: [ ] *Cruz* waiver taken: | | Restitution Hearing in Div/Dep't _____ at 8:30 a.m. | |
| Pay fine/fees in full by: [ ] installments allowed | 1-29-14 c/o | POE/Proof of Completion of Alcohol Program: | 6-28-13 c/o |
| Complete jail/work/c-s by: | | Other: | |

I understand, accept and will comply with the foregoing conditional sentence and compliance dates and will return to Court as ordered.

| Defendant's Signature: | Attorney's Signature Joining: |
|---|---|

Defendant's Address: _____
Defendant's Telephone: _____

_____
Judge/Commissioner of the Superior Court

CRIM 088 (Rev. 5/1/09) DISTRIBUTION: Pink - Court Copy White - Defendant Copy

# Exhibit B

CR-181

| ATTORNEY OR PARTY WITHOUT ATTORNEY: | STATE BAR NO: | FOR COURT USE ONLY |
|---|---|---|
| NAME: Daniel Yitzhak Simkin | | FILED |
| FIRM NAME: | | LOS ANGELES SUPERIOR COURT |
| STREET ADDRESS: [redacted] Lucile Avenue APT 1 | | MAR 23 2016 |
| CITY: Los Angeles | STATE: CA ZIP CODE: 90026 | Sherri R. Carter, Executive Officer/Clerk Dep. |
| TELEPHONE NO.: [redacted] | FAX NO: | By Roxane Lock Bonnie Leck |
| E-MAIL ADDRESS: [redacted] | | |
| ATTORNEY FOR (name): | | |

PEOPLE OF THE STATE OF CALIFORNIA
v.
DEFENDANT: Daniel Yitzhak Simkin DATE OF BIRTH: [redacted]

**ORDER FOR DISMISSAL**
**(Pen. Code, §§ 17(b), 17(d)(2), 1203.4, 1203.4a, 1203.41, 1203.49)**

CASE NUMBER:
3VY00230-01

The court finds from the records on file in this case, and from the foregoing petition, that the petitioner *(the defendant in the above-entitled criminal action)* is eligible for the following requested relief:

1. The court **GRANTS** the petition for reduction of a felony to a misdemeanor (maximum punishment of 364 days per Pen. Code, § 18.5) under Penal Code section 17(b) and/or for reduction of a misdemeanor to an infraction under Penal Code section 17(d)(2) and reduces the following convictions:
   - ☐ ALL FELONY CONVICTIONS in the above-entitled action;
   - ☐ ALL MISDEMEANOR CONVICTIONS in the above-entitled action; OR
   - ☐ Only the following convictions in the above-entitled action *(specify charges and date of conviction)*:

2. The court **DENIES** the petition for reduction of a felony to a misdemeanor under Penal Code section 17(b) and/or for reduction of a misdemeanor to an infraction under Penal Code section 17(d)(2) for:
   - ☐ ALL FELONY CONVICTIONS in the above-entitled action;
   - ☐ ALL MISDEMEANOR CONVICTIONS in the above-entitled action, OR
   - ☐ Only the following convictions in the above-entitled action *(specify charges and date of conviction)*:

3. The court **GRANTS** the petition for dismissal regarding the following convictions under Penal Code ☒ § 1203.4, or ☐ § 1203.4a, or ☐ § 1203.41, or ☐ § 1203.49, and it is ordered that the pleas, verdicts, or findings of guilt be set aside and vacated and a plea of not guilty be entered and that the complaint be, and is hereby, dismissed for:
   - ☒ ALL CONVICTIONS in the above-entitled action, or
   - ☐ Only the following convictions in the above-entitled action *(specify charges and date of conviction)*:

4. The court **DENIES** the petition for dismissal regarding the following convictions under Penal Code ☐ § 1203.4, or ☐ § 1203.4a, or ☐ § 1203.41, or ☐ § 1203.49 for:
   - ☐ ALL CONVICTIONS in the above-entitled action; or
   - ☐ Only the following convictions in the above-entitled action *(specify charges and date of conviction)*:

5. In granting this order under the provisions of Penal Code section 1203.49:
   a. The court finds that the petitioner was a victim of human trafficking when he or she committed the crime.
   b. ☐ The court orders the relief described in section 1203.4, or
      ☐ The court orders the relief described in section 1203.4, with the following exceptions *(specify)*:



Form Approved for Optional Use
Judicial Council of California
CR-181 [Rev. January 1, 2016]

ORDER FOR DISMISSAL

Penal Code, §§ 17(b), 17(d)(2), 1203.4, 1203.4a, 1203.41, and 1203.49
www.courts.ca.gov

CR-181

| PEOPLE OF THE STATE OF CALIFORNIA v DEFENDANT: | CASE NUMBER: |
|---|---|
| DANIEL YITZHAK Simkin | BVY00230-01 |

6. If this order is granted under the provisions of Penal Code section 1203.4 or 1203.41:
   a. The petitioner is required to disclose the above conviction in response to any direct question contained in any questionnaire or application for public office, or for licensure by any state or local agency, or for contracting with the California State Lottery Commission.
   b. Dismissal of the conviction does not *automatically* relieve petitioner from the requirement to register as a sex offender. (See, e.g., Pen. Code, § 290.5.)

7. If the order is granted under the provisions of Penal Code section 1203.49, the Department of Justice is hereby notified that the petitioner was a victim of human trafficking when he or she committed the crime, and the relief ordered.

8. If the order is granted under the provisions of either Penal Code section 1203.4, 1203.4a, 1203.41, or 1203.49, the petitioner is released from all penalties and disabilities resulting from the offense except as provided in Penal Code sections 29800 and 29900 (formerly sections 12021 and 12021.1) and Vehicle Code section 13555. In any subsequent prosecution of the petitioner for any other offense, the prior conviction may be pleaded and proved and shall have the same effect as if probation had not been granted or the accusation or information dismissed. The dismissal does not permit a person to own, possess, or have in his or her control a firearm if prevented by Penal Code sections 29800 or 29900 (formerly sections 12021 and 12021.1). Dismissal of a conviction does not permit a person prohibited from holding public office as a result of that conviction to hold public office.

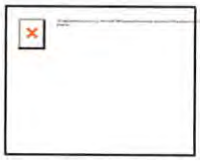
9. In addition, as required by Penal Code section 299(f), relief under Penal Code sections 17(b), 17(d)(2), 1203.4, 1203.4a, 1203.41, or 1203.49 does *not* release petitioner from the separate administrative duty to provide specimens, samples, or print impressions under the DNA and Forensic Identification Database and Data Bank Act (Pen. Code, § 295 et seq.) if petitioner was found guilty by a trier of fact, not guilty by reason of insanity, or pled no contest to a qualifying offense as defined in Penal Code section 296(a).




Date: 3/22/16

Rebecca Grant

(JUDICIAL OFFICER)



**Loan Nguyen, PharmD**
Senior Manager, Pharmacy Compliance

m. 408.393.7292
e. loan.nguyen@truepill.com
w. www.truepill.com

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Can you please provide it? We can attach it to your application and work to process this request.

Regards,

**Olivia Mora**

**Licensing Specialist**

**Nevada State Board of Pharmacy**

**(775) 850-1440**

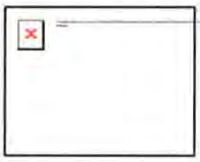
**o.mora@pharmacy.nv.gov**

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--

Thank you,



**Artiom Solovei**
Compliance Generalist

m. 727.836.0418
e. artiom.solovei@truepill.com
w. www.truepill.com

On Thu, Jan 19, 2023 at 3:12 PM Loan Nguyen <loan.nguyen@truepill.com> wrote:

Art, please work on deficiency items. This was in my spam inbox.

---------- Forwarded message ---------
From: **Olivia Mora** <o.mora@pharmacy.nv.gov>
Date: Wed, Jan 18, 2023 at 8:45 AM
Subject: Out of State Pharmacy - Seven Hills Pharmacy, LLC - Sharonville, OH - Need more information
To: compliance@truepill.com <compliance@truepill.com>

To whom it may concern:

We received the Pharmacy Application for Seven Hills Pharmacy, LLC. Please be advised that we are missing the below documentation -

- Certificate of Good Standing or Certificate of Corporate Status from the Secretary of State where the business is domiciled. (Certificate needs to be dated within 1 yr)
- Copy of Most Recent Inspection
- Home State License
- List of Officers and Directors
- Copy of DEA (if applicable)
- Page 3 of the Pharmacy application - Yes to question 3 – need signed statement of Explanation and copies of any documents that identify the circumstance or contain an order, agreement, or other disposition.
- Designated Representative application - need a signed statement of Explanation and copies of any documents that identify the circumstances or contain an order, agreement, or other disposition.
- Personal History application (Daniel Simkin) – need copies of any documents that identify the circumstances or contain an order, agreement, or other disposition.
- Credit Card information is invalid unable to process payment.

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**From:** Artiom Solovei <artiom.solovei@truepill.com>
**Sent:** Friday, January 20, 2023 7:49 AM
**To:** Olivia Mora <o.mora@pharmacy.nv.gov>; Compliance Compliance <compliance@truepill.com>
**Subject:** Re: Out of State Pharmacy - Seven Hills Pharmacy, LLC - Sharonville, OH - Need more information

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Morning Olivia,

Thank you for your email.

Per your request we have prepared all deficiency items. You can find them attached below:

- Certificate of Good Standing or Certificate of Corporate Status from the Secretary of State where the business is domiciled. -new cert dated 11/07/2022
- Copy of Most Recent Inspection - inspection dated 11/07/2022
- Home State License - attached
- List of Officers and Directors - list of managers attached since it is LLC
- Copy of DEA (if applicable) - attached
- Page 3 of the Pharmacy application - Yes to question 3 – need signed statement of Explanation and copies of any documents that identify the circumstance or contain an order, agreement, or other disposition. - LOE attached with supporting docs
- Designated Representative application - need a signed statement of Explanation and copies of any documents that identify the circumstances or contain an order, agreement, or other disposition. - attached
- Personal History application (Daniel Simkin) – need copies of any documents that identify the circumstances or contain an order, agreement, or other disposition. - supporting documents attached
- Credit Card information is invalid unable to process payment. - form corrected (can we get a receipt)

If any additional info is needed please let me know.

**From:** Olivia Mora
**Sent:** Wednesday, January 25, 2023 9:58 AM
**To:** Artiom Solovei <artiom.solovei@truepill.com>; Compliance Compliance <compliance@truepill.com>
**Subject:** RE: Out of State Pharmacy - Seven Hills Pharmacy, LLC - Sharonville, OH - Need more information

Hi Artiom,

Thank you for providing the documentation.

However, I was unable to find the attached documents for the following.

- Personal History application (Daniel Simkin) – need copies of any documents that identify the circumstances or contain an order, agreement, or other disposition. - supporting documents attached
- Also, if you can update page 6 and 7 of the Designated Rep application due to there is a Yes answer on Section 11 of the Pharmacy Application.

Can you please provide?

Thank you,

**Olivia Mora**

**Licensing Specialist**

**Nevada State Board of Pharmacy**

**(775) 850-1440**

**o.mora@pharmacy.nv.gov**

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

Thank you,

Artiom Solovei
Compliance Generalist

m. 727.836.0418
e. artiom.solovei@truepill.com
w. www.truepill.com

On Wed, Jan 25, 2023 at 12:59 PM Olivia Mora <o.mora@pharmacy.nv.gov> wrote:

If you can please email me both request of information.

Regards,

**Olivia Mora**

**Licensing Specialist**

**Nevada State Board of Pharmacy**

**(775) 850-1440**

**o.mora@pharmacy.nv.gov**

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## Olivia Mora

**From:** Artiom Solovei <artiom.solovei@truepill.com>
**Sent:** Friday, February 17, 2023 8:24 AM
**To:** Olivia Mora
**Cc:** Compliance Compliance
**Subject:** Re: Out of State Pharmacy - Seven Hills Pharmacy, LLC - Sharonville, OH - Need more information
**Attachments:** 2022.10.13 Personal History Application - SIMKIN(signed)1.pdf; Truepill - Response to OTSC.pdf; Truepill - OTSC_12.15.2022.pdf; 2023.02.06 - Postmeds, Inc. - BOP Summary.docx.pdf; Postmeds, Inc dba Truepill_Kansas amended Summary order.pdf

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Good Morning Olivia,

Thank you for your patience.

Deficiency items:
1) Personal History application (Daniel Simkin) – need copies of any documents that identify the circumstances or contain an order, agreement, or other disposition. - The Personal History application is attached and the supporting documents are included in the document.

2) Designated Representative app pages 6 & 7 - none of these questions describe the PIC's reprimand. We can't put a "yes" on any of the questions.
The PIC's disciplinary reprimand falls under Section 11 of the Pharmacy Application but not to any questions from Designated Representative app pages 6 & 7

3) We would like to update our application to disclose recent action on the pharmacy's owner, Postmeds. Inc. Please see attached.
Thank you,

Thank you,

Artiom Solovei
Compliance Generalist

m. 727.836.0418
e. artiom.solovei@truepill.com
w. www.truepill.com

On Wed, Jan 25, 2023 at 3:19 PM Artiom Solovei <artiom.solovei@truepill.com> wrote:
Hello Olivia,

Thank you for letting us know.
I will work on the requested deficiency items.

# 10

# 10A

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application

**Non-Refundable $500.00 Fee**

Rev (8/02/2022)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada<br>☒ Out-of-State | ☐ New Pharmacy<br>☒ Ownership Change*<br>☐ Location Change *<br>☐ Name Change*<br><br>* If making a change, provide license #:<br><br>PH 04315 | ☒ Retail/Community<br>☐ Hospital (# beds _____)<br>☐ Internet<br>☐ Nuclear<br>☐ Other: | ☐ Retail/Community<br>☒ Non-sterile Compounding<br>☒ Sterile Compounding Adding<br>☒ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☒ Other: Veterinary Only. |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☒ Saturday (on call) | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Covetrus North America, LLC

Physical Address: 2401 West Grandview Road, Ste. 100

City: Phoenix State: AZ Zip: 85023

Mailing Address (if different from physical address): Same as Physical Address.

City: _____ State: _____ Zip: _____

Telephone: 844-205-9135 Toll Free # (NAC 639.708, NRS 639.23286): 844-205-9135

Fax: 800-270-8040 Contact Email: CGPM-RxLicensing@covetrus.com

Website: www.covetrus.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Natalie Salese ✓

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21234 ✓

**Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Natalie Salese | NV Pharmacist Registration #: 21234 |
| Name: Lee Martin | NV Pharmacist Registration #: 22150 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | ✓ | |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: N/A | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware

Parent Company (if any): W.A. Butler Company

Corporation/Organization Name: Covetrus North America, LLC

Mailing Address: 2401 West Grandview Road, Ste. 100

City: Phoenix State: AZ Zip: 85023

Telephone: 844-205-9135 Email: CGPM-RxLicensing@covetrus.com

Contact Person Name: Natalie Salese

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☒ Yes ☐ No

**Section 7: Partnership**

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the Pharmacist in Charge (title) for Covetrus North America, LLC (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Natalie Salese

Print Name of Authorized Person

Natalie Salese

Original signature of Authorized Person (copies or stamps not accepted)

08/25/2022

Date

**Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History – REQUIRED TO BE COMPLETED BY THE MANAGING PHARMACIST FOR NEVADA LOCATED PHARMACY APPLICANTS ONLY**

Managing Pharmacist Name: Natalie Salese Pharmacist Registration #: 21234

Pharmacy Name: Covetrus North America, LLC

**Initial each statement below to indicate you have read and agree with the following:**

NS I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

NS I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

NS I understand that if I cease to be managing pharmacist of the above-named pharmacy, I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

NS I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

NS I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

| Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested, or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | | ✓ |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | ✓ |

**If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

| Board Administrative Action: | State: | Date: | Case #: |
|---|---|---|---|
| | | | |

| Criminal Action: | State: | Date: | Case #: | County: | Court: |
|---|---|---|---|---|---|
| | | | | | |

I certify under penalty of perjury that the information I have provided on this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Natalee Salese
Original signature of Managing Pharmacist (copies or stamps not accepted)

08/25/2022
Date

| Section 12: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • List all Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a) | ✓ | ✓ | | |
| • List the top four stockholders and their percent ownership. NRS 639.231(3) | ✓ | ✓ | | |
| • List all stockholders who hold 10% or more of the shares. NAC 639.214(4)(b) | | ✓ | | |
| • For General Partnerships, list the name of each partner. NAC 639.214(2)<br>• For Limited Partnerships, list the names of (NAC 639.214(3)):<br>o All General Partners;<br>o All Limited Partners who hold 10% or more of the interest. | | | ✓ | |
| • Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months. | ✓ | ✓ | ✓ | ✓ |
| • Designated Representative Form http://bop.nv.gov/Services/newapps/Business/ must be completed by the Designated Representative. NAC 639.5005. The requirement does not apply to:<br>a. An applicant or a licensee that is a publicly traded corporation;<br>b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or<br>c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is:<br>1) License by the Board; and<br>2) A resident of this state. | | ✓ | ✓ | ✓ |
| • Personal History Record Application http://bop.nv.gov/Services/newapps/Business/ must be completed by:<br>a. For Non-publicly traded - The top 4 shareholder/stockholders.<br>b. For Partnerships - All general partners; all limited partners who hold 10% or more of the interest.<br>c. For Sole Owner - The owner. | | ✓ | ✓ | ✓ |
| • Sterile Compounding Questionnaire must be completed if the pharmacy will provide sterile compounded drugs. Access form at http://bop.nv.gov/Services/newapps/Business/. | ✓ | ✓ | ✓ | ✓ |
| • Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f) | ✓ | ✓ | ✓ | ✓ |
| • Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a) | ✓ | ✓ | ✓ | ✓ |
| • License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the License Verification form here: http://bop.nv.gov/Services/newapps/Business/. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g) | ✓ | ✓ | ✓ | ✓ |
| • Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) | ✓ | ✓ | ✓ | ✓ |
| • Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES) | ✓ | ✓ | ✓ | ✓ |
| • Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/ | ✓ | ✓ | ✓ | ✓ |

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Natalie Salese

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Natalie Salese

Original signature of Authorized Person (copies or stamps not accepted)

08/25/2022

Date

| Board Use Only | Date Received: 8.29.22 | Amount: 500 cc 11/10/22 |
|---|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Covetrus North America, LLC

Pharmacy/Wholesaler License # (if applicable): PH04315

Physical Address: 2401 West Grandview Road, Ste. 100

City: Phoenix State: AZ Zip: 85023

Mailing Address (if different from physical address): Same as Physical Address.

City: State: Zip:

Telephone: 844-205-9135 Website: www.covetrus.com

Licensing Company Email: CGPM-RxLicensing@covetrus.com

**Section 2: Personal Information**

First: Natalie Middle: Shawn Last: Salese

Alias(es, nicknames, name changes, etc.): Gonzalez

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ■ F ☐ X

Mailing Address: [redacted] West Grandview Road, Ste. 100

City: Phoenix State: AZ Zip: 85023

Telephone: [redacted] Email: natalie.salese@covetrus.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Midwestern University - Glendale College of Pharmacy | | 08/03 - 06/06 | |
| **Address** | **City** | **State** | **Zip** |
| 19555 N 59th Ave | Glendale | AZ | 85308 |
| Diploma/Degree obtained, if any | | | |
| Doctor of Pharmacy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Paradise Valley Community College | | 08/02 - 08/03 | |
| **Address** | **City** | **State** | **Zip** |
| 18401 N 32nd St | Phoenix | AZ | 85032 |
| Diploma/Degree obtained, if any | | | |
| n/a | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Scottsdale Community College | | 08/01 - 08/03 | |
| **Address** | **City** | **State** | **Zip** |
| 9000 E Chaparral Rd | Scottsdale | AZ | 85256 |
| Diploma/Degree obtained, if any | | | |
| n/a | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Alhambra High School | | 03/81 - 05/84 | |
| **Address** | **City** | **State** | **Zip** |
| 3839 W Camelback Rd | Phoenix | AZ | 85019 |
| Diploma/Degree obtained, if any | | | |
| high school diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 01/22 - present | [redacted] E Indian School Rd 209 | Scottsdale | AZ | 85251 |
| 07/19 - 10/21 | [redacted] N Grayhawk Rd 1062 | Scottsdale | AZ | 85255 |
| 12/18 - 07/19 | [redacted] E Silverstone 2043 | Scottsdale | AZ | 85255 |
| 01/18 - 12/18 | [redacted] E Becker Lane 1057 | Scottsdale | AZ | 85260 |
| 12/00 - 11/17 | [redacted]E Jasmine Dr | Scottsdale | AZ | 85255 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Covetrus North America, LLC | | | 09/20 - present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 2401 West Grandview Road, Ste. 100 | | Phoenix | AZ | 85023 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 844-205-9135 | Pharmacist in Charge | | 4000 hours | |
| **Description of Duties** | | | | |
| Achieve accreditations and support quality programs. Provide regulatory oversight on projects throughout our pharmacy. Manages record keeping for controlled substances, training and licensure. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Roadrunner Pharmacy, Inc | | | 05/18 - 09/20 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 711 East Carefree Hwy., Ste. 140 | | Phoenix | AZ | 85085 |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| 877-518-4589 | Pharmacist | | 4920 hours | |
| **Description of Duties** | | | | |
| Verification of prescriptions and orders to ensure accuracy and legality. Verify completed orders, quality control, assuring specific state laws were met. Verified orders in DEA room, conducted quality assurance in sterile and non-sterile labs. | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| N/A | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | **Number of Employed Hours** | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

I, Natalie Salese, **certify that as the designated representative for**

Covetrus North America, LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. NS I am at least 21 years of age;
3. NS I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NS I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NS I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NS I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NS I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Natalie Salese

Print Name (First, Last)

Natalie Salese

Original Signature (electronic, copies or stamps not accepted)

08/17/2022

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Natalie Salese

Print Name (First, Last)

Natalie Salese — 08/17/2022

Original Signature (electronic, copies or stamps not accepted) — Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Arizona, ss. County of Maricopa

I, Natalie Salese, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Natalie Salese — 08/25/2022

**Original Signature** — **Date**

Subscribed and Sworn to before me this 11th day of August.

**Notary Public Signature**

SUMMER ROPER
Notary Public - State of Arizona
MARICOPA COUNTY
Commission # 603552
Expires April 30, 2026
(Seal)

covetrus

Please note, this Pharmacy has never been disciplined by any state or federal regulatory agency. However, the owner, Covetrus North America, LLC, has been disciplined as described below. We are disclosing the actions listed out of an abundance of caution.

**Covetrus North America, LLC** (formerly known as Butler Animal Health Supply, LLC) - **Disciplinary History**

**Board Actions Related to Respondent, Its Parent and Subsidiaries**
*Includes Actions Taken Against Respondent Since its Formation in 2005 and Does Not Include Actions Taken Against Predecessor Entities**
Reciprocal Actions Indicated in Red

| Facility | Docket No. | State | Date of Final Disposition | Brief Synopsis of What occurred | Allegation | Outcome | Response |
|---|---|---|---|---|---|---|---|
| • Ft. Worth, TX | 2009-2360 | Colorado | March 12, 2009 | CO BOP, routine inspection of a veterinary clinic | Shipment of legend drug to customer located in Colorado from a DC that was not licensed to ship into CO | Fine: $ 5000 | BSAH has implemented system controls which do not allow an order for a prescription drug to be shipped to a customer from a branch which is not licensed appropriately. Monthly reports can be generated to verify the system controls are functional and to verify that no prescription drugs are shipped outside of each distribution center's network. |
| • Aurora, CO | 2009-2556 | Colorado | July 30, 2009 | Routine BOP Inspection of distribution center | Receipt of legend products from vendors not licensed to ship into Colorado | Fine: $34500 | BSAH has implemented a program to collect and verify license status of all vendors shipping prescription drugs into the Aurora CO Branch as well as all other BSAH Branches. Each vendor must now provide proof that each shipping location is appropriately registered and/or licensed to send prescription drugs into the states where BSAH distribution centers are located. |
| • Columbus, OH *3820 Twin Creeks Dr. location only | 2011-000721 | Colorado | Dec 3, 2010 | Ownership change application review by CO Board of Pharmacy | Failure to notify Colorado of Designated Representative change within allowed time frame. | Settlement Agreement : $1100 | Implemented a program to submit company changes (officers, designated representatives, and other personnel) within the time guidelines for each state as the changes occur. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| • Albany, NY<br>• Middletown, PA<br>• Sandston, VA (WH)<br>• Columbus, OH<br>*3820 Twin Creeks Dr. location only | 2011-PHA-7376 | Maine | August 2011 | Preliminary Denial of Non-Resident Wholesale Distributor Applications | Failure to disclose action by FL and CO during initial and renewal application in 2005 and 2009 | Civil penalty $800.00 | Not an intentional failure. The understanding at the time of submission was that only actions against the particular facility were required to be reported.<br><br>Reports now submitted to all state Boards of Pharmacy as required. |
| • Elizabethtown, PA | 2012-PHA-8406 | Maine | July 9, 2012 | Preliminary Denial of Non-Resident Wholesale Distributor Application | Failure to disclose action CO # 2011-000721 | Settlement agreement: $2500 | Application was submitted due to the relocation of Middletown PA facility.<br><br>Reports now submitted to all state Boards of Pharmacy as required. |
| • Columbus OH<br>*3820 Twin Creeks Dr. location only | Case No. 2012-133 | Iowa | September 13, 2013 | Statement of Charges & Notice of Hearing | N/A - Reciprocal Action. | Settlement agreement: $1000 | N/A - Reciprocal Action. |

[redacted]

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| • Ft. Worth TX<br>• Tualatin OR | Case No. BOP 13-028 | Idaho | May 29, 2014 | Stipulation and Consent Order | Distribution of controlled substances to a DEA licensed veterinarian without appropriate state licensure authorizing controlled substance possession | Administrative Penalty: $2000 | Verified all current ID customers hold appropriate state licensure. Measures immediately implemented to prevent further issues. |
| • Elizabeth-town, PA | Administrative Memorandum of Agreement (MOA) | DEA | October 30, 2014 | Verified a customer's DEA registration prior to expiration and did not perform additional checks with each order | HSAH distributed CS items to customers who had expired DEA registrations | MOA and $225,000.00 fine | Implemented a series of systems controls and checks to ensure the customer has a valid DEA registration at time of order for CS items and before the order is shipped to the customer. |
| • Columbus OH<br>*3820 Twin Creeks Dr. location only | Case No. 53-14-131641 | Michigan | December 09, 2015 | Stipulation and Consent Order | N/A - Reciprocal Action | Fine in the amount of $500.00 | N/A - Reciprocal Action |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| • Ft. Worth, TX | Case No. 53-14-134018 | Michigan | November 18, 2015 | Stipulation and consent order | N/A - Reciprocal Action. | Penalty of $500.00 | N/A - Reciprocal Action. |
| • Columbus OH *3820 Twin Creeks Dr. location only | Case No. 2014-2066 | Ohio | December 09, 2015 | Sold/distributed dangerous drugs to an entity that did not hold a valid Ohio TDDD license. | Distribution of dangerous drugs to a facility that did not have proper licensure in place. | Penalty of $5,000.000 | Implemented system controls that restrict the sale of dangerous drugs until each state required license type is verified. |
| • Columbus OH *3820 Twin Creeks Dr. location only | Case No. 2016-01171 | Illinois | August 03, 2016 but not received by HSAH until August 23, 2016 | HSAH self-reported OH TDDD action | N/A - Reciprocal Action | Fine: $500.00 | N/A - Reciprocal Action |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| • Columbus OH *3820 Twin Creeks Dr. location only | Admin-istrative Com-plaint # 16-L-0015 | Alabama | February 21, 2017 | HSAH self-reported OH TDDD action | N/A - Reciprocal Action | $1,000.00 Fine | N/A - Reciprocal Action |
| • Columbus OH *3820 Twin Creeks Dr. location only | File No. 53-16-140903 | Michigan | February 14, 2018 | HSAH self-reported OH TDDD action | N/A - Reciprocal Action | $250.00 Fine | N/A - Reciprocal Action |
| • Ocala, FL | Case No. 2018-039227 | Florida | November 30, 2020 | Notice of Intent to Deny based on a July 2018 facility inspection. | Violations of chapter 499, Florida Statutes and administrative rules pertaining to record keeping and FL HCCB permits. | Settlement agreement $35,000 | Corrective action plan was approved by the board and the FL license for this location was issued. |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| • Dublin, OH | Case No. 2019-034998 | Florida | April 1, 2021 | Notice of Violation for Corporate office based on a July 2018 Ocala, FL facility inspection. | Engaged in prescription drug wholesale distribution at the corporate office. | Settlement agreement $72,500 | Will obtain a permit due to the DBPR's interpretation of "administrative services," which is not a defined term in Fla. Stat. § 499.003. Will obtain a Non-Resident Wholesaler permit for the Dublin, OH corporate office as instructed by the DBPR, DDC division during a conference call on March 2, 2021. However, no products are ever stored or shipped from this location. |
| • Ocala, FL | Case No. 20-L-0147 | Alabama | The Board executed the agreement on May 13th 2021, but that notice wasn't received from Board counsel until June 15th 2021 | CONA self-reported the FL DBPR action dated November 30, 2020 | N/A - Reciprocal Action. | Fine of $50,000<br><br>Probation period of 5 years for Permit No. 193282 | N/A - Reciprocal Action. |

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

### Section 1: General Information

Pharmacy Name: Covetrus North America, LLC

NV Pharmacy or Outsourcing facility license # (if applicable): PH04315

Physical Address: 2401 West Grandview Road, Ste. 100

City: Phoenix State: AZ Zip: 85023

Mailing Address (if different from physical address): Same as Physical Address.

City: State: Zip:

Telephone: 844-205-9135 Toll Free # (NAC 639.708, NRS 639.23286): 844-205-9135

Fax: 800-270-8040 Contact Email:

Website: www.covetrus.com

Nevada Business License # (if applicable) N/A

Supervising/Managing Pharmacist Name (NRS 639.220): Natalie Salese

Supervising/Managing Pharmacist NV Pharmacist Registration #: 21234

Name of Person with direct knowledge of compounding procedures: Natalie Salese

Email of Person with direct knowledge of compounding procedures: natalie.salese@covetrus.com

Telephone of Person with direct knowledge of compounding procedures: 844-205-9135

**Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)**

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☐ Low ☐ Medium ■ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ■ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

The intitial set of compounded sterile products would be;
Cyclosporine 2% ophthalmic solution
Tacrolimus 0.02% ophthalmic solution
Tacrolimus in Corn Oil 0.03% ophthalmic solution
Desmopressin 0.01% ophthalmic solution
Desmopressin 0.02% ophthalmic solution
Cyclosporine 2%/Tacrolimus 0.02% ophthalmic solution
Cyclosporine 1% ophthalmic solution
Apomorphine 3 mg/ml Injection
Edetate Disodium 1% ophthalmic solution
Aminopentamide 0.5mg/ml injection
Pentosan 250mg/ml injection

4. Will you be utilizing beyond use dates in excess of USP-797? ■ Yes ☐ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

Current testing includes:
Container closure at day 0, 180
Visualization, Identification, packaging intact, potency at day 30, 60, 120, 150, 180
Evaluation of Organoleptic properties, chemical properties including degradation over time, container closure system properties and sterility.
Method validation summary.
Evaluation of sterility by validation of filter choice for the product with integrity testing through the forward flow bubble point procedure after batch production for all sterile products using sterilization by filtration.
Endotoxin testing for sterile injectables.

6. What laboratory performs this additional testing?

Name: Covetrus Laboratory Services (Also use CIAL, ARL and Eagle laboratory services)

Address: 2401 West Grandview Road, Ste. 500

City: Phoenix State: AZ Zip: 85023

Telephone: 877-518-4589, Ext.17727

7. What is your procedure for visual inspection of compounded sterile products?

Hold the vial in front of the white background, gently swirl the vial and inspect for descending or floating particulates Check vial closure for defects. Verify fill level is correct. Gently turn the vial upside down and check for any descending or floating particulates. Inspect bottom of container for cracks or damage Avoid vigorous swirling, air bubbles will rise to the top and do not require rejection if present. Total time of inspection in front of white background must be at least 5 seconds. Hold vial in front of the black background, gently swirl the vial and inspect for descending or floating particulates Gently turn the vial upside down and check for descending or floating particulates.Total time of inspection in front of black background must be at least 5 seconds. If vial leaks, has potentially catastrophic container imperfections, or contains visible particulates, it must be rejected and disposed of.

8. How often do you perform glove fingertip and medial fill testing?

Every six months.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

When gloved fingertip sample results exceed action levels,a review of hand hygiene and garbing procedures as well as glove and surface disinfection procedures and work practices are performed and documented.
If a media fill test fails then a repeat media fill will be performed with assessment of compounding technicians technique during media fill process.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Please see attachments;
Sterile Compounding Training and Competency Program Policy
Sterile Compounding Training and Competency Program Procedure
Sterile Compounding Training Itinerary

All pharmacists and compounding technicians involved in sterile compounding must also take a certification course called "Sterile Compounding and Aseptic Technique" through Austin Community College.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

PEC-Each day of use at the beginning of each work shift, before each batch preparation, every 30 minutes during continuous compounding, when spills occur, and when surface contamination is known or suspected.
Counters and easily cleanable work surfaces and floors daily.
Walls, Ceilings, Storage shelving monthly.
Cleaning, disinfectant, sporacidal and deactivation/decontamination products;
Peridox
Hypo-Chlor 0.52%
Decon-Spore 200 Plus
Sterile Isopropyl Alcohol 70%

12. Who performs the sterile compounding process at your facility?

Pharmacists and Certified Pharmacy Technicians.

13. Who is responsible and accountable for the sterile compounding process at your facility?

Natalie Salese Pharmacist In Charge
Michael Martinez Sterile Compounding Pharmacist Supervisor

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Please see attachment:
Shipping Integrity Procedure

| Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.) | | |
|---|---|---|
| 1. What type of primary engineering controls will you be using in your facility?<br>BSC | | |
| 2. Is your BSC or CACI vented 100% to the outside? | ☒ Yes | ☐ No |
| 3. Do you have a negative pressure buffer room at your facility? | ☒ Yes | ☐ No |
| 4. Will you be compounding with antineoplastic HDs or HD API? | ☒ Yes | ☐ No |
| 5. If yes, are the drugs stored in an externally ventilated, negative pressure room? | ☒ Yes | ☐ No |
| 6. Will you be utilizing a closed system transfer device? | ☐ Yes | ☒ No |
| 7. If yes, list the name of the device: | | |
| 8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?<br>Included with every shipment is a Medication Guide printed from Plumb's Veterinary Drug Handbook, as well as appropriate auxiliary labels.<br>Please see attached photos of labels for sterile products. | | |
| 9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?<br>Please see attached SOPs:<br>Sterile Compounding Training Itinerary<br>Sterile Compounding Training and Compentency Program Policy<br>Sterile Compounding Training and Compentency Program Procedure<br>HD Compounding Training and Competency Assessment | | |

**Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)**

1. List the specific high risk sterile products that your facility compounds:

Cyclosporine 2% ophthalmic solution
Tacrolimus 0.02% ophthalmic solution
Tacrolimus in Corn Oil 0.03% ophthalmic solution
Desmopressin 0.01% ophthalmic solution
Desmopressin 0.02% ophthalmic solution
Cyclosporine 2%/Tacrolimus 0.02% ophthalmic solution
Cyclosporine 1% ophthalmic solution
Apomorphine 3 mg/ml Injection
Edetate Disodium 1% ophthalmic solution
Aminopentamide 0.5mg/ml injection
Pentosan 250mg/ml injection

2. What sterilization methods are utilized at your facility?

Filtration sterilization and sterilization by steam heat.

3. Does your facility utilize biological indicators? ■ Yes ☐ No

4. If yes, describe how they are utilized:

The biological indicator is placed inside the autoclave with each sterilization cycle. Results are interpreted 24 hours later to validate the cycle.

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Natalie Salese
Name of Person who Completed the Form

Pharmacist in Charge
Title

Natalie Salese
Signature (copies or stamps not accepted)

08/26/2022
Date

| Board Use Only | Date Received: 8-29-22 Date Approved: _____ Approved By: _____ |
|---|---|

# I. PURPOSE AND SCOPE

This work instruction details the pharmacy's process for completing visual inspection for sterile injection preparations to ensure that they pass visual quality control requirements.

# II. RESPONSIBILITIES

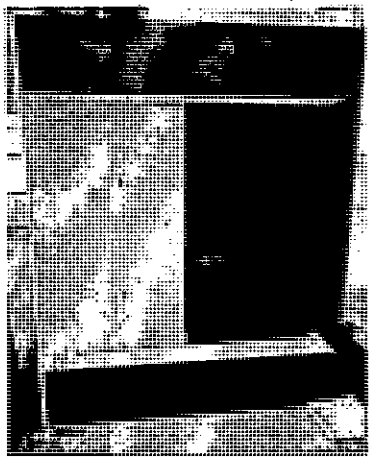
| Role | Responsibility |
|---|---|
| Pharmacist in Charge (PIC) | Ensures all applicable employees are trained and following this work instruction. |
| Operations Management | In conjunction with the PIC, ensures all applicable employees are trained and following this work instruction. |
| Pharmacy Manager(s)/ Supervisors(s) | Ensures that assigned staff are following this work instruction. Assumes the role of the PIC in their absence. |
| Pharmacist(s) | Follow this work instruction when performing visual inspections on sterile injected preparations. |

# III. DEFINITIONS

| Term | Definition |
|---|---|
| Batch | A defined quantity which can be expected to be homogeneous. In a continuous process, a batch corresponds to a defined portion of the compounded preparation quantity. |
| Compounding Record (CR) | Documents the compounding of each preparation. Documents the actual ingredients in a preparation, the person(s) responsible for compounding, the process used in preparing the compound, and the Pharmacist approving the finished preparation. |
| Parenteral | General route of administration which is characterized by injection through the skin or other external boundary tissue or implantation within the body. Specific parenteral routes include intravenous, intraventricular, intra-arterial, intra-articular, subcutaneous, intramuscular, intrathecal, intracisternal, and intraocular. Parenteral dosage forms include solutions, suspensions, emulsions, sterile powders for solutions and suspensions, implants, and stents. |
| Particulate Matter | In injections and parenteral infusions consists of extraneous mobile undissolved particulates, other than gas bubbles, unintentionally present in the solutions. Examples include, but are not limited to, fibers, glass, metal, elastomeric materials, and precipitates. |
| Quality Control (QC) | The sampling, testing, and documentation of results that, taken together, ensure that specifications or acceptance criteria have been met before release. |

## V. MATERIALS

1. Batch of vials to be inspected.
2. Compounding record (CR) that corresponds to batch of vials to be inspected.
3. Sterile Quality Control Worksheet that corresponds to batch of vials to be inspected.
4. Half black, half white inspection background.



## VI. LIMITS

1. Each vial must visually be free from particulate matter when observed against both a lit black background for at least 5 seconds and against a lit white background for at least 5 seconds; if any particulate matter is found, the vial must be rejected.
2. Each vial must be visually inspected for leaks; if a vial is leaking it must be rejected.

## VII. FREQUENCY

1. Visual inspection must be done for every vial in every batch of sterile injection preparation.
    A. Vials must not be moved to inventory to be dispensed until all required QC actions are completed for the respective batch.

## VIII. WORK INSTRUCTIONS

1. Vials for inspection may not have any labels affixed.
2. Gather all required materials.
3. Ensure inspection background is plugged in.
4. Turn light on in inspection background.
5. Pick up first vial at the neck in one hand and begin inspection.
    A. Use a non-shedding wipe to remove any external particles if present on vial.
    B. Ensure contents of vial are free of particulate matter by following the below steps.
        i. Hold the vial in front of the white background, gently swirl the vial and inspect for descending or floating particulates
        ii. Check vial closure for defects
        iii. Verify fill level is correct
        iv. Gently turn the vial upside down and check for any descending or floating particulates
        v. Inspect bottom of container for cracks or damage
            a. Avoid vigorous swirling, air bubbles will rise to the top and do not require rejection if present
        vi. Total time of inspection in front of white background must be at least 5 seconds

vii. Hold vial in front of the black background, gently swirl the vial and inspect for descending or floating particulates
viii. Gently turn the vial upside down and check for descending or floating particulates
ix. Total time of inspection in front of black background must be at least 5 seconds

C. If vial leaks, has potentially catastrophic container imperfections, or contains visible particulates it must be rejected and be disposed of using the Pharmaceuticals, Components, and Compounded Preparations Disposal Log and related process.

6. Complete actions in Step 5 for all vials in batch.
7. Results of visual inspection must be documented on the Sterile Quality Control Worksheet applicable to the batch.

## IX. CORRECTIVE ACTIONS

1. See immediate Supervisor or Manager if any assistance or clarification is needed for any steps listed in this work instruction.
2. Failure to follow this work instruction may result in contaminated preparations that could result in death or serious injury to the patient.

## X. REFERENCES

1. PI Continuous Quality Control & Quality Assurance Policy
2. PI Continuous Quality Control & Quality Assurance Procedure
3. Pharmaceuticals, Components, and Compounded Preparations Disposal Log
4. Sterile Quality Control Worksheet
5. USP Compounding Compendium, Chapters 1, 790 and 797, current versions
6. Relates to PCAB Sterile Compounding Standard TCRX5-G, current version

## XI. VERSION HISTORY

| Version | Version Date | Change Details | Prepared By |
|---|---|---|---|
| AA | 07/27/2021 | New work instruction. | Katelyn McDowell |

# I. PURPOSE AND SCOPE

This work instruction outlines the process for completing a hazardous media fill test for hazardous Compounded Sterile Products (CSPs) sterilized by filtration and the accompanying gloved fingertip/thumb samplings (GFTs).

# II. RESPONSIBILITIES

| Role | Responsibility |
|---|---|
| Pharmacists in Charge (PIC) | Ensure all applicable personnel are trained and adhere to this work instruction. |
| Operations Management | In conjunction with the PIC, ensure all applicable personnel are trained and adhere to this work instruction. |
| Pharmacy Managers / Supervisors | Assume the role of the PIC in their absence. |
| Pharmacy Technicians | Follow this work instruction. |
| Microbiologist/ Chemist | Responsible for inspecting the vials for microbial growth. |

# III. DEFINITIONS

| Term | Definition |
|---|---|
| Gloved Fingertip/Thumb Sampling (GFT) | A test where the gloved fingertips and thumb(s) are lightly pressed into agar plates. The plates are then incubated. Each successful glove fingertip test shall yield no more than three colony-forming units per contact plate for the annual competency evaluation and shall yield zero colony-forming units at least three times for the initial competency evaluation. |
| Positive Control (PC) | A group in an experiment or test that receives a treatment to provide a known result. |
| Semiannually | Occurring twice a year, typically every 6 months. |
| Soybean-Casein Digest Medium (SCDM) | Used as a medium for sterility testing by membrane filtration or direct inoculation. |
| Turbidity | Cloudiness or haziness of a fluid. |

# IV. MATERIALS

1. Nonsterile commercially available Soybean-Casein Digest Medium (SCDM) 60g
2. Sterile Water for Injection 2000 mL
3. 30mL syringe – quantity 1
4. 0.22-micron filter – quantity 1
5. 10mL sterile ophthalmic droptainer – quantity 200
6. Labels for droptainers – quantity 9
7. Liquid dispenser machine
8. Beaker (larger than 2,000 mL size)
9. Stir bar
10. Stir plate

11. Preprinted vial labels

## V. FREQUENCY

1. Testing is to be completed at least semiannually.

## VI. WORK INSTRUCTIONS

1. After gowning, once in the cleanroom perform first (pre) gloved fingertip/thumb test on both hands for initial and ongoing media fills. Wipe hands with sterile alcohol when finished with the gloved fingertip test. A new pair of sterile gloves are donned after each fingertip test.
2. Gather all required materials and place in hood as needed.
3. Place an appropriately sized, calibrated beaker on a stir plate with an appropriately sized stir bar inside.
4. Add Sterile Water for Injection, using an amount that is approximately 80% of the final volume (1600 mLs).
5. Turn on the stir plate and adjust settings to begin stirring the Sterile Water for Injection.
6. Add 60 grams (g) of nonsterile commercially available Soybean-Casein Digest Medium (SCDM) into the sterile water for injection and allow to dissolve.
    A. Once dissolved, liquid will be clear with a yellowish color.
        i. If liquid is not clear and yellow, stop and notify supervisor.
7. Bring preparation to final volume by adding the remaining Sterile Water for Injection.
8. Draw 10 mL of the preparation into a sterile 30mL syringe.
9. Inject 10 mL from the now filled 30mL syringe into 1 sterile empty 10mL droptainer.
10. Label the droptainer "PC" with a preprinted label.
    A. This droptainer is the positive control (PC) to generate exponential microbial growth, which is indicated by visible turbidity upon incubation.
11. Filter the remaining preparation from step 6 through a 0.22-micron filter.
12. Transfer 10 mL of the remaining preparation into each of the 200-10mL droptainers using liquid dispenser machine.
13. For initial media fill, perform the second (mid) gloved fingertip/thumb test on both hands after filling the first 100 droptainers for the initial media fill. Wipe hands with sterile alcohol when finished with the gloved fingertip test. A new pair of sterile gloves are donned after each fingertip test.
14. Once finished filling all droptainers, perform the third (post) gloved fingertip/thumb test on both hands, needed for both initial and ongoing media fills. Wipe hands with sterile alcohol when finished with the gloved fingertip test.
15. Fill out results on form Hazardous Sterile Compounding High Risk Media Fills and Gloved Fingertip/Thumb Competency Assessment.
16. All filled 10mL droptainers will be incubated to test for microbial growth by Covetrus Laboratory Services or another third-party laboratory; the Hazardous Sterile Compounding High Risk Media Fills and Gloved Fingertip/Thumb Competency Assessment must be sent with the droptainers for testing.
17. The microbiologist or chemist will inspect droptainers for microbial growth over 14 days as described in *Personnel Training and Competency Evaluation of Garbing, Aseptic Work Practices, and Cleaning/Disinfection Procedures* sections in USP Chapter 797.
18. The microbiologist or chemist will complete the Hazardous Sterile compounding High Risk Media Fills and Gloved Fingertip/Thumb Competency Assessment and return to the pharmacy for recordkeeping.

## VII. CORRECTIVE ACTIONS

1. If there are any CFU's exceeding the threshold noted by the microbiologist or chemist, the employee will have to repeat the media fill.

2. Contact your supervisor/manager or PIC for any questions or concerns with this work instruction.

## VIII. REFERENCES

1. Hazardous Sterile Compounding High Risk Media Fills and Gloved Fingertip/Thumb Competency Assessment
2. USP Compounding Compendium, Chapter 797 current versions

## IX. VERSION HISTORY

| Version | Version Date | Change Details | Prepared By |
|---|---|---|---|
| AA | 03/21/2022 | New work instruction. | Katelyn McDowell |

# I. PURPOSE AND SCOPE

The pharmacies will establish and implement requirements for all sterile compounding pharmacy personnel to receive training and/or education to competently perform the required client/patient and veterinarian service activities prior to being assigned to work independently.

# II. RESPONSIBILITIES

| Role | Responsibility |
|---|---|
| Pharmacists in Charge (PIC) | Ensure all sterile compounding pharmacy personnel are appropriately licensed prior to hire, adequately trained, and assessed prior to performing client/patient and veterinarian service activities independently and receive training and assessments on a continual basis. |
| Pharmacy Managers/ Supervisors | Assume the role of the PIC in their absence. |
| Operations Management | In conjunction with the PIC, ensure all sterile compounding pharmacy personnel are appropriately licensed prior to hire, adequately trained, and assessed prior to performing client/patient and veterinarian service activities independently, and receive training and assessments on a continual basis. |
| Quality Assurance Analysts (QAA) or Designees | Adhere to this policy. |
| Pharmacy Trainers | Adhere to this policy. |
| Pharmacists & Pharmacy Technicians | Adhere to this policy. |

# III. DEFINITIONS

| Term | Definition |
|---|---|
| Client | Animal owner. |
| Designated Person | An individual that is qualified and trained to be responsible for overseeing compliance with applicable USP chapters and other applicable laws, regulations, and standards. This individual is assigned to be responsible and accountable for the pharmacy and employees' adherence to these requirements. This individual will have the experience and authority to serve in this role. |
| Patient | Animal |
| Sterile Compounding Pharmacy Personnel | Pharmacists and pharmacy technicians who have received training and/or education to competently perform assigned work in sterile compounding areas. |
| Veterinarian | Clinic partner or prescriber. |

# IV. POLICY

1. The pharmacies must define the minimum education and training, licensure, certification, experience, and the minimum competencies required for each service offered.
    A. Sterile compounding pharmacists.
    B. Sterile compounding pharmacy technicians.

2. A designated person must be identified to oversee a training and competency assessment program. Those roles that serve as the designated person must be identified.
3. The training and competency assessment program must describe:
    A. Required training and competency assessments,
    B. Frequency of training and competency assessments,
        i. Frequency of training and competency assessments must be consistent with the risk level of the compounding being performed.
    C. Process for evaluating the competency of personnel,
    D. Documentation of training and competency assessments,
    E. Requirements for competency assessments that are not satisfactory.

## V. REFERENCES

1. Sterile Compounding Training and Competency Program Procedure
2. Training and Competency on New Tasks Policy
3. Training and Competency on New Tasks Procedure
4. Relates to PCAB Sterile Compounding Standard, TCRX3-B, ACHC Accreditation Standards current version
5. USP Compounding Compendium, Chapter 797 current versions

## VI. VERSION HISTORY

| Version | Version Date | Change Details | Prepared By |
|---|---|---|---|
| AB | 06/01/2022 | Annual review. Minor grammar changes throughout policy. Section II Responsibilities; removed VP of Pharmacy Operations and updated PCC to QAA. Section III Definitions; updated the definition of Designated Person. Section V References; removed reference to Training & Competency Program Matrix. | Erin Bonham |
| AA | 05/05/2021 | New unified policy. | Erin Bonham |

# I. PURPOSE AND SCOPE

This procedure outlines how the pharmacies ensure that sterile compounding pharmacy personnel receive training and/or education to competently perform the required client/patient and veterinarian service activities prior to being assigned to work independently.

# II. RESPONSIBILITIES

| Role | Responsibility |
|---|---|
| Pharmacists in Charge (PIC) | Ensure all sterile compounding pharmacy personnel are appropriately licensed prior to hire, adequately trained, and assessed prior to performing client/patient and veterinarian service activities independently and receive training and assessments on a continual basis. |
| Pharmacy Managers/ Supervisors | Assume the role of the PIC in their absence. |
| Operations Management | In conjunction with the PIC, ensure all sterile compounding pharmacy personnel are appropriately licensed prior to hire, adequately trained, and assessed prior to performing client/patient and veterinarian service activities independently, and receive training and assessments on a continual basis. |
| Quality Assurance Analysts (QAA) or Designees | Adhere to this procedure. |
| Pharmacy Trainers | Adhere to this procedure. |
| Pharmacists & Pharmacy Technicians | Adhere to this procedure. |

# III. DEFINITIONS

| Term | Definition |
|---|---|
| Apyrogenicity | The lack of pyrogens. Pyrogens are materials that cause a rise in temperature when administered to humans or animals (e.g., fever). Pyrogens can include endotoxins. |
| Aseptic Technique | A set of methods used to keep objects and areas free of microorganisms and thereby minimize infection risk to the patient. It is accomplished through practices that maintain the microbe count at an irreducible minimum. |
| Cleaning | The process of removing soil (e.g., organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products. |
| Client | Animal owner. |
| Colony Forming Unit (CFU) | A unit used to estimate the concentration of microorganisms in a test sample. |
| Competent | Adequately performing a skill, task, or procedure for which an evaluation has been documented. |

| Term | Definition |
|---|---|
| Compounding Record (CR) | Documents the compounding of each preparation. Documents the actual ingredients in a preparation, the persons responsible for compounding, the process used in preparing the compound, and the Pharmacists approving the finished preparation. |
| Designated Persons | An individual that is qualified and trained to be responsible for overseeing compliance with applicable USP chapters and other applicable laws, regulations, and standards. This individual is assigned to be responsible and accountable for the pharmacy and employees' adherence to these requirements. This individual will have the experience and authority to serve in this role. |
| Disinfection | The process of inhibiting or destroying microorganisms. |
| Doff | To remove personal protective equipment (PPE). |
| Don | To put on personal protective equipment (PPE). |
| *Exempli Gratia* (e.g.) | For example. |
| First Air | The air exiting the high efficiency particulate air (HEPA) filter in a unidirectional air stream that is essentially particle free. |
| Hazardous Drug (HD) | Any drug identified by at least one of the following criteria:<br>1. Carcinogenicity, teratogenicity, or developmental toxicity<br>2. Reproductive toxicity in humans<br>3. Organ toxicity at low dose in humans or animals<br>4. Genotoxicity or new drugs that mimic existing HDs in structure or toxicity |
| High Efficiency Particulate Air Filtration (HEPA) | An extended medium, dry type filter in a rigid frame, having a minimum particle collection efficiency of 99.97% for particles with a mass median diameter of 0.3 µm when tested at a rated airflow in accordance with MIL STD 282 using IEST Recommended Standard RP-CC001.5. |
| International Organization for Standardization (ISO) Class | An air quality classification from the International Organization for Standardization. |
| Master Formulation Record (MFR) | Record created prior to compounding a preparation for the first time. This record is followed each time a preparation is compounded to ensure consistency in the preparation. |
| Occupational Safety and Health Organization (OSHA) | Is an agency of the United States Department of Labor created to ensure safe and healthful working conditions for working men and women by setting and enforcing standards by providing training, outreach, education, and assistance. |
| Patient | Animal |
| Pharmacy Compounding Accreditation Board (PCAB) | In combination with the pharmacy's commitment to continuous compliance, reduces the risk associated with compounding medications and demonstrates a commitment to meeting the highest industry standards for quality and safety. Is a service of the Accreditation Commission for Health Care (ACHC). |
| Primary Engineering Control (PEC) | A device or zone that provides an ISO Class 5 air quality environment for sterile compounding. |
| Quality Control (QC) | The sampling, testing, and documentation of results that, taken together, ensure that specifications or acceptance criteria have been met before release. |
| Registered Pharmacist | An individual currently licensed by a state to engage in the practice of pharmacy. |

| Term | Definition |
|---|---|
| Standard Operating Procedure (SOP) | Established or prescribed methods to be followed routinely for the performance of designated operations or in designated situations. For pharmacy facilities this term includes policies, procedures, work instructions, and forms. |
| Sterile Compounding Pharmacy Personnel | Pharmacists and pharmacy technicians who have received training and/or education to competently perform assigned work in sterile compounding areas. |
| Sterility | The absence of viable microorganisms. |
| United States Pharmacopeia (USP) | Organization that publishes content with a mission to improve global health through public standards and related programs that help ensure the quality, safety, and benefit of medicines and foods. Monographs for drug substances, dosage forms, and compounded preparations are contained in the USP. Monographs for dietary supplements and ingredients appear in a separate section of the USP. |
| Verification | The process of establishing the proof of something. Confirmation that an established method, process, or system meets predetermined acceptance criteria. |
| Veterinarian | Clinic partner or prescriber. |

## IV. PROCEDURE

1. The pharmacies have defined the minimum education and training, licensure, certification, experience, and the minimum competences required for the service of sterile compounding and its associated roles. These roles include:

A. Sterile compounding pharmacist

| Education | Training | Licensure/ Certification | Experience | Competency Assessments |
|---|---|---|---|---|
| Doctor of Pharmacy or Bachelor of Science (BS) Degree in Pharmacy | External sterile compounding training course or internal sterile compounding training course | Licensed and in good standing with the resident State Board of Pharmacy<br>Sterile Compounding Aseptic Technique Certification preferred or ability to obtain certification within six months | Sterile compounding or laboratory experience preferred but not required | Initial training competency assessments, technique competency assessments, and potency testing. Annual competency assessments and potency testing. Sterile compounding technique every six months. |

B. Sterile compounding pharmacy technician

| Education | Training | Licensure/ Certification | Experience | Competency Assessments |
|---|---|---|---|---|
| High school Diploma or recognized General Education Diploma (GED) | Internal sterile compounding training course | Registered and certified as required by the resident state rules and regulations<br>Sterile Compounding Aseptic Technique Certification preferred or ability to obtain certification within six months. | Sterile compounding or laboratory experience preferred but not required | Initial training competency assessments, technique competency assessments, and potency testing. Annual competency assessments and potency testing. Sterile compounding technique every six months. |

2. Designated Person

A. The designated person that oversees the training and competency assessment program for sterile compounding will be those serving in the following job roles:
    i. Pharmacist in Charge (PIC)
    ii. Sterile Pharmacy Manager/Supervisor
B. Training and competency assessments may be performed by the listed designated person or an assigned trainer.
    i. If assigned to a trainer, the trainer must be qualified to serve as a trainer for sterile compounding and meet requirements as outlined in Qualifying Trainers Work Instruction.

3. Sterile Compounding Training and Competency Program
    A. All personnel will complete new hire orientation and training.
    B. Role specific training will be completed for all newly hired personnel, or those personnel reassigned to work in sterile compounding and is based on the role in which that employee is assigned.
    C. Pharmacies that compound sterile products from one or more nonsterile ingredients must consider this risk level when developing the training and competency program. Therefore, the pharmacies have established and implemented the following training and competency assessments to ensure that each person working in sterile compounding have the necessary knowledge and skills to perform assigned tasks competently.
        i. Training topics covered in this program address the following topics:
            a. USP chapters 797 and 800
            b. Hand hygiene
            c. Garbing
            d. Cleaning and disinfection
            e. Calculations and terminology
            f. Aseptic technique
                i. To include the concept of first air.
            g. Use of equipment (e.g., autoclave, depyrogenation oven, etc.)
            h. Quality assurance checks
            i. Documentation of the compounding process (e.g., MFR and CR)
            j. General conduct in controlled areas including but not limited to principles of movement of materials and personnel within the compounding area
            k. Aseptic preparation procedures including but not limited to container, handheld non-electric equipment, and closure system selection
            l. Sterilization techniques for achieving and/or maintaining sterility and apyrogenicity
            m. Principles of high-efficiency particulate air (HEPA)-filtered unidirectional airflow within the ISO Class 5 area
            n. Proper use of primary engineering controls (PECs)
            o. Surface sampling
                i. NOTE: Applicable to newly hired pharmacy technicians and newly hired sterile compounding pharmacist supervisor only.
        ii. Competency assessments covered in this program include:
            a. USP chapters 797 and 800 reading with an assessment.

b. Hand hygiene and garbing assessment for both hazardous and non-hazardous sterile compounding to be performed with media fills and by completing form Assessment of Hand Hygiene and Garbing Related Practices of Sterile Compounding Personnel.
c. Aseptic technique and related practices assessment for both hazardous and non-hazardous sterile compounding to be performed with media fills and by completing form Assessment of Aseptic Technique and Related Practices of Sterile Compounding Personnel.
d. Cleaning and disinfection assessment for both hazardous and non-hazardous sterile compounding to be performed with media fill and by completing form Assessment of Cleaning and Disinfection Procedures of Sterile Compounding Personnel.
e. Gloved fingertip/thumb tests will be completed as outlined below all with zero (0) colony forming units (cfu) results.
    i. Right Hand
        1. One (1) pre media just after donning sterile gloves
        2. One (1) mid media fill
        3. One (1) post media fill just before doffing sterile gloves used to perform media fill.
    ii. Left hand
        1. One (1) pre media just after donning sterile gloves
        2. One (1) mid media fill
        3. One (1) post media fill just before doffing sterile gloves used to perform media fill.
f. Dosage form technique and potency
    i. Includes potency testing for each dosage form in which personnel prepare.
g. Regular monthly surface sampling is completed and will serve as the means of initial assessment.
    i. Note: The sterile compounding pharmacist supervisor will be assessed annually by a microbiologist.

D. Frequency of the training and competency assessments are completed as follows:
    i. New hire training is conducted initially during orientation and during new hire job specific training and will be conducted for up to 120 days after hire for all sterile compounding pharmacy personnel.
        a. Note: New hire job specific training includes those personnel that are reassigned to work in sterile compounding areas.
    ii. Competency assessments will be completed after role specific new hire training for all sterile compounding pharmacy personnel.
        a. Competency assessments must be completed by the designated person or those designated trainers.
        b. Competency assessments will consist of a verification of skills specific to the employee's role and job responsibilities.
        c. Personnel will not be assigned to work independently in sterile compounding until initial competency assessments are completed with a satisfactory result and reviewed and signed off by the PIC. Refer to SOPs titled Registered

Pharmacist's Competencies for information on sterile compounding being provided under the direction of a Registered Pharmacist.

d. The competency assessments to be completed are listed in item C.ii above.

iii. Continual or on-going training will be completed every month as follows:
   a. All personnel will complete training in general topics that are applicable to all services provided and related to the following topics.
      i. Occupational Safety and Health Administration (OSHA)
      ii. Pharmacy Compounding Accreditation Board (PCAB)
      iii. State and Federal Regulations
      iv. Standard Operating Procedures (SOP)
   b. In addition, sterile compounding pharmacy personnel will complete calculations and/or basic knowledge readings and quizzes.

iv. Continual or on-going competency assessments will be completed for all sterile compounding personnel. The frequency of these ongoing assessments will be completed as follows:
   a. Annually pharmacy technicians will review training related to USP chapters 797 and 800 and complete an assessment.
   b. Annually dosage form technique
      i. Note: Potency testing occurs periodically on sterile compounded preparations therefore potency is continually evaluated and is not needed for continual or on-going assessment purposes.
   c. Regular monthly surface sampling is completed and will serve as the means of on-going assessment.
   d. The sterile compounding pharmacist supervisor will be assessed annually on surface sampling by a microbiologist.
   e. Semiannually all sterile pharmacists and sterile pharmacy technicians will complete assessments for:
      i. Pre media fill gloved fingertip/thumb test just after donning sterile gloves with less than or equal to (≤) three (3) colony forming units (cfu) total for both hands result.
      ii. Media fill assessment. Note: the following remaining assessments are to be completed while performing the media fill assessment.
         1. Hand hygiene and garbing assessment for both hazardous and non-hazardous sterile compounding. Complete form Assessment of Hand Hygiene and Garbing Related Practices of Sterile Compounding Personnel.
         2. Aseptic technique and related practices assessment for both hazardous and non-hazardous sterile compounding. Complete form Assessment of Aseptic Technique and Related Practices of Sterile Compounding Personnel.
         3. Cleaning and disinfection assessment for both hazardous and non-hazardous sterile compounding. Complete form Assessment of Cleaning and Disinfection Procedures of Sterile Compounding Personnel.

iii. Post media fill gloved fingertip/thumb test just before doffing sterile gloves used to perform media fill with less than or equal to (≤) three (3) colony forming units (cfu) total for both hands result.

f. Additional assessments specific to sterile compounding may be completed when identified based on the following:
   i. QC checks yield an unacceptable result
   ii. Sterile compounding process changes
   iii. Equipment used in the process of compounding sterile preparations is repaired or replaced
   iv. Facility is modified in a manner that affects airflow or traffic patterns
   v. Poor aseptic techniques are observed

E. Process for evaluating the competency of personnel may be completed through:
   i. Observation
   ii. Knowledge based tests
   iii. Self-assessments, though self-assessment tools alone are not acceptable.

F. The requirements for competency assessments that are not satisfactory are as follows:
   i. If the initial competency assessment is not passed, retraining will be completed.
      a. In the event an additional assessment is not passed, next steps will be determined based on the discretion of the PIC, designated person(s), and the immediate supervisor.
   ii. Knowledge based tests and/or quizzes must be passed with a 75% or better score.
      a. If the initial test and/or quiz is not passed, one retest will be allowed.
         i. In the event the retest test and/or quiz is not passed, next steps will be determined based on the discretion of the PIC, designated person(s), and the immediate supervisor.
   iii. Personnel that do not meet requirements for performance, education and competency may be reassigned to another job role at the discretion of the PIC and immediate supervisor.

G. Documentation of training and competency assessments must be completed as follows:
   i. All training and competency assessments must be documented.
      a. All completed competency assessments must include the signature of the Designated person or identified trainer.
      b. The PIC must sign off on all competency assessments and indicate the date in which the training and competency assessment program was successfully completed by all new sterile compounding pharmacy personnel.
   ii. Documentation may be in the following formats, including but not limited to:
      a. Paper forms,
      b. Various electronic formats.
         i. Electronic signatures are acceptable means of acknowledging review and receipt of material.
   iii. Training presented in a verbal format must be documented utilizing the Training Sign-In Register form. At a minimum, this register must contain the following information:
      a. Topic covered
      b. Date presented
      c. Trainer(s) name
      d. Employee name in print or type
      e. Employee signature

f. Employee job title

iv. All completed assessments must be filed in the employees training file either in hard copy or electronic format.

v. Employee training files should be retained in the employees file for the duration of the employee's tenure.

## V. REFERENCES

1. Sterile Compounding Training and Competency Program Policy
2. Assessment of Aseptic Technique and Related Practice of Sterile Compounding Personnel Form
3. Assessment of Hazardous Aseptic Technique and Related Practice of Sterile Compounding Personnel Form
4. Assessment of Hazardous Cleaning and Disinfection Procedures of Sterile Compounding Personnel Form
5. Assessment of Cleaning and Disinfection Procedures of Sterile Compounding Personnel Form
6. Assessment of Hand Hygiene and Garbing Related Practices of Sterile Compounding Personnel Form
7. Assessment of Hand Hygiene and Garbing Related Practices of Sterile Hazardous Compounding Personnel Form
8. Training Sign-In Register Form
9. Training and Competency Program Policy
10. Training and Competency Program Procedure
11. Training and Competency on New Tasks Policy
12. Training and Competency on New Tasks Procedure
13. Hazardous Drugs Training and Competency Program Policy
14. Hazardous Drugs Training and Competency Program Procedure
15. Registered Pharmacist's Competencies Policy
16. Registered Pharmacist's Competencies Procedure
17. Qualifying Trainers Work Instruction
18. Relates to PCAB Sterile Compounding Standard, TCRX3-B, ACHC Accreditation Standards current version
19. USP Compounding Compendium, Chapter 797 current versions

## VI. VERSION HISTORY

| Version | Version Date | Change Details | Prepared By |
|---|---|---|---|
| AB | 06/03/2022 | Annual review. Minor grammar changes throughout procedure. Section II Responsibilities; removed VP of Pharmacy Operations and updated PCC to QAA. Section III Definitions; updated the definition of Designated Person. Section IV Procedure; item 3.A. and 3.C. removed reference to Training & Competency Program Matrix. Item 3.D.iv.a updated from read and written test of USP 797 and 800 to review training related to USP 797 and 800 and complete an assessment. Section V References; removed item 8 referencing Training & Competency Program Matrix. | Erin Bonham |
| AA | 05/05/2021 | New unified procedure. | Erin Bonham |

| covetrus | Sterile Compounding Training Itinerary | Page 1 of 8 |
|---|---|---|

## EMPLOYEE INFORMATION

Name: _____ Site: _____

Position: _____ Start Date: _____

Trainer: _____ Trainer: _____

## Instructions

- Trainer will review Training Itinerary with Trainee.
- This document must be followed by the Trainee to ensure all training is completed for this job function.
- The 'estimated time to complete in hours' provides an estimate of time needed to complete each part of training. The actual time will vary based on employee's prior experience and knowledge.
- Trainee will complete all items in Training Itinerary below and ask the Trainer for clarifications and explanation as needed. The Trainee will initial to acknowledge completion of the task or training and to indicate understanding of the material.
- When indicated, Trainer and Trainee will use the See One, Do One, Teach One technique and check the appropriate boxes.
- The Trainer will ensure the Trainee has no further questions then initial and date each line.
- While in use, the Training Itinerary document will be kept in a secure location at the pharmacy and accessible by the Trainee until final sign off by Trainer and Supervisor.
- Trainer will scan completed Training Itinerary into Trainee's profile in Qualityze using the format: Itin_Sterile_Compound

KEY:

Training material found in Qualityze

Trainer led training

Signature required

| Prerequisite | Estimated Time to Complete in Hours | | Acknowledgement | |
|---|---|---|---|---|
| | Trainee Time | Trainer Time | Trainee Initials | Trainer Initials/Date |
| Trainee will complete the nonsterile compounding training itinerary and review garbing procedures, proper handwashing, cleaning in the lab, use of equipment, and using systems prior to or in conjunction with training in sterile compounding | 0 | 0 | | |

| Week 1 | Estimated Time to Complete in Hours | | Acknowledgement | |
|---|---|---|---|---|
| | Trainee Time | Trainer Time | Trainee Initials | Trainer Initials/Date |
| Trainer will explain and demonstrate proper sterile garbing specific to layout of lab<br>Trainer will explain and demonstrate aseptic handwashing technique<br>• Trainer and trainee will don appropriate PPE and wash hands in preparation for entering the lab<br>Trainer will give tour and provide overview of lab area<br>• Explain room layout – gowning, mixing, ante, buffer areas, lines of demarcation<br>• Explain different types of hoods in use and direction of air flow<br>• Give high level overview of cleaning process – dirty to clean, depending on air flow and room set up<br>• Give high level overview of equipment in use in facility<br>o Flasks, beakers, other glassware<br>o Autoclave, Depyrogenation oven, convection oven<br>o Homogenizer, shaker, hot plates<br>o pH meter<br>o Filters<br>o Liquid dispensers<br>o Vacuum tube sealer<br>• Compound Record<br>Trainee will complete the following in Qualityze or Digital Folder<br>Sterile Compounding Training & Competency Program<br>- PL-PHM-000029-GTS – Policy<br>- PR-PHM-000029-GTS - Procedure<br>Sterile Compounding in Accordance with USP 797<br>- PL-PHM-000030-GTS – Policy<br>- PR-PHM-000030-GTS – Procedure<br>Sterile Compounding and Aseptic Technique Manual<br>• Chapter 1 Read and Quiz<br>- TR-PHM-000072-GTS<br>• Chapter 2 Read and Quiz<br>- TR-PHM-000074-GTS<br>• Chapter 3 Read and Quiz<br>- TR-PHM-000076-GTS<br>• Chapter 4 Read and Quiz<br>- TR-PHM-000078-GTS<br>• Chapter 5 Read and Quiz<br>- TR-PHM-000080-GTS | 40 | 40 | | |

| Week 1 | Estimated Time to Complete in Hours | | Acknowledgement | |
|---|---|---|---|---|
| | Trainee Time | Trainer Time | Trainee Initials | Trainer Initials/Date |
| • Chapter 6 Read and Quiz<br>- TR-PHM-000082-GTS<br>• Chapter 7 Read and Quiz<br>- TR-PHM-000084-GTS<br>• Chapter 8 Read and Quiz<br>- TR-PHM-000086-GTS<br>• Chapter 9 Read and Quiz<br>- TR-PHM-000088-GTS<br>• Chapter 10 Read and Quiz<br>- TR-PHM-000090-GTS<br>Trainer will review stocking, receiving, and labeling of supplies<br>☐ See one<br>☐ Do one<br>☐ Teach one<br>At end of week, trainer will evaluate trainees donning and doffing of PPE<br>☐ See one<br>☐ Do one<br>☐ Teach one<br>Trainer will evaluate trainee aseptic handwashing technique<br>☐ See one<br>☐ Do one<br>☐ Teach one | | | | |
| **Total Time:** | 40 | 40 | | |

| Week 2 | Estimated Time to Complete in Hours | | Acknowledgement | |
|---|---|---|---|---|
| | Trainee Time | Trainer Time | Trainee Initials | Trainer Initials/Date |
| USP – NF (797) Pharmaceutical Compounding – Sterile Preparations<br>- TR-PHM-000063-GTS<br>Sterile Lab Equipment Training & Acknowledgment<br>- TR-PHM-000006-RR<br>Trainer will continue observing trainee in garbing and aseptic handwashing technique | 40 | 39 | | |

| Week 2 | Estimated Time to Complete in Hours | | Acknowledgement | |
|---|---|---|---|---|
| | Trainee Time | Trainer Time | Trainee Initials | Trainer Initials/Date |
| Trainer will begin sterile compounding processes and activities – non-hazardous and hazardous<br>Trainer will explain and demonstrate use of equipment as applicable to dosage form being made<br>• pH meter<br>☐ See one<br>☐ Do one<br>☐ Teach one<br>• Autoclave<br>☐ See one<br>☐ Do one<br>☐ Teach one<br>• Homogenizer liquid dispenser<br>☐ See one<br>☐ Do one<br>☐ Teach one<br>• Depyrogenation oven<br>☐ See one<br>☐ Do one<br>☐ Teach one | | | | |
| **Total Time:** | 40 | 39 | | |

| Week 3 | Estimated Time to Complete in Hours | | Acknowledgement | |
|---|---|---|---|---|
| | Trainee Time | Trainer Time | Trainee Initials | Trainer Initials/Date |
| Trainer will continue observing trainee in garbing and aseptic handwashing technique<br>Trainer will continue sterile compounding processes and activities<br>Compounding Record (CR) Procedure – Review sterile only CR requirements<br>Trainee will review the following cleaning logs for **CPS AZ – 4803:**<br>Cleaning Log for Sterile Hazardous Gowning Room 220<br>- FM-PHM-000029-CA<br>Cleaning Log for Sterile Hazardous Mixing Room 221 | 40 | 39 | | |

| Week 3 | Estimated Time to Complete in Hours | | Acknowledgement | |
|---|---|---|---|---|
| | Trainee Time | Trainer Time | Trainee Initials | Trainer Initials/Date |
| - FM-PHM-000030-CA | | | | |
| Cleaning Log for Sterile Hazardous Ante Room 222<br>- FM-PHM-000031-CA | | | | |
| Cleaning Log for Sterile Hazardous Buffer Room 223<br>- FM-PHM-000032-CA | | | | |
| Cleaning Log for Sterile Hazardous Buffer Room 224<br>- FM-PHM-000033-CA | | | | |
| Cleaning Log for Cleaning Supplies Used by Sterile Department<br>- FM-PHM-000034-CA | | | | |
| Cleaning Log for Pass-Throughs in Sterile Rooms<br>- FM-PHM-000035-CA | | | | |
| Cleaning Log for Sterile Nonhazardous Mixing Room 261<br>- FM-PHM-000036-CA | | | | |
| Cleaning Log for Sterile Nonhazardous Gowning Room 260<br>- FM-PHM-000037-CA | | | | |
| Cleaning Log for Sterile Machine Room 265<br>- FM-PHM-000038-CA | | | | |
| Cleaning Log for Sterile Nonhazardous Ante Room 262<br>- FM-PHM-000039-CA | | | | |
| Cleaning Log for Sterile Nonhazardous Buffer Room 264<br>- FM-PHM-000040-CA | | | | |
| Cleaning Log for Sterile Nonhazardous Buffer Room 263<br>- FM-PHM-000041-CA | | | | |
| Trainee will review the following cleaning logs for **Covetrus – Maine:** | | | | |
| Cleaning Log for Sterile PreMix Storage Room 3048<br>- FM-PHM-000003-CM | | | | |
| Cleaning Log for Sterile Hazardous Ante Room 3049<br>- FM-PHM-000004-CM | | | | |
| Cleaning Log for Sterile Hazardous Buffer Room 3051<br>- FM-PHM-000005-CM | | | | |
| Cleaning Log for Sterile Hazardous Buffer Room 3052<br>- FM-PHM-000006-CM | | | | |
| Cleaning Log for Sterile Non-Hazardous Gowning Room 3054<br>- FM-PHM-000007-CM | | | | |
| Cleaning Log for Sterile Non-Hazardous PreMix Storage Room 3056 | | | | |

| Week 3 | Estimated Time to Complete in Hours | | Acknowledgement | |
|---|---|---|---|---|
| | Trainee Time | Trainer Time | Trainee Initials | Trainer Initials/Date |
| - FM-PHM-000008-CM<br>Cleaning Log for Sterile Non-Hazardous Ante Storage Room 3057<br>- FM-PHM-000009-CM<br>Cleaning Log for Sterile Non-Hazardous Buffer Storage Room 3058<br>- FM-PHM-000010-CM<br>Cleaning Log for Sterile Non-Hazardous Buffer Room 3059<br>- FM-PHM-000011-CM<br>Cleaning Log for Cleaning Supplies Used by Cleaning Department<br>- FM-PHM-000012-CM<br>Cleaning Log for Sterile Hazardous Gowning room 3043B<br>- FM-PHM-000013-CM<br>Cleaning Log for Sterile Non-Hazardous Wash Room 3053<br>- FM-PHM-000020-CM<br>Trainer will explain and demonstrate proper cleaning techniques<br>• Equipment<br>☐ See One<br>☐ Do One<br>☐ Teach One<br>• Workbenches<br>☐ See One<br>☐ Do One<br>☐ Teach One<br>• Ceilings, walls, and floors<br>☐ See One<br>☐ Do One<br>☐ Teach One | | | | |
| **Total Time:** | 40 | 39 | | |

| Week 4 | Estimated Time to Complete in Hours | | Acknowledgement | |
|---|---|---|---|---|
| | Trainee Time | Trainer Time | Trainee Initials | Trainer Initials/Date |
| Trainer will conduct media fill and fingertip testing with trainee | | | | |

| | | | | |
|---|---|---|---|---|
| Trainer will continue observing trainee in garbing, aseptic handwashing technique, cleaning<br>Trainer will continue sterile compounding processes and activities<br>Sterile Beyond Use Dating<br>- PL-PHM-000039-GTS – Policy<br>- PR-PHM-000039-GTS – Procedure<br>Sterile Compounded Preparations Sterility & Endotoxin Limits<br>- PL-PHM-000032-GTS – Policy<br>- PR-PHM-000032-GTS – Procedure<br>Visual Inspection for Sterile Injection Preparations Work Instruction<br>- WI-PHM-000025-GTS | | | | |
| **Total Time:** | 40 | 39 | | |

| **Week 5** | Estimated Time to Complete in Hours | | Acknowledgement | |
|---|---|---|---|---|
| | Trainee Time | Trainer Time | Trainee Initials | Trainer Initials/Date |
| Trainer will ensure all required competency assessments are completed<br>Sterile Areas Routine Surface Sampling Work Instruction<br>- WI-PHM-000024-CA<br>Trainee will complete the High-Risk Sterile Compounding test with a score of 80% or better<br>High-Risk Sterile Compounding Test<br>- TR-PHM-000059-GT5 | 40 | 39 | | |
| **Total Time:** | 40 | 39 | | |

| **Weeks 6 - 12** | Estimated Time to Complete in Hours | | Acknowledgement | |
|---|---|---|---|---|
| | Trainee Time | Trainer Time | Trainee Initials | Trainer Initials/Date |
| Trainer will continue to observe and instruct trainee in all sterile procedures until trainer feels confident that trainee can work independently<br>Trainer will conduct SCAT training, if applicable | 240-480 | 40-120 | | |
| **Total Time:** | 240-480 | 40-120 | | |
| **Grand Total Time:** | 440-680 | 275-355 | | |

I acknowledge I have completed all training listed in this training plan and had the opportunity to have my questions answered.

Trainee Signature: _____ Date: _____

Trainer Signature: _____ Date: _____

Trainer Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

PIC Signature: _____ Date: _____

## VERSION HISTORY

| Version | Version Date | Change Details | Prepared By |
|---|---|---|---|
| AA | 05/04/2022 | New form. | Lisa Grant |

| covetrus | Cleaning, Disinfecting, & Monitoring of Controlled Air Environments Procedure | Page 1 of 6 |
|---|---|---|

# I. PURPOSE AND SCOPE

This procedure outlines how the pharmacy ensures cleaning, disinfection, and monitoring of controlled air environments are completed in accordance with the current version of USP Chapter 797 and in accordance with individual state boards of pharmacy requirements.

# II. RESPONSIBILITIES

| Role | Responsibility |
|---|---|
| VP of Pharmacy Operations | Ensures the Pharmacist in Charge (PIC) is trained on this procedure. |
| Pharmacist in Charge (PIC) | Ensures all applicable personnel are trained and adhere to this procedure. |
| Pharmacy Manager(s) / Supervisor(s) | Assumes the role of the PIC in their absence. |
| Operations Management | In conjunction with the PIC, ensures all applicable personnel are trained and adhere to this procedure. |
| Pharmacist(s) & Pharmacy Technician(s) | Adhere to this procedure. |

# III. DEFINITIONS

| Term | Definition |
|---|---|
| Air Changes Per Hour (ACPH) | A measure of the air volume added to or removed from a space divided by the volume of the space. |
| Ante-Room (Non-hazardous) | An ISO Class 8 or cleaner room with fixed walls where personnel hand hygiene, garbing procedures, and other activities that generate high particulate levels may be performed. The ante-room is the transition room between the unclassified area of the facility and the buffer room. |
| Buffer Room | An ISO Class 7 or cleaner room with fixed walls and doors where PEC(s) that generate and maintain and ISO Class 5 environment are physically located. The buffer room may only be accessed through the ante-room. |
| Cleaning | The process of removing soil (e.g., organic and inorganic material) from objects and surfaces, normally accomplished by manually or mechanically using water with detergents or enzymatic products. |
| Cleaning Agent | An agent for the removal of residues (e.g., dirt, debris, microbes, and residual drugs or chemicals) from surfaces. |
| Colony Forming Unit (CFU) | A unit used to estimate the concentration of microorganisms in a test sample. |
| Disinfectant | A chemical or physical agent used on inanimate surfaces and objects to destroy fungi, viruses, and bacteria. Sporicidal disinfectant agents are considered a special class of disinfectants that also are effective against bacterial and fungal spores. |
| Disinfection | The process of inhibiting or destroying microorganisms. |
| Garb | See personal protective equipment (PPE). |
| High Efficiency Particulate Air Filtration (HEPA) | An extended medium, dry type filter in a rigid frame, having a minimum particle collection efficiency of 99.97% for particles with a mass median diameter of 0.3 µm when tested at a rated airflow in accordance with MIL STD 282 using IEST Recommended Standard RP-CC001.5. |

| Term | Definition |
|---|---|
| ISO Class | An air quality classification from the International Organization for Standardization. |
| Personal Protective Equipment (PPE) | Items such as gloves, gowns, respirators, goggles, face shields, and others that protect individual workers from hazardous physical or chemical exposures. |
| Primary Engineering Control (PEC) | A device or zone that provides an ISO Class 5 air quality environment for sterile compounding. |
| Secondary Engineering Control (SEC) | The area where the PEC is placed (e.g., a cleanroom suite). It incorporates specific design and operational parameters required to minimize the risk of contamination within the compounding area. |
| Standard Operating Procedure (SOP) | Established or prescribed methods to be followed routinely for the performance of designated operations or in designated situations. For pharmacy facilities this term includes policies, procedures, work instructions, and forms. |
| United States Pharmacopeia (USP) | Organization that publishes content with a mission to improve global health through public standards and related programs that help ensure the quality, safety, and benefit of medicines and foods. Monographs for drug substances, dosage forms, and compounded preparations are contained in the USP. Monographs for dietary supplements and ingredients appear in a separate section of the USP. |

# IV. PROCEDURE

1. Cleaning and Disinfection
    A. Cleaning supplies used in sterile compounding environments must be non-shedding and dedicated for use in the buffer room and ante-room.
    B. Cleaning agents, disinfectants including disinfectants containing sporicidal agents used in sterile compounding environments should be dedicated for use in the buffer room and ante-room.
        i. Disinfectants including disinfectants containing sporicidal agents should be rotated periodically
        ii. Disinfectants including those with sporicidal agents will be used based on the frequency specified in site specific cleaning logs.
        iii. Disinfectants including those with sporicidal agents should be applied with adequate dwell time on surfaces per manufacturer's instructions.
        iv. Isopropyl alcohol used in all controlled air environments must be sterile.
    C. Sterile compounding areas must be clean and organized to prevent mix-ups or cross contamination. Prior to cleaning sterile compounding areas, a sign must be posted at the entrance to the area that notates cleaning is being performed and no compounding operations are allowed.
    D. Cleaning of visible soil should include removal by use of a non-shedding cloth dampened with sterile water or sterile alcohol.
    E. Cleaning and disinfection must be completed as follows:
        i. PEC
            a. Each day of use at the beginning of each work shift, before each batch preparation, every 30 minutes during continuous compounding, when spills occur, and when surface contamination is known or suspected.
                i. Cleaning and disinfection should occur from cleanest to dirtiest areas (i.e., top to bottom and back to front)
                ii. Documented daily on facility specific cleaning log.

ii. Buffer Rooms and Ante-rooms
    a. Carts are to be cleaned and disinfected before and after use as follows:
        i. If the cart stays in the controlled environment area sterile 70% isopropyl alcohol should be used to clean and disinfect.
        ii. If the cart leaves the controlled environment area and reenters, sporicidal should be used to clean and disinfect.
    b. Daily Items
        i. Trash must be removed (if trash is present), and containers cleaned and disinfected.
        ii. Soiled labware (e.g., glassware, utensils, etc.) must be washed using soap and hot water by hand or dishwasher in a location outside of the buffer rooms.
            1. Employees must don appropriate garb per Sterile Compounding in Accordance with USP 797 SOPs and goggles when washing labware.
            2. After washing labware, the final rinse must be done using reverse osmosis water.
        iii. Equipment
        iv. Countertops and sinks
        v. Tacky mat(s) must be replaced
        vi. Floors
            1. Buffer area first from far corner to door followed by ante area from far wall to door.
        vii. Document daily cleaning and disinfection completion on facility log.
    c. Weekly Items
        i. Buffer Rooms containing ISO Class 5 PECs.
            1. Walls from far wall to door.
            2. Ceiling from far corner to the door.
        ii. Ante Rooms
            1. Walls from far wall to door.
            2. Ceiling from far corner to the door.
        iii. Document weekly cleaning and disinfection completion on facility log.
    d. Monthly Items, include rooms without ISO Class 5 PECs (e.g., mixing room, gowning room, machine room)
        i. Walls from far wall to door.
            1. 5pray sterile mop pad with cleaning and disinfecting solution and then wipe starting at the top of the wall working down.
        ii. Ceilings, from far corner to the door.
            1. 5pray sterile mop pad with cleaning and disinfecting solution and then wipe ceiling from far corner working towards the door.
        iii. Storage areas
        iv. Document monthly cleaning and disinfection completion on facility log.

iii. Mixing Rooms
  a. Daily Items
    i. Trash must be removed (if trash is present), and containers cleaned and disinfected.
    ii. Equipment
    iii. Countertops
    iv. Floors
    v. Document daily cleaning and disinfection completion on facility log.
  b. Monthly Items
    i. Wire racks
    ii. Plastic shelf covers
    iii. Refrigerator
    iv. Freezer
    v. Document monthly cleaning and disinfection completion on facility log.

iv. Cleaning Equipment
  a. Equipment used for cleaning should be cleaned and disinfected at least monthly and as needed when visibly soiled.
  b. Saturate a non-shedding wipe with cleaning and disinfecting combination agent.
  c. Wipe down all surfaces of the cleaning equipment.
    i. Mop handles are to be wiped down in a side-to-side back-and-forth motion starting at the top of the handle down to the mop head.
  d. Allow all surfaces to completely dry before utilizing the cleaning equipment.
  e. Document monthly cleaning and disinfection completion on facility log.

2. Certification of Engineering Controls
  A. Primary and secondary engineering controls (also known as ISO areas) must be certified by an authorized service provider every six (6) months.
  B. In addition, these engineering controls must also be certified by an authorized service provider after facility maintenance and equipment maintenance.
  C. Certification must include:
    i. Viable and nonviable particle sampling
      a. Viable particle sampling must include testing for bacteria and fungus.
    ii. HEPA filter integrity
    iii. Air exchanges
    iv. Differential pressure
    v. Vapor profiles both static and dynamic
  D. Documentation from the certification of engineering controls must be provided by the authorized service provider to the PIC or other designated supervising personnel.
    i. The PIC or other designated supervising personnel will review the certification results to ensure the controlled environments comply with the proper air cleanliness, room pressures, and ACPHs.
      a. Any results that indicate the engineering controls are not maintaining proper environments must be remediated prior to allowing sterile compounding to commence.
    ii. Certification records must be filed either in electronic or hard copy format per Record Retention for Pharmacy Documents Work Instruction.

3. Monitoring and Recording of Differential Pressures
    A. Sterile compounding is performed in a PEC situated in an ISO Class 7 or better buffer room and minimum differential pressure of 0.02 to 0.05-inch water column.
        i. Laminar air flow hoods should remain on 24 hours a day.
        ii. If turned off for any reason, the laminar air flow hood must be turned on and allowed to run for at least 30 minutes and thoroughly cleaned prior to compounding.
    B. The pressure between the ISO Class 7 or better buffer room and the general pharmacy area must not be less than 0.02-inch water column.
    C. Documenting of pressure differentials will occur by a continuous recording device.
        i. Notify the PIC or other designated supervising personnel if the pressure differential is out of range.
4. Viable Air Sampling
    A. Every 6 months an approved third-party vendor will complete viable air sampling.
        i. The PIC and other designated supervising personnel must approve the testing plan by the third-party vendor prior to the testing start.
    B. Viable air sampling includes sterile ISO areas, pressure monitoring, dynamic and static air flow testing, and surface sampling. The third-party vendor will provide the following program testing information in the final report provided to the pharmacy:
        i. Definition of sampling locations
        ii. Method of collection
        iii. Volume of air sampled
        iv. Activity in the compounding area during sampling
        v. Results of all testing.
    C. These documented results will be reviewed by the PIC or other designated supervising personnel.
    D. If testing does not meet acceptable limits as stated in item 5 below, remediation steps must be completed, and retesting must be completed prior to allowing sterile compounding to commence.
5. Viable Air Sampling Identification and Remediation
    A. Results that present any counts of colony forming units (CFUs) will initiate further review and speciation analysis by an appropriate credentialed laboratory.
    B. Microbial bioburden will be captured as a CFU using an impaction air sampler.
    C. Results for the speciation analysis will be submitted to the PIC and other designated supervising personnel.
    D. Corrective actions will be dictated by the identification of the microorganism recovered. Corrective actions include:
        i. Closure of the sterile compounding area(s) for cleaning.
        ii. Resampling performed with a passing result within acceptable limits.
    E. Highly pathogenic microorganisms (e.g., gram negative rods, coagulase positive staphylococcus, molds, and yeasts) must be immediately remedied with the assistance of a microbiologist, infection control professional or industrial hygienist.
6. Surface Sampling Program and Action Level Requirements
    A. Samples must be taken from the following areas: PECs, buffer room, ante-room, and mixing room.
        i. Surface sampling program will be performed per pharmacy specific SOP Sterile Compounding Surface Sampling Work Instruction.

B. Samples will be taken at least monthly.
C. Document results of surface samples on appropriate form.
D. Notify the PIC or other designated supervising person if CFUs exceed the following limits:
    i. CFU>0 Initial three gloved fingertip tests, see SOPs on Sterile Compounding Training & Competency Program for additional details.
    ii. CFU> 3 Fingertips
    iii. CFU> 3 for ISO Class 5
    iv. CFU> 5 for ISO Class 7
    v. CFU>100 for ISO Class 8
E. If CFUs exceed the acceptable limits as stated above, a thorough cleaning and/or review of aseptic technique and manipulative skills and/or appropriate review of disinfecting of non-sterile components when introducing them into the clean room should be performed and documented on the appropriate facility specific form. To validate, implement, take corrective action, and make any improvements or changes to procedures, surface testing is to be performed every week for three consecutive weeks, then at least monthly.

## V. REFERENCES

1. Cleaning, Disinfecting, & Monitoring of Controlled Air Environments Policy
2. Sterile Compounding Surface Sampling Work Instruction
3. Sterile Compounding Training & Competency Program Policy
4. Sterile Compounding Training & Competency Program Procedure
5. Record Retention for Pharmacy Documents Work Instruction
6. Sterile Compounding in Accordance with USP 797 Policy
7. Sterile Compounding in Accordance with USP 797 Procedure
8. Relates to PCAB Sterile Compounding Standard, TCRX6-O, ACHC Accreditation Standards current version
9. USP Compounding Compendium, Chapter 797 current version

## VI. VERSION HISTORY

| Version | Version Date | Change Details | Prepared By |
|---|---|---|---|
| AA | 06/10/2021 | New unified procedure. | Erin Bonham |
| AB | 07/15/2021 | Section IV Procedure; added item 1.E.iv. for requirements for cleaning equipment used for cleaning. | Michael Martinez, Erin Bonham |

Covetrus Pharmacy Services, LLC.
2401 W. Grandview Rd.
Phoenix, AZ 85023

# Cleaning Log for Sterile Hazardous Buffer Room 223



| Room Name: | Hazardous Buffer Room 223 | Month/Year: | |
|---|---|---|---|
| **Cleaning Product** | **Lot Number** | **Expiration Date** | **Instructions** |
| Decon-Spore 200 Plus | | | Dwell time 10 minutes |
| Hypo-Chlor 0.52% | | | Dwell time 10 minutes |
| Peridox | | | Dwell time 5 minutes |
| Sterile Isopropyl Alcohol 70% | | | Saturate, no dwell time |

Input initials for each task completed for the corresponding day of the month.

| | Daily | | | | | | Weekly | | Monthly | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Day | LAFW Cleaned/Sanitized with Hypo-Chlor and Sterile IPA | Trash Discarded | Waste Receptacle Cleaned/Sanitized with Hypo-Chlor and Sterile IPA | Countertops Cleaned/Sanitized with Hypo-Chlor and Sterile IPA | Equipment Wiped Down with Hypo-Chlor and Sterile IPA | Floors Mopped with Hypo-Chlor and Sterile IPA | Ceilings Cleaned/Sanitized with Hypo-Chlor and (Peridox or Decon-Spore) | Walls and Windows Cleaned/Sanitized with Hypo-Chlor and (Peridox or Decon-Spore) | Ceilings and Walls Cleaned/ Sanitized with Hypo-Chlor and (Peridox or Decon-Spore) | Wire Racks and Plastic Shelf Covers Cleaned/Sanitized with Hypo-Chlor and (Peridox or Decon-Spore) | Pass-Thru Cleaned/Sanitized with Hypo-Chlor and (Peridox or Decon-Spore) | Equipment Cleaned/Sanitized with Hypo-Chlor and (Peridox or Decon-Spore) |
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| Reviewed by: | | Date (MM/DD/YYYY): | |
|---|---|---|---|

Covetrus Pharmacy Services, LLC.
2401 W. Grandview Rd.
Phoenix, AZ 85023

# Cleaning Log for Sterile Hazardous Buffer Room 223



| Version | Version Date | Change Details | Prepared By |
|---|---|---|---|
| AB | 04/06/2022 | Removed retention timeframe from footer. | Katelyn McDowell |
| AA | 01/28/2022 | New cleaning log for use at CPS AZ. | Michael Martinez, Katelyn McDowell |
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2347

Covetrus Pharmacy Services, LLC.
2401 W. Grandview Rd.
Phoenix, AZ 85023

# Cleaning Log for Sterile Nonhazardous Buffer Room 264



| Room Name: | Nonhazardous Buffer Room 264 | Month/Year: | |
|---|---|---|---|
| **Cleaning Product** | **Lot Number** | **Expiration Date** | **Instructions** |
| Decon-Spore 200 Plus | | | Dwell time 10 minutes |
| Hypo-Chlor 0.52% | | | Dwell time 10 minutes |
| Peridox | | | Dwell time 5 minutes |
| Sterile Isopropyl Alcohol 70% | | | Saturate, no dwell time |

Input initials for each task completed for the corresponding day of the month.

| | Daily | | | | | | Weekly | | Monthly | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Day | LAFWs Cleaned/Sanitized with Hypo-Chlor and Sterile IPA | Trash Discarded | Waste Receptacle Cleaned/Sanitized with Hypo-Chlor and Sterile IPA | Countertops Cleaned/ Sanitized with Hypo-Chlor and Sterile IPA | Equipment Wiped Down with Hypo-Chlor and Sterile IPA | Floors Mopped with Hypo-Chlor and Sterile IPA | Ceilings Cleaned/Sanitized with Hypo-Chlor and (Peridox or Decon-Spore) | Walls and Windows Cleaned/Sanitized with Hypo-Chlor and (Peridox or Decon-Spore) | Ceilings and Walls Cleaned/ Sanitized with Hypo-Chlor and (Peridox or Decon-Spore) | Wire Racks and Plastic Shelf Covers Cleaned/Sanitized with Hypo-Chlor and (Peridox or Decon-Spore) | Chairs/ Underneath Workbenchs Cleaned/ Sanitized with Hypo-Chlor and (Peridox or Decon-Spore) | Equipment Cleaned/Sanitized with Hypo-Chlor and (Peridox or Decon-Spore) |
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Covetrus Pharmacy Services, LLC.
2401 W. Grandview Rd.
Phoenix, AZ 85023

# Cleaning Log for Sterile Nonhazardous Buffer Room 264



| Version | Version Date | Change Details | Prepared By |
|---|---|---|---|
| AB | 04/06/2022 | Removed retention timeframe from footer. | Katelyn McDowell |
| AA | 01/28/2022 | New cleaning log for CPS AZ. | Michael Martinez, Katelyn McDowell |
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2349

# I. PURPOSE AND SCOPE

This procedure outlines how the pharmacies use a validated shipping system to ensure pharmaceuticals and compounded preparations are maintained under appropriate conditions of sanitation, light, and temperature in the course of deliveries.

# II. RESPONSIBILITIES

| Role | Responsibility |
|---|---|
| Director of Quality Assurance & Control (QA&C) | Oversees and monitors shipping system validation test reporting and trending via PI monthly meeting. Provides guidance and recommendations based upon shipping system validation test data reporting. |
| Pharmacists in Charge (PIC) | Ensure all applicable employees are trained on and adhering to this procedure. Ensure the pharmacy educates the client/patient on the appropriate conditions of storage for pharmaceuticals and compounded preparations in the home environment. Review shipping system validation test data and complete appropriate corrective actions to ensure integrity of medications. |
| Pharmacy Managers / Supervisors | Assume the role of the PIC in their absence. |
| Operations Management | In conjunction with the PIC, ensure all applicable employees are trained and adhere to this procedure. |
| Pharmacists, Pharmacy Technicians | Adhere to this procedure. |
| Warehouse Managers / Supervisors | Assume the role of Operations Management in their absence. Coordinate completion of the monthly audit. |
| Warehouse / Shipping Associates | Adhere to this procedure. |
| Quality Assurance Analysts (QAA) or Designees | Coordinate shipping system validation tests periodically to ensure that containers stay within specified temperature requirements. Analyze and report testing data to PIC and Director QA&C in PI monthly meeting. Trend and report results of audit in monthly performance improvement (PI) meeting. |

# III. DEFINITIONS

| Term | Definition |
|---|---|
| Beyond Use Date (BUD) Nonsterile | The date after which a compounded preparation will not be used; determined from the date the preparation is compounded. |
| Beyond Use Date (BUD) Sterile | The date or time after which a compounded sterile preparation (CSP) will not be stored or transported. The date is determined from the date or time the preparation is compounded. |
| Commercial Drug | Conventionally manufactured product that is a pharmaceutical dosage form, usually the subject of an FDA-approved application that is manufactured under current good manufacturing practice conditions. |
| Complaint or Grievance | Incidents, accidents, variances, or unusual occurrences reported by the client/patient or veterinarian to include medication errors, product quality issues, shipping issues and adverse drug events. |

| Term | Definition |
|---|---|
| Compounded Preparation | A nonsterile or sterile drug or nutrient preparation that is created by combining, admixing, diluting, pooling, reconstituting other than as provided in the manufacturer's labeling or otherwise altering of a drug or bulk drug substance in a licensed pharmacy or other healthcare-related facility in response to or in anticipation of a prescription or a medication order from a licensed prescriber. |
| Corrective Action/ Preventative Action (CAPA) | Details any improvements to an organization's processes taken to eliminate causes of non-conformities or other undesirable situations. It focuses on the systematic investigation of the root causes of identified problems or identified risks in an attempt to prevent their reoccurrence (for corrective action) or to prevent occurrence (for preventative action). |
| Food and Drug Administration (FDA) | An agency within the United States. Department of Health and Human Services responsible for protecting the public health by assuring the safety, effectiveness, quality, and security of human and veterinary drugs, vaccines and other biological products, and medical devices. |
| Master Formulation Record (MFR) | Record created prior to compounding a preparation for the first time. This record is followed each time a preparation is compounded to ensure consistency in the preparation. |
| Non-Conformance (NC) | A result that does not meet the specification or requirement. |
| Over the Counter (OTC) | Medications/Products that do not need a veterinarian's prescription. |
| Performance Improvement (PI) | Method for analyzing performance problems and setting up systems to achieve desired outcomes and improve performance. Synonymous with the terms Continuous Quality Improvement (CQI), Total Quality Management (TQM), or Quality Assurance Improvement (QAI). |
| Pharmaceuticals | Commercial drug items and Over the Counter (OTC) items. |
| Qualityze | A cloud-based quality management system that provides multiple modules to ensure product safety, improve quality, and achieve regulatory compliance. |
| Shipping Issues | Including, but not limited to:<br>1. Order shipped incorrectly during packing or shipping process<br>2. Prescriptions lost in transit (tracked but not under the company's control)<br>3. Other |
| United States Pharmacopeia (USP) | Organization that publishes content with a mission to improve global health through public standards and related programs that help ensure the quality, safety, and benefit of medicines and foods. Monographs for drug substances, dosage forms, and compounded preparations are contained in the USP. Monographs for dietary supplements and ingredients appear in a separate section of the USP. |
| Validation | The action of checking or proving the validity or accuracy of something. Establishment of documented evidence that a method, process, or system meets its intended requirements. |
| Verification | The process of establishing the proof of something. Confirmation that an established method, process, or system meets predetermined acceptance criteria. |

## IV. PROCEDURE

1. Pharmacies will ensure that pharmaceuticals and compounded preparations are maintained under appropriate conditions of sanitation, light, and temperatures in the course of deliveries.
    A. Temperatures to be included are:

i. Room temperature, 20°-25°C (68°-77°F)
ii. Refrigerated, 2°-8°C (36°-46°F)

B. Pharmacies will maintain the above storage conditions in accordance with manufacturer, USP, and/or other applicable requirements by utilizing secondary containers and packing materials, including but not limited to:
   i. Coolers
   ii. Gel packs, both frozen and room temperature
   iii. Resealable plastic bags
   iv. Amber resealable plastic bags
   v. Heat sealed plastic bags
   vi. Thermopod envelopes
   vii. Padded envelopes
   viii. Bubble wrap
   ix. Packing paper
   x. Cardboard boxes
   xi. Air pillows
   xii. Tape
C. Pharmaceuticals will be dispensed in the original manufacturers packaging when possible. If this is not an option, the medication will be dispensed in USP approved containers.
   i. Drug monographs will be used to determine appropriate shipping requirements.
      a. If shipping requirements cannot be determined utilizing drug monographs, the package inserts may be used to determine appropriate shipping requirements. If warranted the manufacturer will be contacted to determine appropriate shipping requirements.
         i. Documentation will be requested and kept on file if provided by the manufacturer.
D. Compounded preparations will be dispensed and shipped based on information from drug monographs or supporting beyond use date (BUD) data found on the master formulation records (MFR).
E. See work instructions for specific packing and shipping steps.
   i. A monthly audit of packing and shipping will be completed to ensure proper steps were used to maintain integrity of the items during transport to the client/patient.
      a. This audit will be documented in Qualityze, and results given to the QAA or Designee for trending and reporting in the monthly PI meeting.
      b. A random combination of ten packages will be pulled from the shipping station.
      c. Auditor will open all packages and validate that the correct items were included, and proper packing techniques were utilized.
      d. Any non-conformances (NC) found will be reviewed with the warehouse/shipping associate and will be fixed prior to continuing with the shipment.
         i. Non-conformances with corresponding corrective action/preventative action should be documented in Qualityze.
         ii. Retraining will be completed when necessary.
      e. QAA or Designee will trend and report on results in monthly PI meeting.

2. Pharmacies educate the client/patient on the appropriate conditions of storage for pharmaceuticals and compounded preparations in the home environment.

A. When necessary, the pharmacist will provide guidance to ensure that appropriate conditions are achieved or maintained.
B. The pharmacy will provide clients/patients with medication guides for pharmaceuticals, when applicable, that will outline appropriate conditions of storage.
C. For compounded preparations, auxiliary stickers will be placed on the compounded preparation for those items that require special conditions of storage in the home environment.

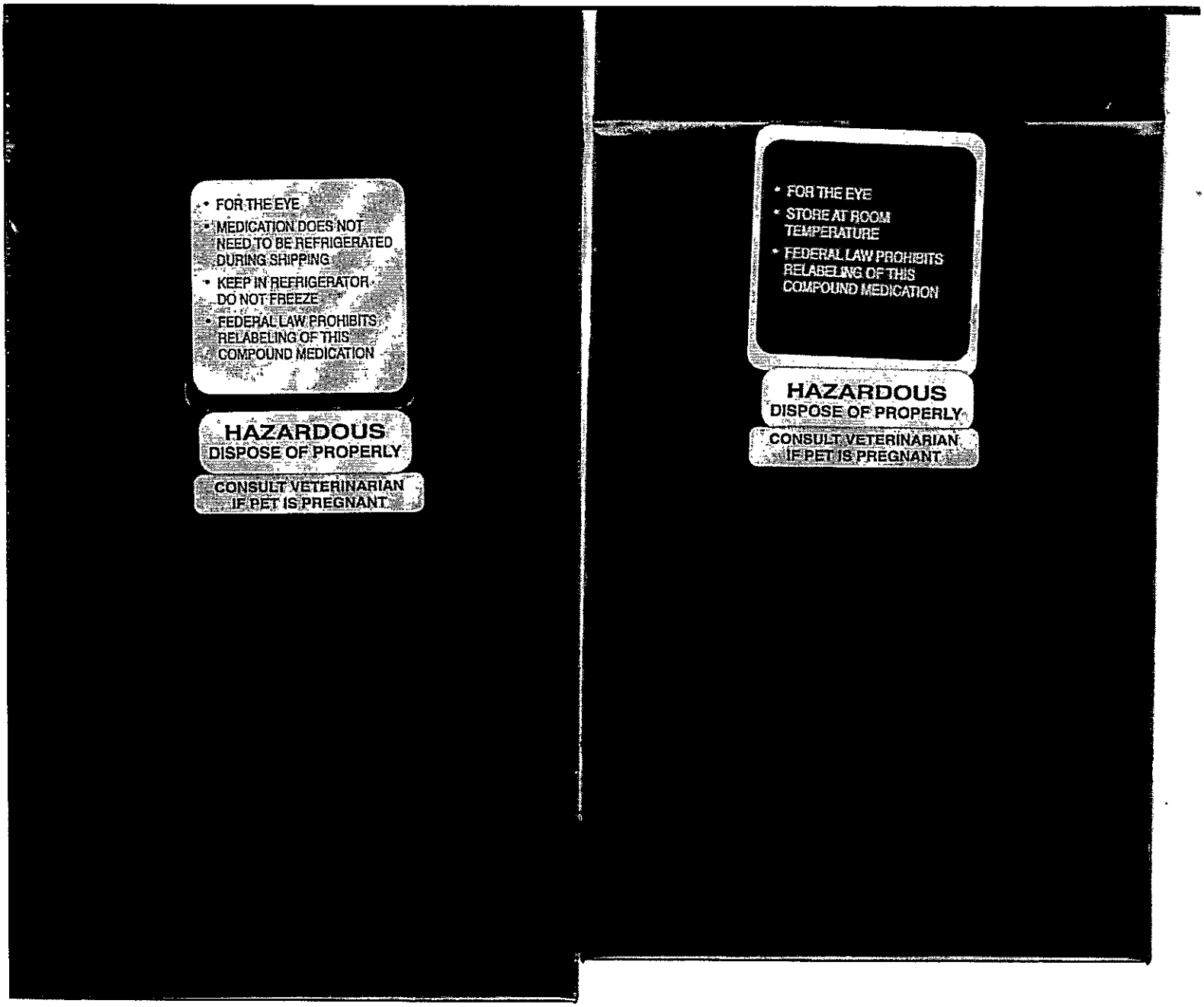
3. The shipping system utilized will be tested periodically under the typical conditions that the pharmacy shipments experience (i.e., extreme summer heat and winter cold). The testing will take into consideration initial medication start temperature, payload size/weight, types of used insulation, thickness of insulation, weight of gel packs, gel packs start temperature, and various ambient temperatures experienced by the package in transit with the goal of keeping the medication within specified temperature requirements.
   A. The pharmacy will complete quarterly verifications for room temperature and refrigerated medications.
      i. See work instructions for steps for completing quarterly verifications.
   B. If testing indicates a change in packing or shipping methods is needed, adjustments will be completed.
   C. In addition to the quarterly testing, client/patient complaints or grievances will be monitored and trended monthly by QAA or Designee.
      i. Any increasing trends noted in medication integrity due to extreme shipping conditions will be evaluated and modifications of packing parameters will be made as needed based on identified trends.

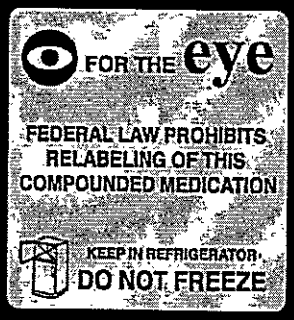
## V. REFERENCES

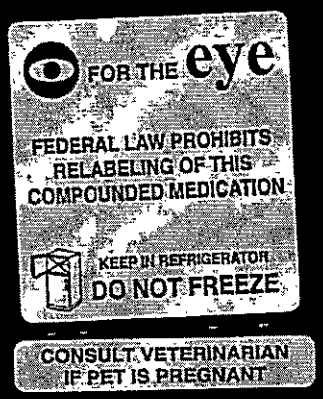
1. Shipping Integrity Policy
2. Temperature Verification of Refrigerated Medications Work Instruction
3. Warehouse Packing and Shipping Audit
4. Temperature Verification Test Packing and Shipping Information
5. Temperature Verification Arrivals Condition Report
6. Temperature Verification of Refrigerated Medications Report
7. USP Compounding Compendium, Chapter 659 Packaging and Storage Requirements
8. Relates to PCAB Non-Sterile and Sterile Compounding Standard TCRX6-D, ACHC Accreditation Standards current version

## VI. VERSION HISTORY

| Version | Version Date | Change Details | Prepared By |
|---|---|---|---|
| AB | 06/21/2022 | Annual effectiveness review. Section II Responsibilities; removed 'VP of Pharmacy Operations' role, updated 'Director of Quality Assurance & Improvement' role, to 'Director of Quality Assurance & Control,' updated 'Pharmacy Compliance Coordinators' role to 'Quality Assurance Analysts.' Section III Definitions; added 'Corrective Action/Preventative Action,' 'Non-Conformance (NC),' and 'Qualityze.' Section III Definitions; added FDA. Section IV Procedure; 1.E.i.a and 1.E.i.d.i added documentation requirement in Qualityze. Section V References; removed 'Relates to Vet-VIPPS Standard 14.0 Storage & Shipment: 14.4, 14.5, 14.6, 14.7, 14.8.' | Matt Jauch |
| AA | 4/30/2021 | Annual review. Updated to new format for Qualityze. Section I Purpose and Scope; deleted delivery containers and updated to 'a validated shipping system.' Updated the word shipping to deliveries at the end of the sentence. Section II Responsibilities; Added Operations to VP of Pharmacy. Added Director of Quality Assurance & Improvement. PIC responsibility updated the word integrity to system validation. Updated Compliance Coordinator to Pharmacy Compliance Coordinator and added (PCC) and updated the word integrity to system validation. Section III Definitions; updated complaint or grievance definition updating PADE to adverse drug event. Added definition for validation. Section IV Procedure; item 1 updated shipping to 'in the course of deliveries' and added item A for temperatures to be included. Item 1.B.ii updated ice to gel packs. Updated Compliance Coordinator to PCC throughout section. Item 1.E.e. removed the use of PI & POC form. Item 3 updated to include shipping system utilized will be tested and that all items that need to be taken into consideration during testing. Item 3.A. added room temperature to quarterly verifications. Item 3.B. removed the use of PI & POC form. Section V References; removed TCRX naming from SOPs. Updated February 2019 PCAB standard reference to current version. Removed reference to PI & POC form. | Matt Jauch, Erin Bonham |


• FOR THE EYE
• MEDICATION DOES NOT NEED TO BE REFRIGERATED DURING SHIPPING
• KEEP IN REFRIGERATOR DO NOT FREEZE
• FEDERAL LAW PROHIBITS RELABELING OF THIS COMPOUND MEDICATION
HAZARDOUS
DISPOSE OF PROPERLY
CONSULT VETERINARIAN IF PET IS PREGNANT
• FOR THE EYE
• STORE AT ROOM TEMPERATURE
• FEDERAL LAW PROHIBITS RELABELING OF THIS COMPOUND MEDICATION
HAZARDOUS
DISPOSE OF PROPERLY
CONSULT VETERINARIAN IF PET IS PREGNANT


FOR THE eye
FEDERAL LAW PROHIBITS
RELABELING OF THIS
COMPOUNDED MEDICATION
KEEP IN REFRIGERATOR
DO NOT FREEZE


FOR THE eye
FEDERAL LAW PROHIBITS
RELABELING OF THIS
COMPOUNDED MEDICATION
KEEP IN REFRIGERATOR
DO NOT FREEZE
CONSULT VETERINARIAN
IF PET IS PREGNANT

DATE OPENED _____
DISCARD AFTER 28 DAYS

[illegible]

HAZARDOUS
DISPOSE OF PROPERLY

STORE AT ROOM TEMPERATURE

CONSULT VETERINARIAN IF PET IS PREGNANT

KEEP IN REFRIGERATOR
DO NOT FREEZE

CAUTION: Federal law PROHIBITS the transfer of this drug to any person other than the patient for whom it was prescribed.

Section 3:

9.

Also, see the documents provided under Section 2, 10.

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# Hazardous Drug Compounding Training and Competency Assessment



Employee Name: _____ Date (MM/DD/YYYY): _____

| Type of Training & Assessment | |
|---|---|
| ☐ Initial | For New Hires or if no previous training. |
| ☐ Retrain & Reassess | In the event that previous assessment did not pass. |
| ☐ Annual | For annual competency assessment. |
| ☐ Continuous | In the event of procedural changes. |

| | Training and Competency Assessment Items | | |
|---|---|---|---|
| 1. | Reviewed and understands SOP(s) related to compounding with HD's. | Trainer Initials | Date |
| | Comments: | | |
| 2. | Reviewed Hazardous Communication Program, completed quiz, and signed statement of potential exposure to hazardous drugs. | Trainer Initials | Date |
| | Comments: | | |
| 3. | Has reviewed and can locate the Hazardous Drug and Chemical List. | Trainer Initials | Date |
| | Comments: | | |
| 4. | Understands which hazardous drugs MUST be stored under negative pressure (NIOSH Table 1 Antineoplastic). | Trainer Initials | Date |
| | Comments: | | |
| 5. | Reads and understands the use of the pressure monitor gauges to determine if the room pressure is within acceptable limits. | Trainer Initials | Date |
| | Comments: | | |
| 6. | Demonstrates procedure in the event room pressure falls outside of acceptable limits. | Trainer Initials | Date |
| | Comments: | | |
| 7. | Demonstrates proper selection of PPE for handling, compounding, cleaning, and disposing of HD's. | Trainer Initials | Date |
| | Comments: | | |
| 8. | Reviewed and understands SOP(s) related to HD equipment and can demonstrate proper use. | Trainer Initials | Date |
| | Comments: | | |
| 9. | Demonstrates proficiency in compounding techniques with HD's which reduce the risk of cross contamination and unnecessary employee exposure. | Trainer Initials | Date |
| | Comments: | | |

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**Hazardous Drug Compounding Training and Competency Assessment**



| Training and Competency Assessment Items | | | |
|---|---|---|---|
| 10. | Can locate SDS sheets (hard copy and/or online) and demonstrates the ability to interpret and use the information supplied. | Trainer Initials | Date |
| | Comments: | | |
| 11. | Can locate, select and demonstrate proper use of a spill kit to clean up spills. | Trainer Initials | Date |
| | Comments: | | |
| 12. | Demonstrates proper cleaning procedures including which agents to use for deactivation, decontamination, cleaning and disinfecting. | Trainer Initials | Date |
| | Comments: | | |
| 13. | Demonstrates proper disposal of HD waste (drugs, trace contaminated material, PPE). | Trainer Initials | Date |
| | Comments: | | |
| 14. | Demonstrates how to report a known or potential HD exposure. | Trainer Initials | Date |
| | Comments: | | |

| Overall Competency Assessment Results | |
|---|---|
| ☐ Passed | ☐ Retraining & Reassessment Needed |

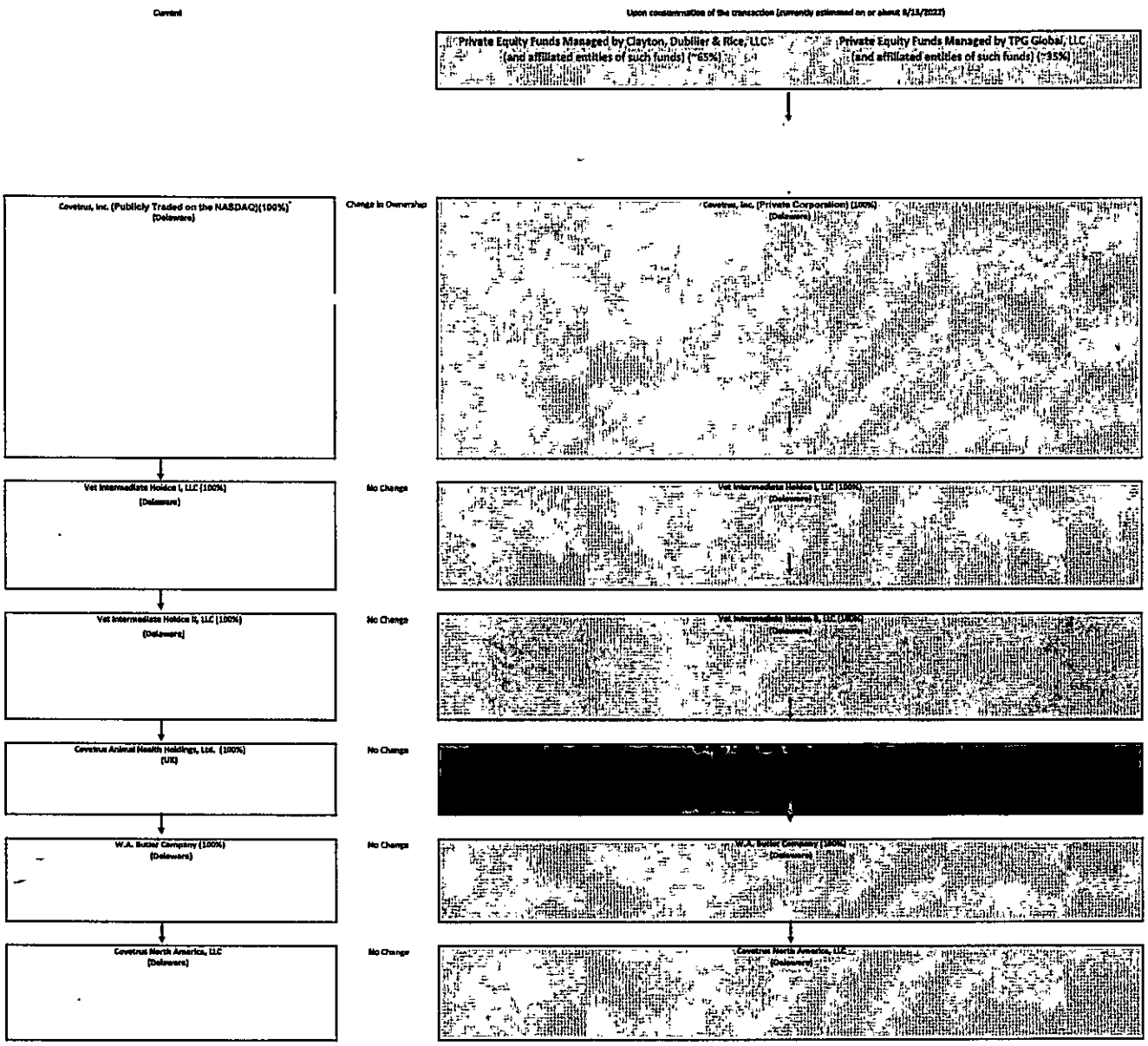
| Retraining and Reassessment Plan (if needed) |
|---|
| Write a brief description of retraining and reassessment that will be completed: |
| |

| Signatures | | | |
|---|---|---|---|
| Employee: | | Date (MM/DD/YYYY): | |
| Trainer: | | Date (MM/DD/YYYY): | |
| Designated Person: | | Date (MM/DD/YYYY): | |
| PIC: | | Date (MM/DD/YYYY): | |

| Version | Version Date | Change Details | Prepared By |
|---|---|---|---|
| AA | 04/12/2021 | Review no changes made to assessment items. Updated to new training and competency assessment formatting and for upload into Qualityze. | Erin Bonham |
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2361

## Covetrus North America, LLC Business Organizational Structure




* Currently, private equity funds managed by Clayton, Dubilier & Rice, LLC (and affiliated entities of such funds) own approximately 34.2% of the outstanding shares of Covetrus, Inc.'s common stock and will continue as indirect owners of Covetrus, Inc. following the consummation of the transaction.

** Note that in preparation of the consummation of the transaction, a number of holding company entities are expected to be formed as direct or indirect parent entities of Corgi Bidco, Inc. (and which are not shown on this organizational structure chart).
***FEIN of all entities listed will remain the same.

covetrus

# Covetrus North America, LLC
## List of Officers

Victor Thomas Forte IV
Title: President
Business Address: [redacted] Metro Place North, Dublin, OH 43017
Interest: 0%

Lee Wise
Title: CFO & Treasurer
Business Address: [redacted] Metro Place North, Dublin, OH 43017
Interest: 0%

Tamika Simmons
Title: Secretary
Business Address: [redacted] Metro Place North, Dublin, OH 43017
Interest: 0%

Philip Mario Lombardi
Title: VP of Operations & Logistics
Business Address: [redacted] Metro Place North, Dublin, OH 43017
Interest: 0%

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 11/05/2021
Receipt Number: 2021123814
Receipt Amount $: 480.00

# Pharmacy - Chain

| PERMIT NO | EXPIRES |
|---|---|
| Y009133 | 10/31/2023 |

Issued to : Covetrus North America, LLC
Covetrus North America, LLC
2401 WEST GRANDVIEW ROAD SUITE 100 PHOENIX, AZ 85023

Covetrus North America, LLC
2401 WEST GRANDVIEW ROAD SUITE 100
PHOENIX, AZ 85023

Sam Gaddis
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Covetrus North America, LLC
LICENSE NUMBER : Y009133
EXPIRES : 10/31/2023

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

## Important Information

**LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)**

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

**PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)**

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

# Delaware



The First State

*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COVETRUS NORTH AMERICA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2022.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "COVETRUS NORTH AMERICA, LLC" WAS FORMED ON THE THIRTY-FIRST DAY OF MARCH, A.D. 2005.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.*

Jeffrey W. Bullock, Secretary of State

3947992 8300

SR# 20220405779

Authentication: 202598023

Date: 02-07-22

You may verify this certificate online at corp.delaware.gov/authver.shtml

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FC1097535 | 08-31-2024 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 01-13-2022 |

COVETRUS NORTH AMERICA, LLC
2401 W GRANDVIEW RD STE 100
PHOENIX, AZ 850233116

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE DF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FC1097535 | 08-31-2024 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 01-13-2022 |

COVETRUS NORTH AMERICA, LLC
2401 W GRANDVIEW RD STE 100
PHOENIX, AZ 850233116

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Form DEA-223 (9/2016)

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# National Association of Boards of Pharmacy®
# Universal Inspection Form

| | | | |
|---|---|---|---|
| Pharmacy e-Profile ID: If available | 1653710 | | Inspection Information |
| Legal Business Name: | Covetrus North America, LLC | Day 1: | 4/13/2022 |
| Doing Business As (DBA): | | Start Time: 24-hour format (13:00) | 10:15 |
| Address: | 2401 W Grandview Road, Suite 100 | End Time: 24-hour format (13:00) | 16:50 |
| City: | Phoenix | Day 2: | 4/14/2022 |
| State: | AZ | Start Time: 24-hour format (13:00) | 8:30 |
| Zip Code: | 85023 | End Time: 24-hour format (13:00) | 15:15 |
| Telephone number: | 623-434-1180 | Inspector Name: | Dennis Waggoner |
| Toll free number: | 844-205-9135 | Inspection Performed by (NABP, State, etc): | AZ BoP |
| Fax number: | 623-434-1181 | Observer Name/Affiliation (if applicable): | |
| Website: | www.covetrus.com | Observer Name/Affiliation (if applicable): | |

| Pharmacy Hours of Operation | Check if 24/7 ☐ | | |
|---|---|---|---|
| | Open Start Time: (24-hour format) | End Time: (24-hour format) | Closed (X) |
| Sunday | | | X |
| Monday | 6:00 | 18:00 | |
| Tuesday | 6:00 | 18:00 | |
| Wednesday | 6:00 | 18:00 | |
| Thursday | 6:00 | 18:00 | |
| Friday | 6:00 | 18:00 | |
| Saturday | | | X |

| Key Pharmacy Personnel | Name | Contact (e-mail) | e-Profile ID |
|---|---|---|---|
| Pharmacist in Charge | Natalie Salese | natalie.salese@covetrus.com | 213673 |
| Nonsterile Compounding Supervisor | Courtney Morales | courtney.morales@covetrus.com | 142771 |
| Sterile Compounding Supervisor | Michael Martinez | michael.martinez@covetrus.com | 476826 |
| Hazardous Compounding Supervisor | Lee Martin | lee.martin@covetrus.com | 658522 |

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## National Association of Boards of Pharmacy®
## Universal Inspection Form

| Personnel Present at Time of Inspection | Name | Title | License or registration available and current (Y/N) |
|---|---|---|---|
| 1 | Lee Martin | Pharmacist | Y |
| 2 | Courtney Morales | Non-Sterile Compounding Manager | Y |
| 3 | Natalie Salese | AZ PIC | Y |
| 4 | Greg O'Grady | ME PIC | Y |
| 5 | Whitney Bell | Pharmacy Compliance Coordinator | Y |
| 6 | Michael Martinez | Sterile Compounding Supervisor | Y |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |

If more than 10, list the first 10 above, then list the title and number (eg: 4 pharmacists, 6 technicians, 2 technicians-in-training, 1 intern, 4 clerks, etc) for the additional personnel present.

### Business Licensure Information for State of Residence and Federal
### (board of pharmacy, state controlled substance, DEA, FDA, etc)

| License/Registration Agency | Business Name on License/Registration | License Type/Number | Expiration Date |
|---|---|---|---|
| AZ Board of Pharmacy | Covetrus North America, LLC | Pharmacy/Y009133 | 10/31/2023 |
| US Dept of Justice DEA | Covetrus North America, LLC | Retail Pharmacy/FC1097535 | 8/31/2024 |
| US Dept of Justice DEA | Covetrus North America, LLC | Manufacturer/RC0617867 | 8/31/2022 |
| | | | |
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**National Association of Boards of Pharmacy®**
**Universal Inspection Form**

Inspector Notes: List states in which Non-Resident licenses are held: The pharmacy is licensed in 42 states and Disatrict of Columbia (list attached)

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## National Association of Boards of Pharmacy®
## Universal Inspection Form

**Attachments**
**(NO PHI, including prescription numbers)**

| Attachment Name | Description |
|---|---|
| Asset Profile | Equipment list |
| Covetrus North America, LLC | State license numbers |
| | |
| | |
| | |

| | Type(s) of practice<br>Type "X" for all that apply | | Type(s) of practice<br>Type "X" for all that apply |
|---|---|---|---|
| Traditional retail | | Telepharmacy | |
| Open to the Public | | Central Fill/Processing/Shared Services | X |
| Closed Door | X | Specialty Pharmacy | |
| Drive-through window | | Handles Medical Marijuana | |
| Mail/Deliver (in state) | X | Nuclear Pharmacy | |
| Mail/Deliver (out-of-state list below) | X | Manufacturer | X (DEA) |
| Veterinary Pharmacy | X | Wholesale Distributor | |
| Investigational Drugs, Clinical Trials/Research | | Provide products for "Office Use" | X |
| Institutional | | Outsourcing Facility | |
| Long-Term Care | | Nonsterile Compounding | X |
| HMO/PBM only | | Nonsterile Hazardous Drug Compounding | X |
| Internet Pharmacy (New Rx) | | Sterile Compounding | X |

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| National Association of Boards of Pharmacy®<br>Universal Inspection Form | | | |
|---|---|---|---|
| Internet Pharmacy (Refill Rx) | X | Sterile Hazardous Drug Compounding | X |

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## National Association of Boards of Pharmacy®
## Universal Inspection Form

| Facility Size In Square Feet and Number of PECs | | Personnel | |
|---|---|---|---|
| Total Pharmacy size: | 34,500 | Total Pharmacists: | 38 |
| Nonsterile Compounding Room size: | 4,665 | Number of Compounding Pharmacists | 9 |
| Nonsterile Compounding powder hoods number: | 11 | Total Graduate Students or Residents: | 0 |
| Nonsterile Hazardous Drugs (HD) Compounding Room size: | 3,175 | Total Student Interns: | 0 |
| Nonsterile HD Compounding BSC/CACI hoods number: | 6 | Total Technicians: | 61 |
| Sterile Compounding Ante Room size: | 400 | Number of Compounding Technicians | 21 |
| Sterile Compounding Clean/Buffer Room size: | 600 | Of technicians, how many are certified? | 55 |
| Sterile Compounding Number LAFW hoods/areas: | 2 | Of technicians, how many are techs-in-training? | 6 |
| Sterile Compounding Number BSC hoods: | 0 | Total Other Licensed Personnel: | 0 |
| Sterile Compounding Number CAI/CACI hoods: | 0 | Total Other Unlicensed Personnel: | 13 |
| Negative Pressure Sterile HD Room size: | 500 | Ratio #tech:#RPh present at time of inspection: | 2:1 |
| Sterile HD Compounding Number of BSC hoods: | 4 | Total Pharmacist Hours Per Week: | 1520 |
| Sterile HD Compounding Number of CACI hoods: | 0 | Total Technician Hours Per Week: | 2440 |

| Volume Dispensed | | Volume Distributed | |
|---|---|---|---|
| Total Prescriptions Dispensed/day: | 606 | Total Orders Distributed/day: | 76 |
| % Veterinary Prescriptions | 100% | % Veterinary Orders | 100% |
| % Controlled Substance Prescriptions | 0% | % Controlled Substance Orders | 0% |
| % Nonsterile Compounded Prescriptions | 48% | % Nonsterile Compounded Orders | 100% |
| % Sterile Compounded Prescriptions | 1% | % Sterile Compounded Orders | 0% |
| % Hazardous Drugs (HD) Prescriptions | 28% | % Hazardous Drugs (HD) Orders | 22% |

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## National Association of Boards of Pharmacy®
## Universal Inspection Form

**Definitions:** DISPENSE means to provide a prescription product or compound pursuant to a patient-specific prescription. DISTRIBUTE means to provide a prescription product or compound to a prescriber or health care entity for office use or stock and is NOT patient specific, is not labeled with the patient name at the pharmacy.

**States to which the pharmacy mails/delivers prescription products and volume dispensed, and volume distributed per day (or week or month):**
Note: Optional at the discretion of the state; if requested and not available, may be mailed to the state at a later date-so indicate in grid

| State | Volume Dispensed | Volume DISTRIBUTED | /day, week, month |
|---|---|---|---|
| AK | 0 | 0 | day |
| AL | 0 | 0 | day |
| AR | 0 | 0 | day |
| AZ | 64 | 2 | day |
| CA | 0 | 0 | day |
| CO | 64 | 0 | day |
| CT | 7 | 3 | day |
| DC | 0 | 0 | day |
| DE | 1 | 1 | day |
| FL | 29 | 5 | day |
| GA | 0 | 0 | day |
| HI | 1 | 0 | day |
| IA | 0 | 0 | day |
| ID | 11 | 0 | day |
| IL | 14 | 9 | day |
| IN | 14 | 6 | day |
| KS | 4 | 0 | day |
| KY | 3 | 1 | day |
| LA | 8 | 9 | day |
| MA | 5 | 2 | day |
| MD | 6 | 1 | day |
| ME | 2 | 0 | day |
| MI | 17 | 0 | day |
| MN | 9 | 0 | day |
| MO | 8 | 1 | day |
| MS | 0 | 0 | day |

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| National Association of Boards of Pharmacy®<br>Universal Inspection Form | | | |
|---|---|---|---|
| MT | 11 | 0 | day |

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## Universal Inspection Form

| State | Volume Dispensed | Volume DISTRIBUTED | /day, week, month |
|---|---|---|---|
| NC | 0 | 0 | day |
| ND | 0 | 0 | day |
| NE | 2 | 2 | day |
| NH | 7 | 0 | day |
| NJ | 3 | 1 | day |
| NM | 19 | 0 | day |
| NV | 21 | 3 | day |
| NY | 17 | 0 | day |
| OH | 15 | 12 | day |
| OK | 1 | 0 | day |
| OR | 67 | 0 | day |
| PA | 12 | 3 | day |
| RI | 1 | 0 | day |
| SC | 0 | 0 | day |
| SD | 0 | 0 | day |
| TN | 12 | 5 | day |
| TX | 0 | 0 | day |
| UT | 18 | 1 | day |
| VA | 17 | 4 | day |
| VT | 3 | 1 | day |
| WA | 101 | 3 | day |
| WI | 4 | 1 | day |
| WV | 4 | 0 | day |
| WY | 4 | 0 | day |
| Other | | | |

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# National Association of Boards of Pharmacy®
# Universal Inspection Form

## General Pharmacy Inspection

**The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.**
**An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.**

**Facility Name:** Covetrus North America, LLC

**Inspection Date:** 04/13/2022 - 04/14/2022

| | | Finding | Notes |
|---|---|---|---|
| **General Pharmacy** | | | |
| 1.00 | Is the PIC (or pharmacy manager/director) present for the inspection? *If no, list the pharmacist on duty.* | Yes | |
| 2.00 | Is the PIC employed full-time at the pharmacy? *List the number of hours worked per week onsite.* | Yes | 40hr/wk |
| 3.00 | Are there any other businesses located at this address? *If yes, note type of business and name.* | No | |
| 4.00 | Does the pharmacy have any other websites? *Provide list of other names/URLs.* | No | |
| 4.01 | Does the pharmacy hold .pharmacy verification? | No | |
| 5.00 | Do any other websites link to the pharmacy website (such as a provider, or other affiliate)? *If yes, list.* | No | |
| 6.00 | Does the pharmacy allow patients to securely enter/update profile and medical information through the website (such as through a secure patient portal)? | No | |
| 7.00 | Are patients able to order or refill prescriptions through the website? *If yes, describe.* | Yes | Refills only |
| 8.00 | Are photographs allowed during the inspection (no PHI)? | No | |
| 9.00 | List of additional personnel interviewed as part of the inspection, including name and title: | | |
| **Types of Practice Additional Questions** | **If any part of a question is no, enter "No" and explain the observation.** | | |
| 10.00 | If the pharmacy mails or delivers filled prescriptions (patient specific, labeled with patient name when it leaves the pharmacy), are any of the deliveries to a provider or facility for administration to the patient? *If yes, indicate volume or percentage of deliveries going to a provider or facility in this state, and volume or percentage of deliveries going to a provider or facility in other states.* | Yes | AZ: <1%, out-of state: 1% |
| 11.00 | Does the pharmacy provide prescription products to a provider or facility for "office use" (not pursuant to a prescription received prior to delivery, not patient specific, not labeled with the patient name)? *If yes, indicate volume or percentage provided to a provider or facility within this state, and volume or percentage provided to a provider or facility in other states.* | Yes | AZ: 3%, out-of-state: 5% |
| 12.00 | Does the pharmacy provide prescription products to providers or facilities (including other pharmacies) as a wholesale distributer (sold to the provider or facility for their use, administration, or providing/dispensing to patients)? | No | |
| 13.00 | If yes, is the percentage of product distributed at wholesale to providers or facilities within this state less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.* | N/A | |

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# Universal Inspection Form

## General Pharmacy Inspection

**The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.**
**An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.**

**Facility Name:** Covetrus North America, LLC

**Inspection Date:** 04/13/2022 - 04/14/2022

| | | Finding | Notes |
|---|---|---|---|
| 14.00 | If yes, is the percentage of product distributed at wholesale to providers or facilities in other states less than 5%? *Indicate actual percentage and if the percentage is based on number of units, number of prescriptions, dollar volume of total sales or dollar volume of prescription sales.* | N/A | |
| | **General Operations and Licensure**<br>**If any part of a question is no, enter "No" and explain the observation.** | | |
| 15.00 | Are pharmacy licenses, permits, and registrations (state, controlled substance, DEA, etc) posted in customers' view and current? *If no, provide details such as closed-door pharmacy, expired licenses, etc.* | No | Closed door pharmacy |
| 16.00 | Is the most recent board of pharmacy inspection report available for review? *Record the date of the last inspection and how frequently the pharmacy is routinely inspected by the board.* | Yes | 1/20/2022, ~annually |
| 17.00 | Were any deficiencies noted? *Indicate the deficiencies and note whether they were corrected.* | No | |
| 18.00 | Does the pharmacy hold ANY wholesale, distributor, or manufacturer licenses? *Document information in the license grid above for Resident State and in the Notes for Non-Resident States.* | Yes | DEA manufacturer registration |
| 19.00 | Has this pharmacy been inspected by any other state for which it holds a license? *If yes, note the state and the date of the inspection and frequency of inspections by other states.* | No | |
| 20.00 | Is the pharmacy operating under an exemption or restriction granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the exemption or restriction.* | No | |
| 21.00 | Is the pharmacy operating under a waiver or variance granted by the state in which the pharmacy is located or by any other state in which the pharmacy is licensed? *If yes, note the waiver or variance.* | No | |
| 22.00 | Does the pharmacy have any additional restrictions, limitations, or waivers with regards to any federal licenses or registrations (FDA, DEA, etc)? *If yes, note the agency and additional item.* | No | |
| 23.00 | Has the pharmacy been inspected or visited by the DEA? *If yes, indicate the inspection/visit date and note any deficiencies. Also note how frequently the pharmacy is inspected/visited by the DEA.* | Yes | 1/20/2022 DEA manufacturer security inspection. No deficiencies noted. |
| 24.00 | Has the pharmacy been inspected by the FDA? *If yes, indicate the inspection date and note any deficiencies, significant correspondence, or if a "483" was issued and date, and response and date. Also note how frequently the pharmacy is inspected by the FDA.* | No | |
| 25.00 | Does the pharmacy hold any accreditations or certifications? *If yes, indicate which and collect most recent date of survey.* | No | |
| 26.00 | Has the pharmacy held any accreditations or certifications in the past that they no longer hold? *Provide a list and the reasons for such.* | No | |

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# National Association of Boards of Pharmacy®
## Universal Inspection Form

## General Pharmacy Inspection

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**Facility Name:** Covetrus North America, LLC

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|---|---|---|---|
| 27.00 | Does the pharmacy perform patient lab testing such as blood glucose tests, cholesterol tests, etc? *Verify that the lab director is current (usually the PIC is the lab director named). If yes, record the Clinical Laboratory Improvement Amendments (CLIA) waiver information, expiration date, and the name of lab director listed.* | No | |
| 28.00 | Does the pharmacy maintain all required records, including but not limited to prescription files and invoices on site? *Record how long records are kept. If not on site, where?* | Yes | 7 years |
| 28.01 | Are written and verbal prescriptions (reduced to writing) kept on site for the entire retention period? *If not, explain including how long they are stored on site?* | Yes | |
| 28.02 | Are electronic prescriptions (such as fax, e-scripts) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).* | Yes | eRx-electornically, CS fax-printed and filed |
| 28.03 | Are all dispensing records (such as refills, verifications, DUR overrides) kept on site for the entire retention period? *Describe how they are kept (electronically or printed and kept in hard copy).* | Yes | Electronically |
| 28.04 | Are there systems in place to prevent a pharmacy record from being deleted after the prescription has been dispensed? *Describe how they are kept (electronically or printed and kept in hard copy).* | Yes | Can be deactivated but not deleted |
| 28.05 | If record are stored off site are they secure in a HIPAA compliant manner and readily retrievable? | N/A | |
| 29.00 | Is there a statement in the P&P, or are other means used to ensure that the most stringent laws/regulations are followed? *Describe system details.* | Yes | SOP TCRX1-A |

## Personnel

**If any part of a question is no, enter "No" and explain the observation.**

| | | | |
|---|---|---|---|
| 30.00 | Are all pharmacist, pharmacy intern, and pharmacy technician (if applicable) licenses or registrations with the board current and in good standing? *Describe how this is documented.* | Yes | Available onsite |
| 31.00 | Is there a process for periodic verification of validity of licenses? *Describe the process.* | Yes | Verified quarterly |
| 32.00 | If pharmacists are providing patient services that require additional training or certification, are they appropriately trained and certified? *(Immunization, CPR, MTM, etc.). Mark NA if no patient services that require additional training/certification. If yes, list certifications and if current?* | N/A | |
| 33.00 | Does the pharmacy maintain the proper technician-to-pharmacist ratio? *Mark N/A if not required by resident state. Indicate ratio used and the maximum number of staff who work at the same time.* | N/A | |

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| | **Facility and Security** If any part of a question is no, enter "No" and explain the observation. | | |
| 34.00 | Does the pharmacy have a working security/alarm system in place? *If yes, describe.* | Yes | Security company monitors via contact sensors, motion detectors and cameras. |
| 35.00 | Are Schedule II controlled substances secured in a locked cabinet or safe? *If not, describe how controlled substances are secured or stored.* | N/A | None currently onsite but will be kept in DEA cage and locked cabinets in compounding areas. |
| 36.00 | Are there contingency plans in the event the pharmacy cannot be secured? *Describe how the drug products will be secured and handled.* | Yes | System auto-lockdown, access controlled by pharmacist |
| 37.00 | Is the pharmacy clean and sanitary, and is there appropriate space for the prescription volume? *Look for clutter, or crowded counters or stacks of prescriptions to be checked. If no, document with photo.* | Yes | |
| 37.01 | Is the working area well lit and free of tripping hazards? *If no, document with photo.* | Yes | |
| 37.02 | Is there a sink with hot and cold running water? | Yes | |
| 37.03 | If the pharmacy destroys prescription products on site (such as expired, damaged, recalled, etc), do they appropriately document the destruction? *View destruction logs. Mark NA if no destruction on site.* | N/A | |
| 37.04 | Does the pharmacy return prescription products to the manufacturer, distributor, or send to a reverse distributor for destruction? *If yes, indicate name of reverse distributor used.* | Yes | Compounds-Stericycle, CS-Return Solutions |
| 37.05 | Does the pharmacy have a hazardous waste handling and collection system? For example, empty bottles that contained chemotherapy medications or warfarin, or hazardous drug compounding waste. *If yes, indicate how often the bin is emptied/collected and the vendor used.* | Yes | Stericycle-monthly |
| 38.00 | Does the pharmacy have a private area for patient counseling and providing patient services? *Describe.* | N/A | Closed door pharmacy |
| 39.00 | Is temperature in the drug storage area maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements? *Describe. Record the temperature at the time of inspection.* | Yes | Electronically monitored with excursion alerts. 21.5C |
| 39.01 | Is temperature monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max? Temperature records are maintained. *If yes, describe the process* | Yes | Continuous monitoring |
| 39.02 | Are excursion action plans in place including evaluating excursion effects on drug product integrity? | Yes | |
| 40.00 | Are the refrigerator and freezer restricted to drug products only (no food)? | Yes | |
| 41.00 | Does the pharmacy have a process for how the refrigerator temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?* | Yes | Included in temperature monitoring system |

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| 41.01 | Is the temperature in the refrigerator within the USP range (2°-8°C or 36°-46 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the refrigerator at the time of inspection.* | Yes | 3.7C |
| 42.00 | Does the pharmacy have a process for how the freezer temperature is monitored for excursions 24/7? *If yes, describe the process. Indicate range. How are excursions detected? How long are records maintained?* | Yes | Same system |
| 42.01 | Is the temperature in the freezer within the USP range (between -25° to -10°C or -13° to 14 °F) or as specified by FDA approved labeling for drug product storage? *Record the temperature of the freezer at the time of inspection.* | Yes | -21.2C |
| 43.00 | Are there contingency plans in the event of power outage or refrigerator/freezer failure? *Describe process.* | Yes | Evaluate products relative to excursion data. Backup generator planned for late 2023. |
| 44.00 | Are there contingency plans in the event of heating or air conditioning failure? *Describe processes.* | Yes | See above |
| 45.00 | Is there a plan of action if there are any temperature or humidity excursions to determine if the integrity of the products has been compromised? | Yes | |
| 46.00 | Does the pharmacy utilize any automated apparatuses for prescription processing/counting (such as robotics, Baker cells, etc)? *List numbers and types.* | Yes | ScriptPro SP200/CCC (12-slot) |
| 46.01 | If yes, do they have and follow policies and procedures addressing cross-contamination and identification of drug products? | Yes | |
| **Product Receipt and Inventory** | **If any part of a question is no, enter "No" and explain the observation.** | | |
| 47.00 | Does the pharmacy have a documented process for establishing sources (vendors) of prescription drugs? *Describe.* | Yes | Supply Chain Team |
| 47.01 | Does the pharmacy purchase all prescription drugs directly from the manufacturer? | No | |
| 47.02 | Does the pharmacy purchase (obtain) prescription drugs from other pharmacies? *If yes, list pharmacy source information, and circumstances leading to the purchase.* | No | |
| 47.03 | Does the pharmacy purchase (obtain) prescription drugs from wholesale distributors (non-manufacturer sources)? *List non-manufacturer sources.* | Yes | Covetrus North America, LLC, Butler Animal Health |
| 47.04 | Does the pharmacy require wholesale distributor sources to purchase prescription drugs directly from the manufacturer? *If yes, how is this verified?* | No | |

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| 47.05 | Does the pharmacy purchase drugs from wholesale distributors that purchased the drug from other wholesale distributors? *If yes, Describe the due diligence steps to determine the source's legitimacy and legitimacy of the drugs sold by the vendor. (For instance, does the pharmacy examine transaction histories and limit the number of movements of drugs between wholesale distributors, and look for pharmacies in the supply chain?)* | No | |
| 47.06 | Does the pharmacy determine that all sources listed on transaction histories have requisite state licensing? *If yes, describe the process.* | No | |
| 47.07 | Does the pharmacy determine that all sources listed on transaction histories have reported to FDA's Wholesale Distributor database? *If yes, describe the process.* | No | |
| 47.08 | Does the pharmacy have a process to handle suspect and illegitimate product investigations? *If yes, describe the process.* | Yes | Any suspect product quarantined, investigated and returned to source |
| 47.09 | Has the pharmacy conducted any suspect or illegitimate product investigations? *If yes, describe the details, including the drug, circumstances, outcome, and identification of agencies to whom reported.* | No | |
| 47.10 | Does the pharmacy ensure transaction data (transaction history, transaction information, transaction statement, also known as 3T data) is received at the same time or before the product is received? *Examine recent purchases to determine if the pharmacy is receiving and maintaining 3T data for a minimum of 6 years.* | N/A | Veterinary drugs only. No human drugs purchased. |
| 47.11 | Does the pharmacy have a procedure to verify product (suspect or illegitimate) including quarantine of product and reporting? | Yes | |
| 48.00 | Does the pharmacy utilize paper DEA-222 forms to procure Schedule II substances? *If yes, how are they secured? Who has the authority (Power of Attorney) to sign the DEA-222 forms?* | Yes | Locked cabinte in PIC office. |
| 49.00 | Does the pharmacy utilize CSOS (electronic Schedule II ordering) to procure Schedule II substances? *If yes, who can place orders in CSOS?* | No | |
| 50.00 | Is the receipt of Schedule II orders documented appropriately? *DEA-222 has the quantity and date on each line of product received, the CSOS record (electronic or paper printout) indicates verification of receipt and staff performing verification.* | N/A | None received to date. |
| 51.00 | Are invoices for controlled substances (Schedules I-V) that are received filed separately and are the invoices signed/initialed and dated upon receipt and every item checked in? | Yes | |
| 52.00 | Are all orders received when the pharmacy is open? *Verify the orders are brought directly to the pharmacy still sealed and not delivered before the pharmacy is open.* | Yes | |
| 53.00 | Does the pharmacy purchase any compounded products from other entities for dispensing to patients? *If so, describe which products and from where they are purchase (collect name and license of other entity).* | No | |
| 54.00 | Does the pharmacy have a system in place to track prescription drug products in order to detect diversion or theft? *Describe (for example, inventory or shrink report tools used, perpetual inventory in computer, etc).* | Yes | Netsuite perpetual inventory for all API, electronic perpetual inventory for CS. |

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| 54.01 | Are incidents of diversion or resignation/termination of personnel for cause reported? *Indicate agencies/law enforcement to whom reports are made.* | N/A | None to date. |
| 55.00 | Does the pharmacy keep a perpetual inventory log of all Schedule II controlled substances (including APIs, if applicable)? | N/A | None received to date. |
| 56.00 | Is the Schedule II perpetual inventory log reconciled regularly? *Indicate how often the Schedule II controlled substances are counted. View the perpetual log and verify that reconciliation is taking place.* | N/A | |
| 57.00 | Is the most recent complete controlled substances inventory available for review? *Indicate the date of the last inventory and frequency taken (minimum every two years).* | Yes | 2/10/2022 Change of ownership, annually. |
| 57.01 | Does the pharmacy maintain other required inventories (such as change in PIC, theft/loss, etc)? | Yes | |
| 58.00 | Does the pharmacy stock and sell OTC pseudoephedrine (and/or ephedrine) products? If yes, indicate if the sale is recorded electronically or manually in a logbook. | No | |
| 58.01 | Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.* | N/A | |
| 59.00 | Does the pharmacy stock and sell other OTC restricted products for which ID is required and a log kept of the sale? *If yes, indicate product types.* | No | |
| 59.01 | Are these products mailed, sent, or delivered into other states? *View logs. If yes, list the other states.* | N/A | |
| 60.00 | Are outdated, damaged, or recalled products segregated? *If yes, how often does the pharmacy check for out-of-date products? Does it include OTC products?* | Yes | Monthly, Netsuite alert |
| 60.01 | Are all drugs within active-stock within expiration date? *Examine shelves, refrigerator and freezer.* | Yes | |
| 60.02 | How often is active-stock examined for drugs past the expiration date? | | |
| 61.00 | Does the pharmacy prepackage bulk containers of prescription medications into smaller containers for ease of use? *What BUD is used on the prepackaged container?* | Yes | API- 1 year or MFR date if less than 1 year |
| 62.00 | Does the pharmacy prepack multiple drugs into a single container for compliance packaging? *What BUD is used on the prepacked containers?* | No | |
| 63.00 | Does the pharmacy return to stock prescription drugs that were filled but never picked up? | N/A | Closed door pharmacy |
| 63.01 | If yes, are they maintained in the appropriate container, with PHI removed and BUD adjusted? | N/A | |

## Prescription Processing

**If any part of a question is no, enter "No" and explain the observation.**

| | | | |
|---|---|---|---|
| 64.00 | **Patient Profile:** Is patient profile data organized and readily accessible to facilitate consultation with the prescriber, patient, or caregiver? *Indicate who enters patient profile data into the computer system and how often it is updated?* | Yes | Entereed by technician or pharmacist, updated with each contact |

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| 64.01 | If the pharmacy dispenses veterinary prescriptions, does the information gathered and recorded include the species, and name of the animal/owner as required by resident state law? *Describe how it is indicated in the computer system that the patient is an animal? And how is it indicated in the system the prescription is a veterinary prescription?* | Yes | Separate fields for owner, species |
| 65.00 | **Prescription:** Are adequate processes in place to assure the integrity, legitimacy, and authenticity of prescription orders? *Staff is familiar with detecting fraud in hard copy, faxed, verbal, and electronic prescriptions.* | Yes | |
| 65.01 | Is there a procedure to follow when a prescription is suspected of (or actually is) fraudulent? *Describe the steps and reporting process.* | Yes | SOP TR-PHM-00066-GTS |
| 65.02 | Are adequate processes in place for assuring that prescription medications are not prescribed or dispensed based on online medical consultations without there being a pre-existing prescriber-patient/client relationship? *Describe. Do the processes include comparing the physical addresses of the patient and prescriber?* | Yes | SOP TR-PHM-00066-GTS |
| 65.03 | Does the pharmacy have electronic prescription capability? *Indicate whether it is for non-controlled substances, controlled substances, or both.* | Yes | Non-controlled substances only |
| 65.04 | If the pharmacy accepts electronic prescriptions for controlled substances, are they in compliance with federal regulations? | N/A | |
| 66.00 | **Accuracy:** Is the accuracy of the information entered into the computer system verified (patient information and prescription information)? *Indicate how and by whom.* | Yes | PV1 pharmacist |
| 67.00 | **DUR:** Does staff conduct prospective DUR prior to the dispensing of a medication or product? *Describe at what point in the process does the DUR take place?* | Yes | Manually by PV1 pharmacist |
| 67.01 | Does the DUR include:<br>• drug-drug interaction (Prescription and OTC),<br>• drug-allergy interaction,<br>• therapeutic duplication,<br>• under- or over-utilization (including clinical abuse/misuse),<br>• disease state or condition contraindication,<br>• incorrect dosage or duration of therapy, and<br>• gender or age related contraindications.<br>*Indicate if there are other parameters routinely included in the DUR.* | Yes | Species and weight |
| 67.02 | In addition to the pharmacy DUR software, does the pharmacy staff obtain other information to use in the DUR process? *Describe.* | Yes | No DUR software, manual process. |
| 67.03 | Does the pharmacy have adequate resources/references related to the type of pharmacy practice it operates? | Yes | Plumb's online |
| 67.04 | Does the pharmacy report required data to the state PMP (in this state and the other states in which the pharmacy is licensed)? *Describe.* | Yes | Not in AZ but in states where required. |
| 67.05 | Does the pharmacy access state PMP/PDMP data for specific patients? *Verify there is a policy regarding access and follow-up or reporting and that pharmacist can access the PMP data.* | No | Not in AZ. |

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| 67.06 | Are DUR overrides/bypasses documented? *Indicate how the override is documented and who has override capability.* | Yes | Notes by PV1 pharmacist. |
| 67.07 | Is the DUR process performed electronically by the computer system? *Identify integrated drug database used.* | No | |
| 67.08 | If the DUR is manual, is there a system to document:<br>• How manual DUR is performed<br>• Specific issues that were identified<br>• Pharmacist that considered the identified issues and gave the okay to proceed | Yes | In notes during PV1. |
| 67.09 | If the pharmacy dispenses veterinary prescriptions, does it have a veterinary drug database integrated into the computer system for electronic DUR? *List veterinary product electronic database used. If not, list compendia used for performing manual DUR.* | No | |
| 68.00 | Are filled prescriptions verified for accuracy prior to dispensing? *Indicate process, by whom, and how documented.* | Yes | PV2 pharmacist. |
| 69.00 | Are filled prescriptions appropriately labeled? *Describe.* | Yes | |
| 70.00 | **Confidentiality:** Does the system have adequate safeguards to prevent a user from performing functions under a different user account or beyond what they are authorized to perform? *Password protected, access limited by job type, access revoked as appropriate such as upon termination. Record name/brand of pharmacy computer system used.* | Yes | Proprietary system |
| 70.01 | Does the pharmacy destroy PHI including labeled prescription vials? | Yes | Shred-it |
| 71.00 | **Mail/Delivery:** If applicable, are packing materials designed to maintain the physical integrity, stability, and purity of prescription medications and compounded preparations in transport? | Yes | |
| 72.00 | **Off-Site Processes:** Are any portions of the prescription processing (in the questions below) performed at a different location? ***Note: Please ask each question below to verify.*** | No | |
| 72.01 | If yes, is the other location under common ownership? *If not commonly owned, explain if there is a central fill/shared services or other agreement in place. Record the name and license number for the other location.* | N/A | |
| 72.02 | If yes, is that location in a different state than this facility? *If so, explain.* | N/A | |
| 72.03 | If yes, are there policies and procedures for identifying who is responsible for each step of prescription processing? | N/A | |
| 73.00 | **Off-Site Inventory:** Does the pharmacy maintain any emergency kits in nursing homes, long-term care facilities, or other entities (such as hospice, EMTs, ambulances)? *Note name(s) of facilities or entities.* | No | |
| 73.01 | Do the emergency kits contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?* | N/A | |
| 74.00 | **Off-Site Inventory:** Does the pharmacy maintain any automated prescription dispensing devices outside the pharmacy such as Pyxis in a nursing home, or a secure mailbox device that patients access after hours, etc? *Note types and locations.* | No | |

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| 74.01 | If yes, are the automated devices appropriately licensed, registered, or approved by the board of pharmacy? *Provide details.* | N/A | |
| 74.02 | Do the automated dispensing devices contain any compounded products? *If so, indicate whether sterile and/or nonsterile and are these stored, non-patient specific?* | N/A | |
| | **Patient Counseling and Communication** **If any part of a question is no, enter "No" and explain the observation.** | | |
| 75.00 | Does the pharmacist provide counseling for all new prescriptions picked up at the pharmacy (proactively, no "offer")? | N/A | Closed door pharmacy |
| 75.01 | Is an "offer" to counsel made for all new prescriptions picked up at the pharmacy? *Indicate who makes the "offer".* | N/A | |
| 76.00 | Does the pharmacist provide counseling for all refilled prescriptions picked up at the pharmacy (proactively, no "offer")? | N/A | Closed door pharmacy |
| 76.01 | Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy? *Indicate who makes the "offer".* | N/A | |
| 77.00 | Does the pharmacist provide counseling for refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist (proactively, no "offer")? | N/A | Closed door pharmacy |
| 77.01 | Is an "offer" to counsel made for all refilled prescriptions picked up at the pharmacy when there is a change in therapy or other issue determined by the pharmacist? *Indicate who makes the "offer".* | N/A | |
| 78.00 | Is patient counseling provided for delivered prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.* | N/A | No delivery |
| 79.00 | Is patient counseling provided for mailed prescriptions? *Printed information sent to patient, toll-free number for patients to call, pharmacist calls patients directly, etc? Describe how.* | Yes | Toll-free number and written information provided. |
| 80.00 | Are patient package inserts (PPIs) provided with every fill and refill of medications for which they are required (such as hormone products, inhalers, etc)? *Describe how.* | N/A | No human prescriptions. |
| 81.00 | Are MedGuides provided with every fill and refill of medications for which they are required (such as NSAIDS, antidepressants, etc)? *Describe how.* | N/A | No human prescriptions. |
| 82.00 | Are REMS (Risk Evaluation Mitigation Strategy) implementation programs performed? Confirm that procedures are in place. *List programs (such as iPledge for Isotretinoin, or Tikosyn).* | N/A | No human prescriptions. |
| 83.00 | Is patient counseling, the offer to counsel, or the refusal of patient counseling documented? *Describe how.* | Yes | Documented in Sales Force (call center system) |
| 84.00 | Do patients have 24-hour access to a pharmacist? *Note: may not be required by the resident state. Describe how (such as posted contact information and hours of operation).* | No | |
| 85.00 | Are processes in place to handle a drug recall? | Yes | SOP PRP-HM-000020-GTS |
| 86.00 | Does the pharmacy accept prescription drugs back for destruction as part of a drug take-back program? | No | |

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# National Association of Boards of Pharmacy®
# Universal Inspection Form

## General Pharmacy Inspection

The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.
An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

**Facility Name:** Covetrus North America, LLC

**Inspection Date:** 04/13/2022 - 04/14/2022

| | | Finding | Notes |
|---|---|---|---|
| 86.01 | Does the take-back program include controlled substances? | N/A | |
| 86.02 | Does the pharmacy have a modified DEA registration for controlled substance take-back? *If yes, list.* | N/A | |

## Quality Assurance/Quality Improvement Program

If any part of a question is no, enter "No" and explain the observation.

| | | | |
|---|---|---|---|
| 87.00 | Is there a documented continuous quality improvement (CQI) Program for the purpose of detecting, documenting, assessing, and preventing quality related events (QREs)? *If yes, list who oversees the program.* | Yes | Corporate Director of Pharmacy |
| 87.01 | Policies and procedures for the program are maintained in the pharmacy in an immediately retrievable form. *Indicate if hard copy, electronic, or both.* | Yes | Electronic |
| 87.02 | "Quality-Related Event" (QRE) is defined to mean any departure from the appropriate dispensing of a prescribed medication that is or is not corrected prior to the delivery and/or administration of the medication including (but not limited to):<br>1. a variation from the prescriber's prescription drug order such as incorrect drug, strength, form, or patient; or inadequate or incorrect packaging, labeling, or directions;<br>2. a failure to identify and manage over-utilization or under-utilization; therapeutic duplication; drug-disease contraindications; drug-drug interactions incorrect drug dosage or duration of drug treatment; drug-allergy interactions; or clinical abuse/misuse.<br>3. packaging or warnings that fail to meet recognized standards, the delivery of a medication to the wrong patient, or the failure to detect and appropriately manage a significant actual or potential problem with a patient's drug therapy. | Yes | |
| 87.03 | There is documentation of initial/ongoing (at least yearly) review and training of all pharmacy employees on the CQI program and processes. *For example, may be formal training or reviewed at a yearly meeting.* | Yes | |
| 88.00 | Documentation of QREs starts as soon as possible, but no more than three days, after determining their occurrence. *Indicate if documentation/forms are hard copy or electronic.* | Yes | Electronic-SalesForce |
| 88.01 | Documentation includes all the pertinent data about the prescription involved including personnel involved at each step. | Yes | |
| 88.02 | Documentation includes documenting the type of QRE details and how/who discovered the QRE. | Yes | |
| 88.03 | Documentation incudes possible contributing factors such as day and time the QRE occurred, number of pharmacists and technicians on duty, prescription volume that day, equipment failure, or other factors affecting work-flow at the time. | Yes | |
| 88.04 | Documentation includes steps taken to remediate including communications with the patient and the provider, and if the medication was ingested, disposition of the patient. | Yes | |

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| 89.00 | **QRE data** collected is analyzed to assess causes and any contributing factors (root cause). *Indicate who performs the analysis and frequency (with each event, weekly, monthly, quarterly, etc).* | Yes | Monthly review |
| 89.01 | The pharmacy uses the findings of the analysis to formulate an appropriate response and develop pharmacy systems and workflow processes designed to prevent QREs and increase good outcomes for patients. | Yes | |
| 89.02 | For pharmacies utilizing a drug formulary, a periodic review of such formulary is undertaken to ensure that appropriate medications are being offered/selected in the best interest of patients. | N/A | |
| 90.00 | **Quality meetings** are held at least annually by staff members of the pharmacy to consider the effects on quality of the pharmacy system due to staffing levels, workflow, and technological support. | Yes | |
| 90.01 | The meeting reviews data showing evidence of the quality of care for patients and develops plans for improvements to increase good outcomes for patients. | Yes | |
| 90.02 | Improvements or changes made are evaluated for performance to measure the effectiveness of the CQI program. | Yes | |
| 91.00 | **Reporting:** Incidents of QREs are reported to a nationally recognized error reporting program, an outside peer review committee, or a patient safety organization. *Indicate which organizations are reported including if the pharmacy reports QREs to the board of pharmacy.* | Yes | FDA, not required by AZ Board of Pharmacy |
| 91.01 | Adverse events are reported to the appropriate entities such as the board of pharmacy, MedWatch, FDA, VAERS, etc? | Yes | |
| 91.02 | Incidents involving malfunctioning or defective medical equipment or devices (blood glucose meters, DME, injection devices, etc) are documented and reported to the manufacturer or distributor. | N/A | |
| 92.00 | **Quality Self-Audits** are performed by the pharmacy at least quarterly (and upon change in PIC) to determine whether the occurrence of QREs has decreased and whether there has been compliance with preventative procedures, and to develop a plan for improved adherence with the CQI program in the future. | Yes | Monthly |
| 93.00 | **Consumer Surveys** are conducted at least yearly of patients who receive pharmaceutical products and services at the pharmacy. A statistically valid sampling technique may be used in lieu of surveying every patient. Each pharmacy should use the results of its consumer survey to evaluate its own performance at a particular time and over a period of time. | Yes | |
| 94.00 | **Patient Complaints** are documented, tracked, and investigated as appropriate and the information is used as part of the CQI program. | Yes | |

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## Nonsterile Compounding Inspection

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| | | Finding | Notes |
|---|---|---|---|
| | **General Operations and Information** | | |
| 1.00 | Does the pharmacy dispense nonsterile compounded preparations pursuant to a prescription? | Yes | |
| 1.01 | Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.* | Yes | |
| 1.02 | Do the compounded prescriptions produce a significant difference from a commercially available drug that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? | Yes | |
| 1.03 | Are nonsterile compounded prescriptions picked up at the pharmacy? | No | |
| 1.04 | Are nonsterile compounded prescriptions delivered to patients in their homes or residential facilities? | No | |
| 1.05 | Are nonsterile compounded prescriptions mailed to patients in their homes or residential facilities? | Yes | |
| 1.06 | Are nonsterile compounded prescriptions delivered to the practitioner for administration to the patient in the office, clinic, or facility? | No | |
| 1.07 | Are nonsterile compounded prescriptions mailed to the practitioner for administration to the patient in the office, clinic, or facility? | Yes | |
| 2.00 | Does the pharmacy distribute nonsterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.* | Yes | |
| 2.01 | Does the pharmacy distribute nonsterile compounded preparations to practitioners for office use? | Yes | |
| 2.02 | Does the pharmacy distribute nonsterile compounded preparations to hospitals, clinics, or surgery centers? | No | |
| 2.03 | Does the pharmacy have a sales force that promotes compounded preparations? *List compounds promoted.* | Yes | All compounding services |
| 2.04 | Does the pharmacy distribute non-patient specific compounded preparations for promotional purposes? *List compounds provided.* | No | |
| 2.05 | If yes, does the sales force hand-deliver these compounds? *List compounds provided.* | N/A | |
| 2.06 | If yes, are any of these controlled substances? *List compounds provided.* | N/A | |
| 3.00 | Does the pharmacy provide nonsterile compounded preparations to other pharmacies for dispensing? | No | |
| 3.01 | If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations? *Provide List.* | N/A | |
| 4.00 | Does the pharmacy compound oral preparations (tablets, capsules, liquids, lozenges, etc.)? *Provide List.* | Yes | Liquids, capsules, scoop powders |

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| | | Finding | Notes |
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| 5.00 | Does the pharmacy compound topicals (gels, creams, ointments, inserts, suppositories, patches, sprays including nasal sprays, etc.)? *Provide List.* | Yes | Creams, gels, ointments, transdermal, lotions, nasal sprays |
| 6.00 | Does the pharmacy compound vitamin or nutritional supplements? *Provide List.* | No | |
| 7.00 | Does the pharmacy sell any compounds over-the-counter? *Provide list.* | No | |
| 8.00 | Does the pharmacy compound investigational drugs? *Provide List.* | No | |
| 9.00 | Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate volume or percent compounded currently.* | Yes | None currently compounded |
| 9.01 | If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing. | Yes | |
| 9.02 | If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing.<br>*Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.* | Yes | |
| 10.00 | Does the pharmacy perform compounding identified as **simple?** *Indicate percentage of simple compounding.*<br>1. Making a preparation that has a USP compounding monograph or that appears in a peer-reviewed journal article that contains specific quantities of all components, compounding procedure and equipment, and stability data for that formulation with appropriate beyond-use dates (BUD)s.<br>2. Reconstituting or manipulating commercial products that may require the addition of one or more ingredients as directed by the manufacturer.<br>*Examples include Captopril Oral Solution, Indomethacin Topical precautions. Gel, and Potassium Bromide Oral Solution (Veterinary).* | No | |
| 11.00 | Does the pharmacy perform compounding identified as **moderate?** *Indicate percentage of moderate compounding.*<br>1. Making a preparation that requires special calculations or procedures (such as calibration of dosage unit mold cavities) to determine quantities of components per preparation or per individualized dosage units.<br>2. Making a preparation for which stability data for that specific formula is not available.<br>*Examples include Morphine Sulfate Suppositories, diphenhydramine hydrochloride troches, and mixing two or more manufactured cream products when the stability of the mixture is not known.* | No | |

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| 12.00 | Does the pharmacy perform compounding identified as **complex**? *Indicate percentage of complex compounding.*<br>Making a preparation that requires special training, environment, facilities, equipment, and procedures to ensure appropriate therapeutic outcomes.<br>*Examples of possible complex preparation types include transdermal dosage forms, modified-release preparations, and some inserts and suppositories for systemic effects.* | Yes | 100 |
| 13.00 | Does the pharmacy perform compounding with **hazardous drugs**? *Indicate percentage of compounding with hazardous drugs.*<br>NIOSH list of hazardous drugs including chemotherapy, hormones, etc. | Yes | 15% |
| 13.01 | Is the pharmacy aware of the more stringent requirements of the proposed USP Chapter <800>? | Yes | |
| 14.00 | Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.* | Yes | |
| 15.00 | Does the pharmacy compound using any **controlled substances**? *Indicate percentage of controlled substance nonsterile compounding.* | Yes | <1% |
| 16.00 | **APIs:** Does the pharmacy make any nonsterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)? | Yes | |
| 16.01 | Does the pharmacy purchase APIs directly from the manufacturer/repackager? *Indicate the source of APIs.* | Yes | PCCA, Medisca, Letco, Willow-Branch, AX, Spectrum |
| 16.02 | Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified.* | Yes | Compliance Team |
| 16.03 | Does the pharmacy use active ingredients that are not from an FDA-registered facility? *If so, indicate sources.* | No | |
| 16.04 | Does the computer track on-hand quantities of APIs used for compounding? *If not, explain.* | Yes | |
| 17.00 | Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?* | No | |
| 18.00 | Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed.* | Yes | Covetrus Laboratory Services |
| 19.00 | Does the pharmacy use scales/balances for nonsterile compounding? | Yes | |

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| 19.01 | If so, what type of scale/balanced is used? *List manufacturer and model number* | | See attached list. |
| 19.02 | If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency* | Yes | Daily |
| 19.03 | Describe the pharmacist checks for the measurement of each ingredient | | At weighing, electronic recording in log at QA, at PV2. |
| 20.00 | **Quality Assurance/Quality Improvement: Does the pharmacy continuous quality improvement program include nonsterile compounding measures?**<br>**Note: If the facility indicates "yes", please ask each question below to verify.** | Yes | |
| 20.01 | Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products? | Yes | |
| 20.02 | Does the pharmacy continuous quality improvement program include personnel testing and verification? | Yes | |
| 20.03 | Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc? | Yes | |
| 20.04 | Does the pharmacy continuous quality improvement program include end product testing (such as: pH, weight, potency, particulates, consistency, etc.)? | Yes | |
| 20.05 | Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding nonsterile compounded products? | Yes | |
| 20.06 | Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system? | Yes | |
| 20.07 | Does the recall system include communication with both the patient and the physician/prescriber regarding the affected nonsterile compounded preparation? | Yes | |
| 20.08 | Are QREs involving nonsterile compounded preparations or are recalled by the pharmacy reported to the Board of Pharmacy? | No | Not required in AZ. |
| | **Component Selection and Use** | | |
| | **Total Non-Compliant (Includes Unknowns)** | 0 | |

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| | | Finding | Notes |
|---|---|---|---|
| 21.00 | **Active Pharmaceutical Ingredients (APIs), bulk drug substances:**<br>All bulk drug substances (APIs) used are:<br>1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or<br>2) A component of an FDA-approved human drug product; or<br>3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued) | Compliant | |
| 21.01 | Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products.* NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before using to compound. | Compliant | |
| 21.02 | USP- or NF-grade substances used, if available | Compliant | |
| 21.03 | If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities. | Compliant | |
| 21.04 | APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels.* | Compliant | |
| 21.05 | If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding | N/A | |
| 21.06 | All substances and components have a complete label including a batch control or lot number, and an expiration date. | Compliant | |
| 21.07 | For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned does not exceed three (3) years for ingredients used for non-sterile compounding and does not exceed one (1) year for ingredients used for sterile compounding. *Note: purity and quality testing may be performed to extend.* | N/A | |
| 21.08 | All APIs and components received without an expiration date are labeled with the date they were received. | N/A | |
| 21.09 | If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date. | Compliant | |
| 21.10 | Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones). | Compliant | |
| 22.00 | Where water is an ingredient, purified or distilled water is used. | Compliant | Distilled water |

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| | | Finding | Notes |
|---|---|---|---|
| 23.00 | Ingredients used for dietary or nutritional supplements meet USP, Food Chemicals Codex (FCC), or NF standards, or the pharmacy has alternate means to determine if the ingredients meet food-grade quality. | N/A | |
| 24.00 | Pharmacy confirms that there are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine). | N/A | |
| 25.00 | When manufactured products are used for compounding, all the other excipients in the product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made. | Compliant | |
| 26.00 | For animal compounding: The compounding meets the same standards as compounding for human patients. | Compliant | |
| 26.01 | The pharmacist is knowledgeable or has references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used. | Compliant | |
| 26.02 | It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet. | Compliant | Pharmacy does not compound for food-chain animals. |
| 26.03 | The pharmacist familiar with, or has a reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals. | N/A | |
| 26.04 | The facility has a list of drugs and components not allowed when compounding for food-producing animals. | N/A | |
| 26.05 | The pharmacist is familiar with, or has a reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs) | Compliant | |

## Beyond Use Dating (BUD)

| | Total Non-Compliant (Includes Unknowns) | 0 | |
|---|---|---|---|
| 27.00 | BUDs are assigned from the day of preparation. | Compliant | |
| 28.00 | BUDs are assigned based on dispensing in tight, light-resistant containers/overpacks. | Compliant | |
| 29.00 | Extended BUDs are supported by testing data. *View documentation used, preparation must exactly match formulation upon which data was obtained.* | Compliant | |
| 29.01 | Extended BUDs are assigned and the facility has performed its own stability testing. *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc.* | Compliant | |
| 30.00 | BUDs for nonaqueous formulations are not later than the remaining time until the earliest expiration date of any API and not later than six (6) months. | Compliant | |
| 31.00 | BUDs for water-containing oral formulations are not later than 14 days when stored at controlled cold temperatures (refrigerated). | Compliant | |

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| | | Finding | Notes |
|---|---|---|---|
| 32.00 | BUDs for water-containing topical/dermal and mucosal liquid and semisolid formulations not later than 30 days. | Compliant | |
| **Environment** | | | |
| | **Total Non-Compliant (Includes Unknowns)** | **0** | |
| 33.00 | The non-sterile compounding area is a controlled environment and separate from the general pharmacy. | Compliant | |
| 34.00 | There sufficient space available for the type and amount of compounding performed and the space is orderly to prevent mix-ups between ingredients, containers, labels, in-process materials, and finished preparations. | Compliant | |
| 35.00 | Only one preparation compounded at a time. | Compliant | |
| 36.00 | Procedures are implemented to prevent cross-contamination, especially when compounding with drugs such as hazardous drugs and known allergens like penicillin that require special precautions. | Compliant | |
| 37.00 | The compounding area is well lit. | Compliant | |
| 38.00 | The pharmacy performs hazardous non-sterile compounding in a ventilated cabinet such as a BSC, CAI, or CACI. *Note: CAI may not be used for hazardous drugs that may volatilize.(NIOSH requirement referenced in USP<795>. Note that proposed USP Chapter <800> will change hazardous drug compounding requirements.)* | Compliant | |
| 38.01 | Ventilated cabinets (BSC, CAI, CACI) used for hazardous compounding are certified or tested periodically. | Compliant | |
| 38.02 | If the hoods or isolators are not located in a closed, controlled room environment, there is documentation from the manufacturer and site testing to verify proper functioning of equipment under dynamic conditions for the safety of personnel. | N/A | |
| 39.00 | Appropriate protective attire (gowns, gloves, masks, etc.) is available. | Compliant | |
| 39.01 | If hazardous drugs are used, appropriate protective attire is available (gowns, gloves, hair and shoe covers, eye and face protection, etc.). | Compliant | |
| 40.00 | There is a sink in the compounding area with hot and cold potable water, soap or detergent, and air-driers or single-use towels. | Compliant | |
| 41.00 | There is adequate space to wash equipment and utensils including access to water for rinsing. *(Purified water is recommended - not required)* | Compliant | |
| 42.00 | The temperature of the compounding area is controlled by a thermostat and an air conditioning system is in place. | Compliant | |
| 43.00 | Temperature in the compounding area is maintained to provide controlled room temperature of 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements. | Compliant | |

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| 43.01 | Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained. | Compliant | |
| 43.02 | Excursion action plan in place including evaluating excursion effects on drug product integrity. | Compliant | |
| 43.03 | Temperature monitoring is also performed in drug storage areas (if separate from the compounding areas) and maintained within 20° to 25°C (68° to 77 °F), or more restrictive if warranted by specific drug product storage requirements. | Compliant | |
| 43.04 | Temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Temperature records are maintained. | Compliant | |
| 43.05 | Excursion action plan in place including evaluating excursion effects on drug product integrity. | Compliant | |
| 44.00 | Humidity in the compounding area is maintained to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%. | Compliant | |
| 44.01 | Humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained. | Compliant | |
| 44.02 | Excursion action plan in place including evaluating excursion effects on drug product integrity. | Compliant | |
| 44.03 | Humidity monitoring is also performed in drug storage areas (if separate from the compounding areas) to provide humidity in the ranges warranted by specific drug product storage requirements. If drug products require storage in a "dry place", humidity is not to exceed 40%. Generally recommended range is 35-60%. | Compliant | |
| 44.04 | Humidity monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained. | Compliant | |
| 44.05 | Excursion action plan in place including evaluating excursion effects on drug product integrity. | Compliant | |
| 45.00 | The bulk component storage area is adequately arranged and maintained in a clean and sanitary condition. | Compliant | |
| 46.00 | All components, equipment, and containers are stored off the floor, and handled and stored to prevent contamination. | Compliant | |
| 47.00 | All components and packaging containers and closures are properly rotated to use oldest first. | Compliant | |
| 48.00 | Hazardous drugs are appropriately identified and marked, received, handled and stored by appropriately trained personnel. (OSHA regulations and NIOSH Alerts) | Compliant | |
| 49.00 | Trash is disposed of in a safe, sanitary, and timely manner. | Compliant | |
| 49.01 | Hazardous waste is disposed of in a safe, sanitary, and timely manner. | Compliant | |

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# National Association of Boards of Pharmacy®
## Universal Inspection Form

## Nonsterile Compounding Inspection

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**Facility Name:** Covetrus North America, LLC

**Inspection Date:** 04/13/2022 - 04/14/2022

| | | Finding | Notes |
|---|---|---|---|
| **Training** - *Verify records of all compounding personnel (up to 10).* | | | |
| | **Total Non-Compliant (Includes Unknowns)** | 0 | |
| 50.00 | Have all personnel of reproductive capability who handle or compound hazardous drugs or chemicals confirmed in writing that they understand the risks of handling hazardous drugs? Teratogenicity, carcinogenicity, reproductive issues. | Compliant | |
| 51.00 | There is documentation that all personnel that perform compounding are appropriately trained including policies and procedures, documentation, hazardous drug handling, and compounding technique and not allowed to compound or supervise compounding until training is successfully completed. | Compliant | |
| 52.00 | There is documentation that the training process for the preparation of compounds includes demonstration of the compounding procedure first, followed by the trainee performing the procedure under supervision successfully before being allowed to perform compounding. | Compliant | |
| 53.00 | There is documentation that training includes the operation of any equipment that may be used when preparing compounded products. *Documentation includes operation and troubleshooting.* | Compliant | |
| 54.00 | There is documentation available showing employees performing non-sterile compounding are evaluated at least annually. | Compliant | |
| 54.01 | If performing hazardous nonsterile compounding, there is documentation available showing employees are evaluated at least annually. | Compliant | |
| 55.00 | If the pharmacy uses relief personnel from outside agencies to perform non-sterile compounding there is documentation that training is verified. | N/A | |
| **Compounding Equipment** | | | |
| | **Total Non-Compliant (Includes Unknowns)** | 0 | |
| 56.00 | Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (including capsule machines, autoclaves, ovens, etc.) are periodically inspected and calibrated.* | Compliant | |
| 57.00 | Scales, balances, or other types of equipment used for measurement shall be routinely inspected, calibrated as necessary (per manufacturer instructions), and checked to ensure proper performance. *Describe procedure used.* | Compliant | SOP PRPHM-000002-GTS (hazaardous), SOP PRPHM-000035 (non-hazardous) |
| 58.00 | Powder hoods used for nonsterile compounding are certified or tested periodically to ensure proper function. | Compliant | Annually |

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| 58.01 | Hood filters are checked regularly and replaced when necessary. | Compliant | |
| 59.00 | All equipment is cleaned promptly after each use. *Equipment and utensils washed using potable water with a soap or detergent, and rinsed. Recommended rinsed with purified water.* | Compliant | |
| 60.00 | The pharmacy uses separate equipment and utensils to compound allergenic, cytotoxic, or hazardous products, or has detailed procedures for meticulous cleaning of equipment and utensils immediately after use to prevent cross-contamination or exposure. | Compliant | |
| **Documentation** | | | |
| | Total Non-Compliant (includes Unknowns) | 0 | |
| 61.00 | The pharmacy creates a master formulation record the first time before compounding a new preparation | Compliant | |
| 61.01 | Every formulation is evaluated for incompatibilities and the potential for being ineffective or toxic. | Compliant | |
| 61.02 | The master formulation record includes: | | |
| 61.03 | Official or assigned name, strength, and dosage form | Compliant | |
| 61.04 | All necessary calculations | Compliant | |
| 61.05 | Description of all ingredients and their quantities | Compliant | |
| 61.06 | Compatibility and stability information including references (when available) | Compliant | |
| 61.07 | Equipment used for the preparation | Compliant | |
| 61.08 | Mixing instructions (order of mixing, temperatures, duration of mixing, and other pertinent factors) | Compliant | |
| 61.09 | Container used and packaging requirements | Compliant | |
| 61.10 | Assigned BUD information | Compliant | |
| 61.11 | Labeling information including the name of and quantity or concentration of each active ingredient | Compliant | |
| 61.12 | Description of the finished preparation | Compliant | |
| 61.13 | Storage requirements | Compliant | |
| 61.14 | Quality control procedures and expected results (e.g. dose measurement of capsule in the dose calibrator). | Compliant | |
| 62.00 | The pharmacy creates a compounding record for each compound prepared | Compliant | |
| 62.01 | The compounding record includes: | | |
| 62.02 | Official or assigned name, strength and dosage of the preparation | Compliant | |
| 62.03 | Master Formulation Record reference | Compliant | |

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| | | Finding | Notes |
|---|---|---|---|
| 62.04 | Sources, lot numbers, and expiration dates of all components | Compliant | |
| 62.05 | Total quantity or number of dosage units compounded | Compliant | |
| 62.06 | Person compounding the preparation | Compliant | |
| 62.07 | Person performing the quality control procedures | Compliant | |
| 62.08 | Person who approved the preparation | Compliant | |
| 62.09 | Date of compounding | Compliant | |
| 62.10 | Assigned internal identification number or prescription number | Compliant | |
| 62.11 | Description of the final preparation | Compliant | |
| 62.12 | Assigned BUD | Compliant | |
| 62.13 | Duplicate label | Compliant | Electronic record retrievable. |
| 62.14 | Results of quality control procedures (weight range of filled capsules, pH of aqueous liquids, etc.)? | Compliant | |
| 62.15 | Documentation of any quality control issues and any adverse reactions or preparation problems reported by the patient or caregiver including investigation and recall, if appropriate | Compliant | |

## Compounding Procedures

| | Total Non-Compliant (Includes Unknowns) | 0 | |
|---|---|---|---|
| 63.00 | The Master Formulation Record and the Compounding Record has been reviewed by the compounder to ensure it is error free. | Compliant | |
| 64.00 | Compounding personnel ascertain that ingredients for compounded preparations are of the correct identity and appropriate quality including a unit-by-unit inspection of the components. | Compliant | |
| 65.00 | The containers and closures selected meet USP standards (from container supplier). | Compliant | |
| 66.00 | Container selection determined by physical and chemical properties of the preparation. | Compliant | |
| 67.00 | Compounding personnel maintain good hand hygiene and wear clean and appropriate clothing for the compounding being performed. | Compliant | |
| 68.00 | Personnel don appropriate protective garb when performing compounding. | Compliant | |
| 68.01 | If hazardous compounding, personnel don appropriate protective garb when compounding. | Compliant | |
| 69.00 | Routine compounding procedures for batch preparation completed and verified according to written procedures. Including: *Calculations correct, weighing and measuring performed correctly, order of mixing correct, compounding techniques performed correctly* | Compliant | |

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| 70.00 | Procedures for in-process checks followed. *These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists that includes visual inspection of product, and documentation of the compounding accuracy is performed to ensure proper measurement, reconstitution and component usage. **Recommended:** compounding accuracy checked by a person other than the compounder.* | Compliant | |
| 71.00 | There are no deviations from the master formulation record, unless they are approved and deemed appropriate by a pharmacist and a new master formulation record is created. | Compliant | |
| 72.00 | There is a procedure for cleaning which is followed. *After each preparation, daily tasks, monthly tasks, etc.* | Compliant | |
| 73.00 | Personnel are appropriately garbed for protection when cleaning. | Compliant | |
| 74.00 | Compounding employees are using appropriate techniques. *Inspector to observe compounding procedures, documentation, appropriate garb, cleanliness of compounding area and equipment. Compounding MUST be observed , if compounding is not being performed at the time of survey, mark as "Non-Compliant".* | Compliant | |
| 74.01 | If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the " Denial of Authorization " form. List individual who signs the Denial of Authorization* | | |
| **Finished Preparation Release Checks and Tests** | | | |
| | **Total Non-Compliant (Includes Unknowns)** | 2 | |
| 75.00 | The finished preparation is observed to appear as expected in the master formulation record and documented. | Compliant | |
| 76.00 | As appropriate, the final completed preparation assessed for quality control and is documented, such as weight, mixing, clarity, odor, color, consistency, pH, and strength. | Compliant | |
| 77.00 | There are established written processes that describe test or examinations conducted on the compounded preparation (degree of weight variation in capsules, for example) to ensure uniformity and integrity. | Compliant | |
| 78.00 | Preparations with extended BUDs that are not supported by testing data are sampled and tested for physical, chemical, and microbiological characteristics. | N/A | |
| 78.01 | If any failed tests or discrepancies are observed, there is an investigation and appropriate corrective actions taken before dispensing to patient | N/A | |
| 78.02 | If products being tested are dispensed or distributed before the test results are obtained, there is a recall procedure if the test results indicate an issue. | N/A | |

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| | | Finding | Notes |
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| 79.00 | There are appropriate quality control procedures to monitor the output and to verify the performance of compounding processes and equipment that may be responsible for causing variability in the final compounded preparations. *Review validation of equipment and personnel performance documentation.* | Compliant | |
| 80.00 | Labels on immediate patient-specific containers include identifiers for the persons preparing the compound and performing the final verification, BUD, an indication that this is a compounded preparation, special requirements for storage, and appropriate packaging and labeling of hazardous materials. | Non-Compliant | Preparer not on the container label but available on compounding log. |
| 80.01 | Labeling contains generic name and quantity or concentration of each active ingredient. | Compliant | |
| 80.02 | Labeling contains assigned BUD. | Compliant | |
| 80.03 | Labeling contains storage and handling information. | Compliant | |
| 80.04 | If hazardous, labeling contains storage and handling information. | Compliant | |
| 80.05 | Labeling contains prescription or control number, whichever is applicable. | Compliant | |
| 81.00 | Batch preparations (in anticipation of prescriptions) are of an appropriate volume and batch products in stock are all within their BUD (not outdated). | Compliant | |
| 82.00 | Labels on batch preparations include the name and quantity of all contents, date and time of preparation (or internal code/lot number indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials. | Non-Compliant | Preparer not on the container label but available on compounding log. |
| 83.00 | Preparations are stored and secured properly prior to dispensing based upon conditions upon which BUD was assigned. | Compliant | |
| 84.00 | Preparations are examined immediately after preparation AND again immediately prior to dispensing for any signs of instability. | Compliant | |

## Patient Counseling and Communication

| | | Total Non-Compliant (Includes Unknowns) | 0 | |
|---|---|---|---|---|
| 85.00 | Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of products such as fentanyl, hormones and chemotherapy medications? | | Compliant | |
| 86.00 | Are the required printed drug information materials (drug information sheets, Patient Package Inserts, MedGuides, etc.) provided for the compounded products? | | Compliant | |
| 87.00 | Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy? | | Compliant | |
| 88.00 | Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated compounded product are notified of the potential risk. | | N/A | None to date. |

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| | | Finding | Notes |
|---|---|---|---|
| | Indicate the drug name, dosage or strength, and the size of the sample obtained for testing. (*NA if no sample*) | | |
| | Indicate the areas/rooms of the pharmacy entered to perform the inspection. *If the inspector did not fully garb and enter buffer room(s), indicate reason.* | | |
| | **General Operations Information** | | |
| 1.00 | Does the pharmacy dispense sterile compounded preparations pursuant to a prescription? | Yes | |
| 1.01 | Are patient profiles complete and DUR performed for each prescription? *View selected files for profile to include allergies, disease states/conditions, other medications taken not dispensed by this pharmacy.* | Yes | |
| 1.02 | Are sterile compounded prescriptions picked up at the pharmacy? | No | |
| 1.03 | Are sterile compounded prescriptions delivered/mailed to patients in their homes or residential facilities? | Yes | |
| 1.04 | Are sterile compounded prescriptions delivered/mailed to the practitioner for administration to the patient in the office, clinic, or facility? | Yes | |
| 2.00 | Does the pharmacy distribute sterile compounded preparations? *Not pursuant to a prescription, not labeled by the pharmacy with a patient name.* | Yes | |
| 2.01 | Does the pharmacy distribute sterile compounded preparations to practitioners for office use? | Yes | |
| 2.02 | Does the pharmacy distribute sterile compounded preparations to hospitals, clinics, or surgery centers? | No | |
| 2.03 | Is the pharmacy registered with the FDA as an Outsourcing Facility? | No | |
| 2.04 | Does the pharmacy have a sales force that distributes samples containing active ingredients? *List samples provided.* | No | |
| 3.00 | Does the pharmacy provide sterile compounded preparations to other pharmacies for dispensing? | No | |
| 3.01 | If so, does the pharmacy have central fill/shared services contracts or agreements with these pharmacies for patient specific preparations? | N/A | |
| 4.00 | Which of the following sterile compounds are prepared? | | |
| 4.01 | Allergen extracts | No | |
| 4.02 | Parenteral solutions | Yes | |
| 4.03 | Parenteral *suspensions* | Yes | |
| 4.04 | Preservative-free parenterals | No | |
| 4.05 | Ophthalmic preparations | Yes | |
| 4.06 | Oral or nasal *inhalation* preparations (not topical sprays) | No | |

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| 4.07 | Baths and soaks for live organs and tissues | No | |
| 4.08 | Irrigations for wounds and body cavities | No | |
| 4.09 | Any other sterile preparations (implants, pellets, etc.). *Provide list.* | No | |
| 5.00 | Does the pharmacy compound investigational drugs? *Provide list.* | No | |
| 6.00 | Does the pharmacy only make essential copies of a commercially available drug product on the Drug Shortage List or that is justified by a documented medical need of the individual patient as determined by the prescribing practitioner? *Indicate name and volume/percent compounded currently.* | No | |
| 6.01 | If yes, products are verified as appearing on the Drug Shortage List in effect under 506E of the Federal Act at the time of compounding, distribution, and dispensing. | N/A | |
| 6.02 | If yes, the Drug Shortage List is monitored and when a drug product is no longer on the list, any remaining stock is quarantined and not available for distribution or dispensing. *Note: Per FDA guidance, 503B facilities may continue to distribute for 60 days following drug shortage list removal for existing orders.* | N/A | |
| 7.00 | Does the pharmacy perform **low-risk** compounding? *Indicate percentage of low-risk sterile compounding.* | No | |
| 7.01 | Are all low-risk compounds assigned BUDs within USP guidelines (48 hours at controlled room temperature, 14 days refrigerated, 45 days frozen)? | N/A | |
| 7.02 | If low risk, are the compounds located in segregated area are BUD 12 hours or less? | N/A | |
| 7.03 | If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes. | | |
| 7.04 | If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).* | N/A | |
| 8.00 | Does the pharmacy perform **medium-risk** compounding? *Indicate percentage of medium-risk sterile compounding.* | No | |
| 8.01 | Are all medium-risk compounds assigned BUDs within USP guidelines (30 hours at controlled room temperature, 9 days refrigerated, 45 days frozen)? | N/A | |
| 8.02 | If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes. | | |
| 8.03 | If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).* | N/A | |
| 9.00 | Does the pharmacy perform **high-risk** compounding? *Indicate percentage of high-risk sterile compounding.* | Yes | 100% |

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| | | Finding | Notes |
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| 9.01 | Are all high-risk compounds assigned BUDs within USP guidelines (24 hours at controlled room temperature, 3 days refrigerated, 45 days frozen)? | No | |
| 9.02 | If extended BUDs are used, list products with Extended BUDs and maximum BUD in notes. | | Cyclosporine 2% Sol-180 day BUD, Tacrolimus 0.03% Oph Corn Oil Sol-180 day BUD, Tacrolite 0.02% Mineral Oil Sol-180 day BUD. |
| 9.03 | If extended BUDs are used, is further testing being performed to justify the use of extended BUDs? *List the types of testing performed (potency, sterility, stability, etc).* | Yes | Stability, potency, sterility, endotoxin, container/closure integrity, method suitability, particulates |
| 10.00 | Does the pharmacy provide sterile compounded preparations to be administered via an implantable infusion pump? | No | |
| 11.00 | Does the pharmacy perform compounding for **immediate use?** *Indicate percentage of immediate use sterile compounding.* | No | |
| 12.00 | Does the pharmacy perform compounding with **hazardous drugs?** *Indicate percentage of hazardous sterile compounding.* *NIOSH list of hazardous drugs including chemotherapy, hormones, etc.* | Yes | 100% |
| 12.01 | Does pharmacy have a plan to comply with USP Chapter <800> by the implentation date? Describe plan. | Yes | Currently compliant. |
| 12.02 | Are hazardous drugs segregated and stored in a room that is negative pressure (at least -0.01" wc) to adjacent areas and with at least 12 ACPH? | Yes | |
| 12.03 | Is hazardous drug waste quarantined in a designated area and disposed of in compliance with local, state, and federal regulations? | Yes | |
| 13.00 | Are Safety Data Sheets (SDS) [formerly known as Material Safety Data Sheets (MSDS)] available to personnel for drugs and chemicals used in the pharmacy (including those for compounding, if applicable)? *Verify that personnel can access them and are familiar with the format.* | Yes | In Sharepoint. |
| 14.00 | Does the pharmacy perform compounding using blood products (or other biological materials)? Such as wound care, autologous eye drops, etc. *Describe.* | No | |
| 15.00 | Does the pharmacy compound using any Federally **controlled substances I-V?** *Indicate controlled substances used and percentage of controlled substance sterile compounding.* | No | |
| 16.00 | **APIs:** Does the pharmacy make any sterile compounded preparations using bulk powder Active Pharmaceutical Ingredients (APIs)? | Yes | |
| 16.01 | Does the pharmacy purchase APIs directly from the manufacturer/repackager? *If not, indicate the source of APIs* | Yes | |
| 16.02 | Does the pharmacy verify that the manufacturer/repackager of the API is an FDA-registered facility? *If so, list how this verified* | Yes | Verified quartely by Compliance Team. |

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| 16.03 | Does the pharmacy use active ingredients that are not from an FDA facility? *If so, indicate sources.* | No | |
| 16.04 | Does the computer track on-hand quantities of APIs used for compounding? | Yes | |
| 17.00 | Does the pharmacy use scales/balances for sterile compounding? | Yes | |
| 17.01 | If so, what type of scale/balanced is used? *List manufacturer and model number.* | | See attached. |
| 17.02 | If the scale/balance is electronic, does the pharmacy use the automatic calibration? *Describe process and indicate frequency.* | Yes | Daily |
| 18.00 | Does the pharmacy have a lyophilizer? | No | |
| 18.01 | Where is the lyophilizer located? *Indicate location and ISO class of room.* | | |
| 18.02 | Note the products lyophilized, and the volume or percent of products per week produced using the lyophilizer. | | |
| 18.03 | Is the lyophilizer part of the viable air and surface sampling, media fill testing procedures, and cleaning schedules and procedures? | N/A | |
| 19.00 | Does the pharmacy perform any testing in-house (not sent to an outside lab)? *If so, what tests are performed in house?* | No | |
| 20.00 | Does the pharmacy send samples to an outside lab to perform testing? *If so, provide the name of the lab performing testing for the pharmacy and what testing is performed* | Yes | Covetrus Laboratory Services, CIAL; potency, sterility, endotoxin, particulates |
| 21.00 | **Quality Assurance/Quality Improvement:** Does the pharmacy continuous quality improvement program include sterile compounding measures?<br>*Note: If the facility indicates "yes", please ask each question below to verify.* | Yes | |
| 21.01 | Does the pharmacy continuous quality improvement program include QREs related to the preparation of compounded products? | Yes | |
| 21.02 | Does the pharmacy continuous quality improvement program include nonviable environmental monitoring and testing? | Yes | |
| 21.03 | Does the pharmacy continuous quality improvement program include viable environmental testing? | Yes | |
| 21.04 | Does the pharmacy continuous quality improvement program include personnel testing and verification? | Yes | |
| 21.05 | Does the pharmacy continuous quality improvement program include equipment calibration, testing, etc? | Yes | |
| 21.06 | Does the pharmacy continuous quality improvement program include sterilization method testing and validation? | Yes | |
| 21.07 | Does the pharmacy continuous quality improvement program include end product testing (such as: potency, particulates, sterility, endotoxin, etc.)? | Yes | |

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## Sterile Compounding Inspection

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| | | Finding | Notes |
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| 21.08 | Does the pharmacy continuous quality improvement program include patient or prescriber reports or complaints regarding CSPs? | Yes | |
| 21.09 | Does the facility QA program identify action limits or thresholds and the appropriate follow-up mechanisms when action limits or thresholds are exceeded including a recall system? | Yes | |
| 21.10 | Does the recall system include communication with both the patient and the physician/prescriber regarding the potentially contaminated CSP administered and the potential risks? | Yes | |
| 21.11 | Are QREs involving CSPs that may have been contaminated or are recalled reported to the appropriate agency such as the Board of Pharmacy and/or FDA. | Yes | |
| 21.12 | Are all CFUs detected by any personnel, environmental, or product testing; or any other checks or tests including endotoxin, purity, potency, etc. remediated, appropriately investigated, cause determined, and processes implemented to prevent in the future, where applicable? *Review QA trends.* | Yes | |
| **Component Selection and Use** | | | |
| | **Total Non-Compliant (includes Unknowns)** | 0 | |
| 22.00 | **Active Pharmaceutical Ingredients (APIs), bulk drug substances:**<br>All bulk drug substances (APIs) used are:<br>1) Compliant with the standards of an applicable USP or NF monograph, if one exists; or<br>2) A component of an FDA-approved human drug product; or<br>3) On the list of bulk drug substances for use in compounding developed by the FDA and issued through regulation (note: must comply with (1) or (2) above until the FDA list is issued) | Compliant | |
| 22.01 | Certificates of analysis (COAs) obtained for all bulk APIs used for compounding. *Verify by selecting products from the shelf from different suppliers and ask to see the COAs for those products .*<br>NOTE: The COA for an API should be reviewed upon receipt of the API to verify the quality of the API before being used for compounding. | Compliant | |
| 22.02 | USP- or NF-grade substances used, if available. | Compliant | |
| 22.03 | If compendia quality components are not available, chemically pure, analytical reagent grade or American Chemical Society-certified components are used and are determined to be free from impurities. | Compliant | |
| 22.04 | APIs or other components have labeling indicating use for pharmaceutical compounding or manufacturing. Labels do not indicate "for research purposes only", "not for drug use", or are handwritten labels from other pharmacies. *Photograph and describe if found. Request copies of the invoices for products with questionable labels* | Compliant | |
| 22.05 | If compounding for both humans and animals, APIs or other components that are labeled for veterinary use only are segregated or marked in such a way to prevent them from being used for human compounding. | N/A | |

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| 22.06 | All substances and components have a complete label including a batch control or lot number, and an expiration date. | Compliant | |
| 22.07 | For APIs without an expiration date assigned by the manufacturer or supplier, the pharmacy assigns a conservative expiration date. The expiration date assigned is not greater than one (1) year, unless it is supported with data and/or testing. *Note: purity and quality testing may be performed to extend.* | N/A | |
| 22.08 | All APIs are labeled with the date they were received. | Compliant | |
| 22.09 | If the pharmacy repackages APIs into smaller containers for ease of use, the expiration date assigned is conservative (typically the lesser of one year or the actual expiration from the original container). Product may be tested to extend the expiration date but may not exceed the original package expiration date. | Compliant | |
| 22.10 | Bulk component containers are labeled with appropriate OSHA hazard communication labels and hazardous substances are segregated (including hormones). | Compliant | |
| 23.00 | There are no preparations for human use made or ingredients used that appear on the FDA list of drug products withdrawn or removed from the market for safety reasons (facility has a copy of the list or other way to determine). | N/A | |
| 24.00 | When manufactured products are used for compounding, all the other excipients (in addition to the active ingredient) in the manufactured product are considered relative to the use, effectiveness, and stability of the compounded preparation to be made. | N/A | |
| 25.00 | For animal compounding, does the compounding meet the same standards as compounding for human patients? | Compliant | |
| 25.01 | The pharmacist is knowledgeable or has the most up-to-date references regarding the individual species' limitations in physiology and metabolic capacity that can result in toxicity when certain drugs or excipients are used. | Compliant | |
| 25.02 | It is determined and documented if the animal is used for food (meat, milk, eggs, etc.) or that the animal is a pet. | N/A | Does not fill prescriptions for food-chain animals. |
| 25.03 | The pharmacist familiar with, or has the most up-to-date reference regarding drug residues in the food chain and withdrawal times if compounding for food-producing animals. | N/A | |
| 25.04 | The facility has a list of drugs and components not allowed when compounding for food-producing animals. | N/A | |
| 25.05 | The pharmacist is familiar with, or has the most up-to-date reference regarding regulations for drug use in performance animals (e.g., race or show horses, racing dogs) | Compliant | Plumb's online |
| 26.00 | If the pharmacy compounds stock solutions or components (that are then used to compound a finished product) using APIs, these stock solutions are categorized as high-risk compounding. | N/A | |
| 26.01 | The stock solutions are assigned BUD based on the USP<797> high-risk compound BUD, OR are assigned on the basis of direct testing or extrapolation from reliable literature sources to support an extended BUD. | N/A | |

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| 26.02 | Compounded preparations using the stock solution are classified as high-risk compounds with appropriate handling with regard to BUD and testing requirements. | N/A | |
| **Environment** | | | |
| | **Total Non-Compliant (Includes Unknowns)** | 0 | |
| 27.00 | If the facility performs both sterile and nonsterile compounding, the areas are separated and distinct. | Compliant | |
| 28.00 | If the facility performs compounding using blood products (or other biological materials), this compounding area is separate and distinct from the general compounding areas. | N/A | |
| 28.01 | Are components used in compounding with blood products restricted to the blood compounding area (not used in other compounding areas)? | N/A | |
| 29.00 | Entry into the sterile compounding areas is limited to task critical employees (limited to only the pharmacist(s) and other trained and authorized pharmacy personnel). | Compliant | |
| 30.00 | The anteroom has a line of demarcation or other separation of the dirty to the clean side. Note: the line of demarcation may NOT be the doorway between the anteroom and the clean/buffer room. | Compliant | |
| 30.01 | Carts used to bring supplies from the storeroom are kept on the outside of the line of demarcation. | Compliant | |
| 30.02 | Carts used in the clean/buffer room are kept on the clean side of the line of demarcation. | Compliant | |
| 31.00 | All surfaces of the sterile product compounding area carts, shelves, stools, chairs, and other items are resistant to disinfectants, non-permeable, non-carpeted or upholstered, and low particulate generating. | Compliant | |
| 32.00 | Walls are constructed of durable material, which is cleanable, such as epoxy-coated or heavy-gauge polymer material. *If panels are used, they are locked together and sealed.* | Compliant | |
| 33.00 | The ceiling surface shall be impervious and hydrophobic. *If tiles are used, they shall be locked and the seams between the tiles and where they meet the walls shall be caulked and sealed.* | Compliant | |
| 34.00 | The floor overlaid with wide sheet flooring and seamless or with heat welded seams, with coving to the sidewall, and a sealed seam where the coving meets the wall. | Compliant | |
| 35.00 | The clean/buffer room or anteroom does not have dust collecting overhangs. | Compliant | |
| 36.00 | The exposed surfaces of: | | |
| 36.01 | PEC are free of dirt, rust, chips and particulate matter. | Compliant | |
| 36.02 | Light fixtures are smooth, mounted flush, and sealed. | Compliant | |
| 37.00 | A working sink, located on the clean side of the line of demarcation, is available that enables pharmacy personnel to wash hands and enter the sterile compounding area without contaminating his/her hands and is away from/not adjacent to any PEC(s). | Compliant | |
| 38.00 | There is no sink or drain in the clean/buffer room. | Compliant | |

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| 39.00 | Hand drying is with lint-free disposable towels, or an electronic or HEPA filtered hand dryer. | Compliant | Lint-free disposable towels |
| 39.01 | If using a hand dryer, particle count and smoke testing validation is performed while dryer is in use (while someone is actively using to dry their hands) at certification, and the immediate area around the dryer is part of the viable air and surface testing program performed. *(N/A if only using towels)* | N/A | |
| 40.00 | All air ducts controlling air flow into the sterile compounding clean/buffer room and anteroom are equipped with High Efficiency Particulate Air filtered air that maintains the cleanroom with an ISO Class 7 environment and the anteroom with an ISO Class 7 (when adjacent to HD cleanroom) or ISO Class 8 environment. | Compliant | |
| 41.00 | Incoming air ducts through HEPA filters are on or near the ceiling and air return ducts are low on the walls in the anteroom and clean/buffer room. | Compliant | |
| 42.00 | If there are particle generating equipment/appliances in the clean/buffer room or anteroom (e.g. computers, printers, refrigerators, dishwashers, etc), they are located by an air return so air flows over and out of the room taking particles with it, and this air flow has been confirmed by smoke testing while in use. | N/A | |
| 43.00 | Beverages including drinking water, chewing gum, candy, or food items are prohibited from the clean/buffer room or anteroom. | Compliant | |
| 44.00 | If compounding occurs using nonsterile ingredients, products, components, or devices (for example compounding with non-sterile APIs or using nonsterile vials and closures), the pharmacy has appropriate equipment to sterilize the finished product. | Compliant | |
| 44.01 | Pre-sterilization procedures for high risk level CSPs (such as weighing and mixing) are performed in no worse than an ISO Class 8 environment. | Compliant | |
| 45.00 | Completely enclosed anteroom and clean/buffer room (with a door) are equipped with monitors or gauges to measure differential pressure. | Compliant | |
| 45.01 | Anteroom is at least 0.02" wc positive pressure to general pharmacy areas. | Compliant | |
| 45.02 | Clean/buffer room is at least 0.02" wc positive pressure to Anteroom. | Compliant | |
| 45.03 | Hazardous compounding room and drug storage area is at least 0.01" wc negative pressure to ISO Class 7 anteroom. | Compliant | |
| 45.04 | Pressures are reviewed and documented on a log at least every work shift (minimum of once daily) or monitored by a continuous recording device. *View logs* | Compliant | |
| 45.05 | Written plan in place to detect and react to pressure differentials outside of limits. | Compliant | SOP PRPHM-000030-GTS |
| 46.00 | If the clean/buffer room and anteroom are not fully enclosed (open or with plastic strips - no door that closes), the air flow is measured across the openings. | N/A | |
| 46.01 | The air flow is at least 40 feet per minute across the entire opening. | N/A | |

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| 46.02 | Airflow is read and recorded each shift (minimum of once daily) or continuously recorded. *View logs.* | N/A | |
| 46.03 | Written plan in place to detect and react to air flow measurements outside of limits | N/A | |
| 46.04 | This area is used only for low- and medium-risk compounding (HD and high-risk not allowed). | N/A | |
| 47.00 | **Temperature:** The temperature of all compounding and drug storage areas shall be maintained in accordance with standards, and a written plan shall be in place and followed to address any excursions. | Compliant | |
| 47.01 | Temperature in the compounding area is maintained to provide comfortable working conditions for compounding personnel of 20° C or cooler (68° F or cooler); Temperature can be more restrictive if warranted by specific drug product storage requirements. *Temperature records are maintained.* | Compliant | |
| 47.02 | If drugs are stored in the compounding area, temperature monitoring is in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. *Temperature records are maintained.* | Compliant | Continuous monitoring. |
| 47.03 | Temperature monitoring is also performed in drug storage areas (if separate from the compounding areas). Temperature is maintained at controlled room temperature of 20° - 25° C (68° - 77° F) or as specified by FDA approved labeling for drug product storage. | Compliant | |
| 47.04 | Temperature monitoring in the drug storage area is performed at least once daily and documented. *Temperature records are maintained.* | Compliant | |
| 47.05 | Temperature in the refrigerator or cooler is maintained to provide controlled cold temperature of 2° to 8°C (36° to 46°F) or as specified by FDA approved labeling for drug product storage. | Compliant | |
| 47.06 | Temperature monitoring in the refrigerator is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. Alternatively, continuous monitoring or retroactive detection using min/max may be used. *Temperature records are maintained.* | Compliant | |
| 47.07 | Temperature in the freezer is maintained to provide controlled frozen temperature of -25° to -10°C (-13° to 14°F) or as specified by FDA approved labeling for drug product storage. | Compliant | |
| 47.08 | Temperature monitoring in the freezer is performed at least once daily and documented. Additionally, compounding personnel shall note the storage temperature when placing the product into or removing the product from the storage unit in order to monitor any temperature aberration. *Temperature records are maintained.* | Compliant | |
| 47.09 | Action plan in place for any temperature excursions including evaluating excursion effects on drug product integrity for all temperature monitored areas. | Compliant | |

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| 48.00 | **Humidity:** If warranted by specific drug products, humidity in the compounding area is maintained to provide humidity within the specified ranges. If drug products require storage in a "dry place", humidity is not to exceed 40%. (*Generally recommended range is 35-60% for performing sterile compounding .*) | Compliant | |
| 48.01 | If applicable, humidity monitoring in place to detect any excursions (24/7) by continuous monitoring or retroactive detection using min/max. Humidity records are maintained. | Compliant | |
| 48.02 | If applicable, excursion action plan in place including evaluating excursion effects on drug product integrity. | Compliant | |
| 48.03 | If applicable, humidity monitoring is also performed in drug storage areas (if separate from the compounding areas). | Compliant | |
| 49.00 | Blowers on ISO 5 PECs are operated continuously during compounding activity, including during interruptions of less than eight hours. | Compliant | |
| 50.00 | When the ISO 5 PEC blower is turned off, and before other personnel enter to perform compounding activities, only one garbed person is allowed to enter the buffer area for the purposes of turning on the blower (for at least 30 minutes) and of sanitizing the work surfaces | N/A | |
| 51.00 | The doors into the anteroom from the general pharmacy area and from the anteroom into the clean/buffer room are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.* | Compliant | By training-SOP PRPHM-000029-GTS |
| 52.00 | The inside and outside doors of a pass-through are prevented from both being open at the same time. *By interlocking, training of personnel, or signage.* | Compliant | Interlocking |
| 53.00 | **If the PEC is a BSC or LAFW that is NOT located in an ISO Class 7 clean/buffer room:** BSC or LAFW has been certified to maintain ISO Class 5 during compounding activities. | N/A | |
| 53.01 | Used only for low-risk compounded preparations with a 12-hour or less BUD assigned. *If yes, list percentage.* | N/A | |
| 53.02 | All garbing requirements are adhered to. | N/A | |
| 53.03 | Located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations. | N/A | |
| 53.04 | Location does not contain any unsealed windows or doors that connect to the outdoors or areas of high traffic flow, and is not adjacent to construction sites, warehouses, or food preparation areas? | N/A | |
| 53.05 | The sink is separated from the immediate area of the ISO Class 5 BSC or LAFW (not adjacent). | N/A | |
| 54.00 | **If the PEC is a CAI/CACI that is NOT located in an ISO Class 7 clean/buffer room:** CAI/CACI has been certified to maintain ISO Class 5 under dynamic conditions including transferring of ingredients, components and devices, and during preparation of CSP. | N/A | |
| 54.01 | The pharmacy has documentation from the manufacturer that the CAI or CACI will meet this standard when located in worse than ISO Class 7 environments. | N/A | |

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| 54.02 | The CAI or CACI is located in an area that is maintained under sanitary conditions and only traveled by persons engaging in the compounding of sterile preparations. | N/A | |
| 54.03 | The sink is separated from the immediate area of the CAI or CACI (not adjacent). | N/A | |
| 54.04 | For NIOSH hazardous compounding in a CACI that is NOT located in a clean/buffer room, the CACI is located in a physically separated area that maintains a negative pressure of 0.01" water column pressure to adjacent areas and a minimum of 12 ACPH. | N/A | |
| **Cleaning and Disinfection** | | | |
| | **Total Non-Compliant (Includes Unknowns)** | 0 | |
| 55.00 | Are all personnel performing cleaning appropriately garbed? | Compliant | |
| 56.00 | Is the sterile compounding area equipped with appropriate nonshedding cleaning equipment and supplies?<br>*All cleaning tools, such as wipers, sponges, and mops, must be nonshedding, dedicated to and labeled for use in either the buffer or clean area (no wooden handles are allowed).* | Compliant | |
| 57.00 | If cleaning tools are reused, is there a procedure to rinse and sanitize the tools and an appropriate clean storage area? | Compliant | SOP PRPHM-000031-GTS |
| 58.00 | Are reusable tools appropriately labeled to prevent them from being used inappropriately? | N/A | Dedicated tools to each suite. |
| 59.00 | For cleaning and sanitizing agents that are not "ready-to-use" formulations, are there formulas and instructions for mixing or diluting the agents prior to use and is the preparation documented? | N/A | RTU only |
| 60.00 | Are cleaning and sanitizing agents appropriately labeled including expiration dates?<br>*Verify no expired agents present.* | Compliant | |
| 61.00 | Are appropriate cleaning agents used that are effective for bacteria, viruses, fungi, and spores? | Compliant | |
| 62.00 | Is the ISO 5 PEC cleaned at the beginning of each shift, between compounding activities, at least every 30 minutes while compounding and after spills or suspected surface contamination? | Compliant | |
| 62.01 | If heavily soiled, cleaning includes the appropriate agent. *List agent(s) used.* | Compliant | |
| 63.00 | Does sanitizing of the ISO 5 PEC include sanitizing with sterile 70% IPA using a nonlinting wipe? | Compliant | |
| 64.00 | Does daily cleaning and sanitizing include counters and easily cleanable work surfaces? | Compliant | |
| 65.00 | Does daily cleaning include the floors starting from the clean/buffer room and working outwards? Floor cleaning is not to occur during compounding. | Compliant | |
| 66.00 | If fatigue mats are used, are they cleaned daily and let dry on both sides? | N/A | |

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| 67.00 | Is a tacky mat used and if so, is there a procedure in place regarding replacement? | Compliant | |
| 68.00 | Are the ceilings, walls, all shelving, bins, carts, chairs, and the tops and sides of the primary engineering controls (PECs) thoroughly cleaned monthly? (*This includes removing everything from shelves and bins before cleaning, cleaning the undersides of cart surfaces and stools, wheels, etc.) Check inside bins and shelving for dust if you are garbed.* | Compliant | |
| 69.00 | Is enough time allocated for cleaning activities, including contact/dwell times for the cleaning/disinfection agents? | Compliant | |
| **Training** *-Verify records of all compounding personnel (up to 10).* | | | |
| | **Total Non-Compliant (includes Unknowns)** | 0 | |
| 70.00 | There is documentation that compounding personnel are appropriately trained including policies and procedures, documentation, hazardous drug handling, cleaning/disinfection/spills, garbing/gowning/hand hygiene, and aseptic technique. *Note that "compounding personnel" includes personnel performing compounding, supervising compounding, and performing verification of compounding. List number of personnel training files viewed.* | Compliant | Reviewed two pharmacists and two technician training files. |
| 70.01 | All personnel performing compounding are not allowed to compound until training and initial testing is successfully completed. | Compliant | |
| 70.02 | All personnel that SUPERVISE compounding and/or perform verifications of other's compounding are not allowed to supervise or verify compounding until training and initial testing is successfully completed. | Compliant | |

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| 71.00 | All personnel of reproductive capability who handle or compound hazardous drugs or chemicals have confirmed in writing that they understand the risks of handling hazardous drugs. *Teratogenicity, carcinogenicity, reproductive issues.* | Compliant | |
| 72.00 | There is documentation, such as an observational checklist, that all personnel (including housekeeping or other outside personnel) that perform cleaning activities in the compounding areas including hazardous compounding areas are appropriately trained in garbing, cleaning and disinfection. | Compliant | |
| 73.00 | There is documentation of training on the operation of any equipment that may be used when preparing compounded sterile products. *Documentation needs to include training on operation, and troubleshooting* | Compliant | |
| 74.00 | If the pharmacy uses relief personnel from outside agencies to perform sterile compounding, training and certifications are verified. *View documentation.* | N/A | |
| 75.00 | There is documentation that all compounding personnel (including those supervising or performing verifications) have passed an initial written exam, and subsequent annual written exams for the appropriate compounding risk levels and NIOSH hazardous drugs when applicable. *Indicate frequency, if testing more than annually* | Compliant | |
| 76.00 | There is documentation that all compounding personnel have passed an initial and subsequent annual competency assessments of aseptic compounding skills using observational audit tools including handling NIOSH hazardous drugs when applicable. Compounding skills evaluation to include use of equipment. *Indicate frequency, if testing more than annually.* | Compliant | |
| 77.00 | There is documentation that new compounding personnel have passed an initial observed gowning procedure and three gloved fingertip sampling tests? *Personnel must pass the tests upon initial validation before being allowed to compound . Action required if the tests yield any garbing deficiencies, or if the sampling results are >0 colony-forming units (CFU)/plate on the three initial validations. Indicate frequency, if testing more than annually.* | Compliant | |
| 78.00 | There is documentation that compounding personnel preparing low or medium risk-level products have passed an annual observed gowning procedure and gloved fingertip sampling test. *Action required if the tests yield any garbing deficiencies, or if the fingertip sampling results are >3 CFU (total both hands, all 10 fingers). Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than annually.* | N/A | All compounding is high risk. |

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## Sterile Compounding Inspection

**The information and comments obtained in the Nonsterile Compounding and Sterile Compounding inspections are based on USP Chapters <795> and <797>.**
**An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.**

**Facility Name:** Covetrus North America, LLC
**Inspection Date:** 04/13/2022 - 04/14/2022

| | | Finding | Notes |
|---|---|---|---|
| 79.00 | There is documentation that a media fill test procedure is performed for each compounding employee at least annually for individuals that prepare low or medium risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are incubated and failure is indicated by visible turbidity in the medium on or before 14 days. Indicate frequency, if testing more than annually.* | N/A | All compounding is high risk. |
| 80.00 | The media-fill testing procedures include: | | |
| 80.01 | Media selection (including obtaining COAs or growth promotion certificates from suppliers) | Compliant | |
| 80.02 | Fill Volume | Compliant | |
| 80.03 | Incubation time and temperature (Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.) | Compliant | |
| 80.04 | Inspection of filled units | Compliant | |
| 80.05 | Documentation | Compliant | |
| 80.06 | Interpretation of results | Compliant | |
| 80.07 | Action levels set with the corrective actions required | Compliant | |
| 81.00 | **High-Risk Sterile Compounding:** There is documentation that compounding personnel have passed an observed gowning procedure and gloved fingertip sampling test every six (6) months. *Action required if the tests yield any garbing deficiencies, or if the sampling results are >3 CFU on both hands upon revalidation. Documentation to include type of media used, COA on media, incubation time and temperature and interpretation of results. Indicate frequency, if testing more than every 6 months.* | Compliant | |
| 82.00 | **High-Risk Sterile Compounding:** There is documentation that a media fill test procedure is performed for each compounding employee at least every six (6) months for individuals that prepare high risk-level products. *The test conditions must closely simulate the most challenging or stressful conditions encountered during compounding of the highest risk level product and include any automation used in compounding. Media-filled vials are generally incubated at 20° to 25° or at 30° to 35° for a minimum of 14 days. If two temperatures are used for incubation of media-filled samples, then these filled containers should be incubated for at least 7 days at each temperature.* | Compliant | |
| 83.00 | **Failed testing:** Employees who have failed any testing are prohibited from compounding until training is performed/reviewed and subsequent testing is performed successfully. | N/A | No failuers to date. |
| 83.01 | Gloved fingertip tests that have failed have the organisms identified down to the genus to determine the most likely source of the contamination. This data is used to develop plans to prevent contamination. | N/A | |

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| | | Finding | Notes |
|---|---|---|---|
| 83.02 | There is a plan to evaluate the sterile compounds prepared by an employee with failed gloved fingertip tests or media fills to detect potential contamination of the sterile preparations compounded. | Compliant | |
| **Garbing** | | | |
| | **Total Non-Compliant (Includes Unknowns)** | 0 | |
| 84.00 | Personnel are prohibited from compounding, or entering the clean/buffer room or anteroom if they have a rash, sunburn, weeping sores, conjunctivitis, or an active respiratory infection. | Compliant | SOP PRPHM-000019-GTS |
| 85.00 | Personnel are required to remove all personal outer garments such as hats, scarves, sweaters, vests, coats, or jackets and any makeup or cosmetics before entering compounding areas. *Include observations in the comments.* | Compliant | |
| 86.00 | Personnel are required to remove all hand and wrist jewelry, and all visible jewelry or piercings such as earrings, lip or eyebrow piercings, etc. before entering clean/buffer room. | Compliant | |
| 87.00 | Personnel are prohibited from wearing artificial nails or extenders, and required to keep natural nails neat and trimmed. | Compliant | |
| 88.00 | Garbing with dedicated shoes or shoe covers that are donned as the line of demarcation is crossed (with the dedicated or covered shoe never touching the same side of the line of demarcation as the dirty shoe). | Compliant | |
| 89.00 | Garbing includes head and facial hair covers and masks. *Note that facial hair requires both a facial hair cover AND a mask. Eye shields are optional unless using cleaning agents or preparing hazardous drugs. There is a method available to assure that all hair is covered.* | Compliant | |
| 90.00 | Hand cleaning is performed in the anteroom and includes removing debris from under the nails with a nail cleaner followed by a vigorous washing of the hands and forearms with soap for at least 30 seconds with hands and arms then dried with a non-linting disposable towel or a hand dryer. *Scrub brushes are NOT recommended as they cause skin irritation and damage.* | Compliant | |
| 91.00 | The gown is nonshedding with sleeves that fit snugly around the wrists and enclosed at the neck. | Compliant | |
| 92.00 | All bare skin is covered on the arms and the legs (no bare ankles, wrists, etc.). | Compliant | |
| 93.00 | Prior to donning sterile gloves, a waterless alcohol based surgical hand scrub with persistent activity is used and hands allowed to dry. *Note: regular Purell Hand Sanitizer is NOT appropriate. Purell or other brand surgical hand scrub is appropriate - must have residual activity.* | Compliant | |
| 94.00 | Upon leaving the sterile product compounding area, gowns are taken off and disposed of, or if used for nonhazardous compounding they are left in the anteroom and not reused for longer than one shift. | Compliant | |

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| 95.00 | Pharmacists or other personnel do NOT enter the anteroom and cross the line of demarcation without donning shoe covers or dedicated shoes. *Watch for personnel traversing back and forth across the line of demarcation without doffing and donning new shoe covers or dedicated shoes.* | Compliant | |
| 96.00 | Pharmacists or other personnel do NOT enter the clean/buffer room without fully washing and garbing (wearing just a mask to check technician's work, for example) | Compliant | |
| **Environmental Monitoring** | | | |
| | **Total Non-Compliant (Includes Unknowns)** | 0 | |
| 97.00 | The most recent PEC and room certification report is available. | Compliant | |
| 97.01 | All ISO Class 7 and 8 SECs (clean/buffer rooms and anterooms) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.* | Compliant | |
| 97.02 | All ISO Class 5 PECs (laminar airflow workbenches or areas, BSCs, CAIs, CACIs, and barrier isolators) have been certified within the last 6 months. *If non-compliant, record the date of the last certification.* | Compliant | |
| 97.03 | Certification is performed at least every six months (view date of previous certification) and whenever a device or room is relocated or altered, or major service to the facility is performed. *If non-compliant, record the date of the previous certification.* | Compliant | |
| 97.04 | Certification is performed to the Controlled Environment Testing Association (CETA) guide (USP: CETA CAG-003-2006 Certification Guide for Sterile Compounding Facilities) and is noted on the report. | Compliant | |
| 97.05 | If the certification standard used and noted on the report is NOT CETA CAG-003-2006, the facility has performed a comparison and determined the standard used is the same or better than the CETA CAG-003-2006 guide. | N/A | |
| 97.06 | The PIC/compounding supervisor is familiar with what testing is required and interpretation of results, ensures all testing is performed appropriately (under dynamic conditions where appropriate), has action levels identified, evaluates results to detect issues or trends, and action levels are further customized based on trended data of performance. | Compliant | |
| 98.00 | The certification report includes information about the equipment used for performing each test including: identification of the equipment used by model, serial number, last calibration date (or date when next calibration is due). | Compliant | |
| 98.01 | The equipment used had not exceeded its calibration date at the time of certification. | Compliant | |
| 99.00 | The HEPA filtered air changes per hour (ACPH) were measured for the compounding rooms. | Compliant | |
| 99.01 | ISO Class 7 sterile compounding room is certified as having a minimum of 30 ACPH with at least 15 ACPH from outside air sources. *Recirculated air from the PECs may account for up to 15 ACPH in nonhazardous classified rooms only.* | Compliant | |

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| 99.02 | ISO class 7 anteroom is certified as having a minimum of 30 ACPH. *Anteroom must be ISO class 7 if connected to a NIOSH hazardous compounding clean/buffer room.* | Compliant | |
| 99.03 | ISO class 7 hazardous sterile compounding room is certified as having a minimum of 30 ACPH. *Typically all of the air will be from outside.* | Compliant | |
| 99.04 | If a CACI is used in a non-HEPA filtered room, the room is certified to maintain a minimum of 12 ACPH. | N/A | |
| 100.00 | Air pattern analysis using smoke testing was performed under dynamic conditions (people working in the PECs and rooms). The smoke flow is described in the report for the various tests such as turbulent, sluggish, smooth, etc. | Compliant | |
| 100.01 | Air pattern analysis was conducted at the critical area (direct compounding area inside the ISO Class 5 PEC) to demonstrate unidirectional airflow and sweeping action over and away from the product under dynamic conditions (personnel compounding or simulating compounding in PEC). | Compliant | |
| 100.02 | Air pattern analysis was conducted to confirm positive pressure (and negative pressure into hazardous compounding rooms) at all points around all openings, doorways, and pass-throughs | Compliant | |
| 100.03 | Air pattern analysis conducted around particle generating equipment *while the equipment was in operation* to confirm air flow. | N/A | |
| 101.00 | Differential air pressure between rooms was measured. | Compliant | |
| 101.01 | The differential pressure measured was at least 0.02" water column positive from the cleanroom to the anteroom and between the anteroom and all adjacent spaces with the doors closed. | Compliant | |
| 101.02 | The differential pressure measured was at least 0.01" water column negative from the hazardous clean/buffer room to the anteroom with the doors closed. | Compliant | |
| 102.00 | Displacement airflow between rooms or areas was measured. This is for a clean/buffer room without a door that closes to the anteroom - may be an open space or may have plastic strips in doorways. | N/A | |
| 102.01 | Displacement airflow (for low and medium-risk non-hazardous rooms only) was measured at a minimum differential velocity of 40 feet per minute from the cleanroom to the anteroom. *Note that it is very important to maintain this velocity across the entire opening and the report should indicate multiple points of measure across all openings.* | N/A | |
| 103.00 | Particle counts of particles 0.5um and larger were measured under dynamic conditions. | Compliant | |
| 103.01 | ISO Class 5 areas and PECs are certified as having less than 3,520 particles per cubic meter of air (100 particles per cubic foot). | Compliant | |
| 103.02 | ISO Class 7 areas are certified as having less than 352,000 particles per cubic meter of air (10,000 particles per cubic foot). | Compliant | |

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|---|---|---|---|
| 103.03 | ISO Class 8 areas are certified as having less than 3,520,000 particles per cubic meter of air (100,000 particles per cubic foot). | Compliant | |
| 104.00 | HEPA filter tests were performed. | Compliant | |
| 104.01 | All room HEPA filters were leak tested and if leaks found, they were fixed | Compliant | |
| 104.02 | All PEC HEPA filters were leak tested and if leaks found, they were fixed | Compliant | |
| 105.00 | PECs with failed tests are not used for compounding until the conditions are corrected and verified by subsequent testing. | Compliant | |
| 106.00 | Viable air (every six months) and surface sampling (periodically) tests have been conducted as required. *Document frequency.* | Compliant | Viable air/surface certification every 6 months, internal surface testing monthly. |
| 106.01 | Appropriate growth media used (containing tryptic soy agar medium with polysorbate and lecithin (TSApl) added to neutralize cleaning agents for surface sampling) with appropriate corresponding incubation time and temperature used. *Required to use media that supports both bacterial and fungal growth for high risk compounding.* | Compliant | |
| 106.02 | Viable air sampling by active impaction using a volumetric air sampling device. *NOTE: Passive air sampling or settling plates are not compliant with USP Chapter <797>.* | Compliant | |
| 106.03 | Air samples were taken in each ISO Class 5 PEC, and in each sterile compounding room and anteroom and volume sufficient volume of air (400-1000L) was collected? *Note: 1000L must be collected in ISO Class 5 PECs to be able to detect the action level. Room samples can be 400-1000L.* | Compliant | |
| 106.04 | Surface samples performed on all direct compounding areas inside of each ISO 5 PEC, in each ISO classified room, inside any pass-throughs, and on surfaces likely to be contaminated due to position relative to doorways, etc. | Compliant | |
| 106.05 | Viable air and surface samples did not exceed USP action levels (or internal action levels if more restrictive).<br>Classification — Air Sample — Surface Sample<br>ISO Class 5 — >1 CFU/m3 — >3 CFU/plate<br>ISO Class 7 — >10 CFU/m3 — >5 CFU/plate<br>ISO Class 8 — >100 CFU/m3 — >100 CFU/plate<br>*CFUs are TOTAL of bacterial plus fungal/mold plates. If air sampling volume is less than 1000 liters (one cubic meter), the raw total microbial count must be multiplied by the appropriate factor to determine the number of CFU/cubic meter.* | Compliant | |
| 106.06 | CFUs detected by any means (viable air or surface sampling, gloved fingertip testing, failed sterility tests, etc.) are identified to the genus level. *All CFUs detected must be identified even if the number of CFUs does not exceed an action level.* | Compliant | |
| 106.07 | If the number of CFUs detected in the rooms exceeds action levels, begin immediate remediation (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination. | Compliant | |

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**Inspection Date:** 04/13/2022 - 04/14/2022

| | | Finding | Notes |
|---|---|---|---|
| 106.08 | If the number of CFUs detected in the PECs exceeds action levels, begin immediate remediation, (e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination. | Compliant | |
| 106.09 | If any highly pathogenic microbes (e.g. mold, yeast, coagulase positive staphylococcus, or gram negative rods) were detected (whether or not the number of CFUs exceeds action levels), begin immediate remediation(e.g. recleaning and retesting); and conduct investigation into the source(s) of the contamination. | Compliant | |
| 107.00 | Facilities performing routine air or surface sampling with internal qualified personnel routinely verify sampling procedures. *Indicate the outside vendor used to verify procedures and frequency of verifications.* | Compliant | Surface paddles-Envirotest 1000/3000. |
| **Equipment** | | | |
| | **Total Non-Compliant (includes Unknowns)** | 0 | |
| 108.00 | Appropriate equipment and utensils are available, clean, and in good working order. *Automated, mechanical, or electronic equipment (autoclaves, ovens, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines.* | Compliant | |
| 109.00 | All environmental monitoring equipment and gauges (differential pressure gauges or probes, air flow and velocity measuring equipment for rooms not fully enclosed, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented. | Compliant | |
| 110.00 | All temperature and humidity (where applicable) monitoring devices (thermometers, hygrometers, probes, etc.) are periodically inspected, and calibrated yearly or in accordance with the equipment manufacturer guidelines. Calibration is documented | Compliant | |
| 111.00 | Automated Compounding Devices (ACDs) are used for sterile compounding (such as repeater pumps) and there is a P&P for the use and calibration. | Compliant | |
| 111.01 | There is documentation of the ACD tubing being changed or discarded every 24 hours | Compliant | |
| 111.02 | The ACD is used when performing media fill testing. | Compliant | |
| **Compounding Procedures** | | | |
| | **Total Non-Compliant (includes Unknowns)** | 1 | |
| 112.00 | Gloves are disinfected with adequate frequency with an approved disinfectant, such as sterile 70% isopropyl alcohol (IPA). | Compliant | |
| 113.00 | Nonessential objects that shed particles are prohibited in the buffer or clean area, including pencils, cardboard cartons, paper towels, reading material, and cotton items (e.g., gauze pads)? | Compliant | |
| 114.00 | Essential paper related products (syringe overwraps, work records contained in a protective plastic sleeve) are wiped down with sterile 70% IPA before being brought into the buffer or clean area. | Compliant | |

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| 115.00 | Supplies required for the scheduled operations of the shift are prepared by wiping the outer surface with sterile 70% IPA (or removing the outer wrap as the item is introduced into the aseptic work area) and brought into the buffer or clean area in a bin or on a movable cart. | Compliant | |
| 116.00 | Compounding employees are using appropriate aseptic technique. *May require inspector to garb and enter clean/buffer room. Pay attention to first air, entry and exit of materials in ISO Class 5 PEC, appropriate frequent sanitization of gloves, appropriate cleaning and cleanliness of the direct compounding area (DCA). Compounding MUST be observed, if compounding is not being performed at the time of survey mark item as "Non-Compliant".* | Compliant | |
| 116.01 | If compounding is not being performed at the time of survey, ask that a compounding pharmacist or technician prepare a compound for you to observe the compounding process. *If the pharmacy staff refuses or is unable to perform compounding for you to observe, document on the " Denial of Authorization " form. List individual who signs the Denial of Authorization* | | |
| 117.00 | Compounding personnel ascertain that ingredients for CSPs are of the correct identity and appropriate quality by reading vendors' labels, and a unit-by-unit physical inspection of the product before use. | Compliant | |
| 118.00 | All rubber stoppers, of vials and bottles and the necks of ampules are disinfected with sterile 70% IPA waiting for at least 10 seconds before they are used to prepare CSPs. | N/A | |
| 119.00 | Single-dose vials exposed to ISO Class 5 or cleaner air are used within six (6) hours of the initial puncture and any remaining contents discarded. *If exposed to less than ISO Class 5 air, used within 1 hour and discarded.* | N/A | |
| 120.00 | The remaining contents of opened single-dose ampules (or vials where container closure system has been removed) are discarded immediately. *May not be stored for any time period.* | N/A | |
| 121.00 | Multiple-dose vials formulated for removal of portions on multiple occasions are used within 28 days (or the manufacturer's specific BUD if less) after the initial entry or puncture and any remaining contents discarded. | N/A | |
| 122.00 | The compounding record is complete. *View several completed compounding records and answer each of the following questions. List records reviewed.* | Compliant | Cyclosporine 2% (lots 397962, 420878), Tacrolimus 0.03% (lots 401955, 402880) |
| 122.01 | Official or assigned name, strength and dosage of the preparation | Compliant | |
| 122.02 | Names, lot numbers and expiration dates of all components | Compliant | |
| 122.03 | Total quantity or number of units compounded | Compliant | |
| 122.04 | Person compounding the preparation | Compliant | |
| 122.05 | Person performing the quality control procedures | Compliant | |
| 122.06 | Person who approved the preparation | Compliant | |
| 122.07 | Date of compounding | Compliant | |

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| 122.08 | Assigned internal identification number or prescription number | Compliant | |
| 122.09 | Assigned BUD and reference if extended beyond USP guidelines | Compliant | |
| 122.10 | Duplicate label | Compliant | |
| 122.11 | Sterilization method (if applicable) | Compliant | |
| 122.12 | Indication of the quality control procedures to perform (testing, filter integrity, etc.) and results of the testing, quality control issues, and investigation/recall if applicable | Compliant | |
| 123.00 | Procedure for in-process checks is followed.<br>*These checks indicate that appropriate procedures and packaging are followed for each step, including addressing pharmacist verification of steps performed by non-pharmacists and visual inspection of product. Documentation of the compounding accuracy is recommended to be performed by someone other than the compounder to ensure proper measurement, reconstitution, and component usage.* | Compliant | |
| 124.00 | Labels on BATCH preparations include the name and quantity of all contents, date, and time of preparation (or internal code indicating this information), preparer and verification pharmacist identifiers, stability (BUD), and any auxiliary labels indicated including appropriate packaging and labeling of hazardous materials. | Non-Compliant | Preparer and verification pharmacist are not on the label but are traceable by lot number in the compounding log. |
| 125.00 | Labels on PATIENT-SPECIFIC containers, in addition to standard label requirements, also include names and quantity or concentration of active ingredients, BUD, total volume, route of administration, storage conditions and other information for safe use. | Compliant | |
| 126.00 | Inspect several different finished products and look for any particulates. Do any of the finished products inspected show any evidence of particulates?<br>*If so, list the products including lot and expiration date and obtain photos (if possible).* **REQUEST THE PRODUCT BE QUARANTINED AND NOTIFY NABP IMMEDIATELY.** | Compliant | |
| 127.00 | Preparations without additional stability testing or supported by data are assigned BUDs within USP<797> guidelines.<br>**Low Risk:** 48 hours room temp, 14 days refrigerated, 45 days frozen<br>**Medium Risk:** 30 hours room temp, 9 days refrigerated, 45 days frozen<br>**High Risk:** 24 hours room temp, 3 days refrigerated, 45 days frozen | N/A | |
| 128.00 | If extended BUDs are assigned, are they assigned on the basis of stability data extrapolated from reliable literature sources? *View records, preparation must exactly match the preparation cited in the documentation including concentration of all active ingredients, excipients, etc.* | N/A | |
| 129.00 | If extended BUDs are assigned, has the facility performed its own stability testing? *View records, preparation must exactly match the preparation tested by the facility including concentration of all active ingredients, excipients, etc. If so, view records for at least three products and list the products reviewed below. List the products reviewed.* | Compliant | Cyclosporine 2%, Tacrolimus 0.02%, Tacrolimus 0.03% |
| 130.00 | Compounded multiple-dose vials with extended BUDs assigned have additional instruction provided that indicates remainder must be discarded 28 days after first puncture or use. | N/A | |

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

**Facility Name:** Covetrus North America, LLC
**Inspection Date:** 04/13/2022 - 04/14/2022

| | | Finding | Notes |
|---|---|---|---|
| 131.00 | **Filter sterilization** in an ISO 5 environment and documentation includes: | | |
| 131.01 | If the compounded preparation contains large particles, a prefilter is placed upstream from the sterilizing filter. | N/A | |
| 131.02 | The 0.2 micron sterile microporous membrane filter used to sterilize CSP solutions is chemically and physically compatible with the CSP; and the filter is intended for human-use applications for sterilizing CSPs (labeling on the filter does not indicate "research only" or "laboratory only", for example). | Compliant | |
| 131.03 | Is the appropriate capacity filter being used for the volume being filtered. | Compliant | |
| 131.04 | Filtering is completed rapidly without filter replacement. | Compliant | |
| 131.05 | Confirmation of filter integrity/bubble testing is performed and value documented for each filter used with each batch sterilized by filtration.<br>View documentation on compounding records of items sterilized by filtration to confirm. | Compliant | |
| 132.00 | **Steam sterilization** documentation includes: | | |
| 132.01 | The autoclave has been verified for the exposure time and mass of the items to be sterilized | N/A | |
| 132.02 | Ensures live steam contacts all ingredients and surfaces to be sterilized, effectiveness verified with biological indicators and temperature sensing devices | N/A | |
| 132.03 | Solutions are passed through a 1.2 micron or smaller filter into the final containers to remove particulates before sterilization | N/A | |
| 132.04 | That the CSP will not be adversely affected by the steam and heat | N/A | |
| 132.05 | The description of steam sterilization includes conditions and duration for specific CSPs | N/A | |
| 132.06 | That the effectiveness of steam sterilization is verified each time using appropriate biological indicators of Bacillus stearothermophilus and other confirmation methods such as temperature-sensing devices. | N/A | |
| 133.00 | **Dry heat sterilization** documentation includes: | | |
| 133.01 | Dry heat is only used for those items that cannot be sterilized by steam or would be damaged by moisture | N/A | |
| 133.02 | Sufficient space is left between materials to allow for air circulation | N/A | |
| 133.03 | The description of dry heat sterilization includes conditions and duration for specific CSPs | N/A | |
| 133.04 | That the effectiveness of dry heat sterilization is verified each time using appropriate biological indicators of Bacillus subtilis and other confirmation methods such as temperature-sensing devices. | N/A | |
| 133.05 | Heated filtered air is evenly distributed throughout the chamber with a blower and the oven is equipped with a system for controlling and recording temperature and exposure period. | N/A | |
| 134.00 | **Depyrogenation** by dry heat documentation includes: | | |

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**Universal Inspection Form**

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**Facility Name:** Covetrus North America, LLC

**Inspection Date:** 04/13/2022 - 04/14/2022

| | | Finding | Notes |
|---|---|---|---|
| 134.01 | Dry heat depyrogenation is used to render glassware and containers (such as vials) free from pyrogens as well as viable microbes | N/A | |
| 134.02 | The description of the cycle and duration for specific load items | N/A | |
| 134.03 | The effectiveness of the cycle is verified using endotoxin challenge vials (ECVs) | N/A | |
| 134.04 | Bacterial endotoxin testing is performed on the ECVs to verify the cycle is capable of achieving a 3-log reduction in endotoxins | N/A | |
| 135.00 | Other methods of sterilization are used with documented procedures and validation performed. *Indicate method.* | N/A | |
| **Finished Preparation Release Checks and Tests** | | | |
| | **Total Non-Compliant (Includes Unknowns)** | 0 | |
| 136.00 | Are products visually checked for particulates or other foreign matter against both a light and a dark colored background as a condition of release? | Compliant | |
| 137.00 | Are there checks for container, closure integrity and any other apparent visual defects? | Compliant | |
| 138.00 | Is compounding accuracy documented by verification of steps? | Compliant | |
| 139.00 | Is verification of ingredient identity and quantity verified? *Is there a reconciliation of components?* | Compliant | |
| 140.00 | Are labels verified as being correct and is a copy of the label included in the record? *Complies to regulation, contains the correct names and amounts or concentrations of ingredients, total volumes, BUDs, storage conditions, and route of administration.* | Compliant | |
| 141.00 | **Sterility testing (USP <71>).** *If testing is performed to a higher standard than the minimums below, describe.* | | |
| 141.01 | Sterility testing includes both bacterial and fungal testing. | Compliant | |
| 141.02 | Sterility testing is performed for all CSPs that have extended BUDS. | Compliant | |
| 141.03 | Sterility testing is performed for high-risk CSPs prepared in batches of more than 25 identical containers | Compliant | |
| 141.04 | Sterility testing is performed for CSPs exposed longer than 12 hours at 2°C-8°C or longer than six hours at warmer than 8°C before being sterilized | N/A | |

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# Universal Inspection Form

## Sterile Compounding Inspection

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**Facility Name:** Covetrus North America, LLC

**Inspection Date:** 04/13/2022 - 04/14/2022

| | | Finding | Notes |
|---|---|---|---|
| 141.05 | The appropriate quantities of units are sterility tested.<br>Parenterals, number of units in the batch is:<br>1. Not more than 100, test 10% or four units, whichever is greater<br>2. More than 100 but more than 500, test 10 units<br>3. More than 500, test 2% or 20 units, whichever is less<br>For large volume parenterals: 2% or 10 containers, whichever is less.<br>For non-parenterals (eye drops, inhalation, etc.):<br>1. Not more than 200 containers, test 5% or 2 containers, whichever is greater<br>2. More than 200, test 10 containers<br>3. If the product is packaged in unit doses, use the parenteral testing above. | Compliant | |
| 141.06 | For products failing testing, product is quarantined, and an investigation is performed including microbial identification and action taken. *View testing records and note any products with failed results and actions taken.* | N/A | No failures to date. |
| 141.07 | If items are dispensed or distributed prior to sterility testing completion, there is a written procedure requiring daily observation of the incubated media. If there is any evidence of microbial growth, there is an immediate recall and both the patient and the physician/prescriber of the patient to whom a potentially contaminated CSP was administered are notified of the potential risk. *View testing records and note any products with failed results and actions taken.* | N/A | No products released prior to testing completion. |
| 142.00 | **Endotoxin testing (USP <85>).** *If testing is performed to a higher standard than the minimums below, describe.* | | |
| 142.01 | Is endotoxin testing performed for all high-risk level CSPs for administration by injection prepared in groups of more than 25 single-dose packages (such as ampules, bags, syringes, vials) | N/A | No injectables produced to date. |
| 142.02 | High-risk CSPs prepared in multiple dose vials for administration to multiple patients | N/A | No injectables produced to date. |
| 142.03 | High-risk CSPs exposed longer than 12 hours at 2°C-8°C (25°F-46°F) or longer than six (6) hours at warmer than 8°C (46°F) before they are sterilized | N/A | No injectables produced to date. |
| 142.04 | For products failing testing, product is quarantined, and an investigation is performed and action taken. *View testing records and note any products with failed results and actions taken.* | N/A | No failures to date. |

## Patient Counseling and Communication

| | | Finding | Notes |
|---|---|---|---|
| | **Total Non-Compliant (Includes Unknowns)** | 0 | |
| 143.00 | Do patient/caregiver training programs or materials contain information and precautions regarding the handling and disposal of hazardous products such as chemotherapy medications? | Compliant | |
| 144.00 | Are the above required printed drug information materials (drug information, PPI, MedGuides, etc.) provided for the compounded products? | Compliant | |
| 145.00 | Are patients instructed on the signs of product instability or contamination (as appropriate) and to report any changes in the physical characteristics of the product to the pharmacy? | Compliant | |

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**Facility Name:** Covetrus North America, LLC

**Inspection Date:** 04/13/2022 - 04/14/2022

| | | Finding | Notes |
|---|---|---|---|
| 146.00 | Product recalls include documentation that both the patient AND the physician/prescriber of the potentially contaminated CSP was administered are notified of the potential risk. | N/A | No recalls to date. |

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An inspection against current Good Manufacturing Practices (cGMPs) was not conducted. There may be some overlap in concepts.

# Asset Profile

| | Non-Hazardous Sterile Compounding | Hazardous Sterile Compoun | Non-Sterile Hazardous Compounding | Non-Sterile Non-Hazardous Compounding | | | | | Manufacturer Details | |
|---|---|---|---|---|---|---|---|---|---|---|
| Text(255) (Unique Case Insensitive) | Text(80) | Lookup(Asset Family) | | Picklist(Active, Inactive, Draft) | Lookup(Manufacturing Site) | Checkbox (If Track Spare Part is False, set False) | Lookup(Account) | Text(255) | Text(255) | Phone (Manufacturer) |
| Asset ID | Asset Name | Asset Family | Type | Status: | Initiating Site | Validate Against Inventory | Manufacturer | Model Number | Serial Number | Phone Number |
| AZ04-00001 | Ohaus Balance w sheild | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | AX124/E | C053807823 | (800) 672-7722 |
| AZ04-00007 | Ohaus Balance | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | AX124/E | C053807824 | (800) 672-7722 |
| AZ04-00003 | Labconco Hood 1 | CPS-4803 AZ Hood | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | 3959422 | 2106141321 | (816) 333-8811 |
| AZ04-00004 | Ohaus Balance w sheild | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | AX423/E | C053824736 | (800) 672-7722 |
| AZ04-00005 | Ohaus Balance | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | AX423/E | C111330742 | (800) 672-7722 |
| AZ04-00006 | Labconco Hood 6 | CPS-4803 AZ Hood | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | 3950601 | 2106141541 | (816) 333-8811 |
| AZ04-00007 | IKA Mixer | CPS-4803 AZ Mixer | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | IKA | T25DS1 | 3.57985 | (910) 452-7059 |
| AZ04-00008 | IKA Mixer | CPS-4803 AZ Mixer | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | IKA | T25DS1 | 3.579835 | (910) 452-7059 |
| AZ04-00009 | Ohaus Balance | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | AX423/E | C111330751 | (800) 672-7722 |
| AZ04-00010 | Ohaus Balance | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | EX35001 | C102958677 | (800) 672-7722 |
| AZ04-00011 | Labconco Hood 2 | CPS-4803 AZ Hood | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | 3959422 | 210208318L | (816) 333-8811 |
| AZ04-00012 | IKA Mixer | CPS-4803 AZ Mixer | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | IKA | T25DS1 | 3.579853 | (910) 452-7059 |
| AZ04-00013 | Labconco Hood | CPS-4803 AZ Hood | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | 3959422 | 2106141311 | (816) 333-8811 |
| AZ04-00014 | Silverson Homogenizer | CPS-4803 AZ Mixer | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Silverson Machines | LSM-A | 38711 | (+44) 1494 786331 |
| AZ04-00015 | Cimarec Hot Plate | CPS-4803 AZ Hot and/or Stir | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | Thermo Fisher Scier | SP88850100 | C301001412201 8828 | (781) 622-1000 |
| AZ04-00016 | Cimarec Hot Plate | CPS-4803 AZ Hot and/or Stir | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | Thermo Fisher Scier | SP88850100 | C301001412201 8873 | (781) 622-1000 |
| AZ04-00017 | Cimarec Hot Plate | CPS-4803 AZ Hot and/or Stir | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | Thermo Fisher Scier | SP88857100 | C371003010201 4626 | (781) 622-1000 |
| AZ04-00018 | Samix Unguator | Unguator | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Samix | 611-SX | 300800 | +49 3682 455 0 |
| AZ04-00019 | Ohaus Balance | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | AX124/E | C053796411 | (800) 672-7722 |
| AZ04-00020 | Ohaus Balance | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | EX35001 | C102958679 | (800) 672-7722 |
| AZ04-00022 | Medisca ProMill | Mill | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Medisca | T50B | HSTE299 | (800) 932-1039 |
| AZ04-00024 | Cimarec Hot Plate | CPS-4803 AZ Hot and/or Stir | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | Thermo Fisher Scier | SP88850100 | C301001412201 8845 | (781) 622-1000 |
| AZ04-00026 | Cimarec Hot Plate | CPS-4803 AZ Hot and/or Stir | NS Hazardous Compounding | ACTIVE | CPS-4803 AZ Facility | FALSE | Thermo Fisher Scier | SP88850100 | C301001412201 8870 | (781) 622-1000 |
| AZ04-00027 | Ohaus Balance | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | AX423/E | C111330749 | (800) 672-7722 |
| AZ04-00029 | Labconco Hood 5 | CPS-4803 AZ Hood | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | 3950601 | 2106141 53 | (816) 333-8811 |
| AZ04-00031 | Ohaus Balance | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | AX423/E | C053824747 | (800) 672-7722 |
| AZ04-00034 | Turbula Mixer | CPS-4803 AZ Mixer | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Max-Sphere Ltd. | 10G-45L | 20210102-1 | (647) 792-1544 |
| AZ04-00035 | Labconco Hood 10 | CPS-4803 AZ Hood | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | 3959422 | 2102083171 | (816) 333-8811 |
| AZ04-00036 | Ohaus Balance | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | AX423/E | C111330741 | (800) 672-7722 |
| AZ04-00039 | Automated Capsule Machine | Capsule Machine | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | SaintyCo | SF-V25 | 191105 | +86-577-66612826666128 |
| AZ04-00040 | Tablet Press | Tablet Press | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Delta Electronics | VFD007S11A | 007S11A6W1400005 | |
| AZ04-00041 | Tablet Press | Tablet Press | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Delta Electronics | VFD007S11A | 007S11A5W3180023 | |
| AZ04-00042 | Labconco Hood 9 | CPS-4803 AZ Hood | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | 53049201 | 210308958 | (816) 333-8811 |
| AZ04-00043 | Labconco Hood 8 | CPS-4803 AZ Hood | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | 3959422 | 210208320L | (816) 333-8811 |
| AZ04-00044 | Labconco Hood 7 | CPS-4803 AZ Hood | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | 53049901 | 210308959 | (816) 333-8811 |
| AZ04-00045 | Labconco Hood 5 | CPS-4803 AZ Hood | NS Hazardous Compounding | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | s3049206 | 210613631 | (816) 333-8811 |
| AZ04-00046 | Ohaus Balance w sheild | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | AX423/E | C122871243 | (480)598-0321 |
| AZ04-00047 | Ohaus Balance | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | SPX6201 | C131264791 | (800) 672-7722 |
| AZ04-00048 | Ohaus Balance | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | SPX6202 | C131264793 | (800) 672-7722 |
| AZ04-00049 | Ohaus Balance | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | EX35001 | C125990057 | (800) 672-7722 |
| AZ04-00050 | Labconco Hood 4 | CPS-4803 AZ Hood | NS Hazardous Compounding | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | s3049206 | 210309380 | (816) 333-8811 |
| AZ04-00051 | Ohaus Balance w sheild | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | AX124/E | C117658449 | (800) 672-7722 |
| AZ04-00052 | Labconco hood 3 | CPS-4803 AZ Hood | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | 3959422 | 210208319L | (816) 333-8811 |
| AZ04-00053 | Ohaus Balance | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | CS 5000 | 09172021-1 | (800) 672-7722 |
| AZ04-00054 | Ohaus Balance | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | CS 2000 | 09172021-6 | (800) 672-7722 |
| AZ04-00055 | Ohaus Balance | CPS-4803 AZ Balance | Non-Sterile Non-Hazardous Compour | Active | CPS-4803 AZ Facility | FALSE | Ohaus | CX5200 | 8340445533 | (800) 672-7722 |
| AZ04-00056 | Labconco Hood 1 | CPS-4803 AZ Hood | NS Hazardous Compounding | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | s3049205 | 210308946 | (816) 333-8811 |
| AZ04-00057 | Ohaus Balance | CPS-4803 AZ Balance | NS Hazardous Compounding | ACTIVE | CPS-4803 AZ Facility | FALSE | Ohaus | EX35001 | c102958680 | (800) 672-7722 |
| AZ04-00058 | Ohaus Balance w sheild | CPS-4803 AZ Balance | NS Hazardous Compounding | ACTIVE | CPS-4803 AZ Facility | FALSE | Ohaus | AX124/E | C053796412 | (800) 672-7722 |
| AZ04-00059 | Ohaus Balance w sheild | CPS-4803 AZ Balance | NS Hazardous Compounding | ACTIVE | CPS-4803 AZ Facility | FALSE | Ohaus | AX124/E | C053796404 | (800) 672-7722 |
| AZ04-00061 | Thermo Scientific hot plate | CPS-4803 AZ Hot and/or Stir | NS Hazardous Compounding | ACTIVE | CPS-4803 AZ Facility | FALSE | Thermo Fisher Scier | SP88857100 | C371002311201 6855 | (781) 622-1000 |
| AZ04-00062 | Thermo Scientific hot plate | CPS-4803 AZ Hot and/or Stir | NS Hazardous Compounding | ACTIVE | CPS-4803 AZ Facility | FALSE | Thermo Fisher Scier | SP88857100 | C371002311201 6854 | (781) 622-1000 |
| AZ04-00070 | Thermo Scientific hot plate | CPS-4803 AZ Hot and/or Stir | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | Thermo Fisher Scier | SP88857100 | c971001901200 1532 | (781) 622-1000 |
| AZ04-00071 | Thermo Scientific hot plate | CPS-4803 AZ Hot and/or Stir | Non-Sterile Non-Hazardous Compour | ACTIVE | CPS-4803 AZ Facility | FALSE | Thermo Fisher Scier | SP88850100 | C301001412201 8847 | (781) 622-1000 |
| AZ04-00072 | Thermo Scientific hot plate | CPS-4803 AZ Hot and/or Stir | NS Hazardous Compounding | ACTIVE | CPS-4803 AZ Facility | FALSE | Thermo Fisher Scier | SP88850100 | C301001412201 8813 | (781) 622-1000 |
| AZ04-00073 | Thermo Scientific hot plate | CPS-4803 AZ Hot and/or Stir | NS Hazardous Compounding | ACTIVE | CPS-4803 AZ Facility | FALSE | Thermo Fisher Scier | SP88857100 | C371003010201 4622 | (781) 622-1000 |
| AZ04-00074 | Labconco Hood | CPS-4803 AZ Hood | NS Hazardous Compounding | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | s3049206 | 210614136 | (816) 333-8811 |
| AZ04-00079 | Labconco Hood | CPS-4803 AZ Hood | NS Hazardous Compounding | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | s3049206 | 210309379 | (816) 333-8811 |
| AZ04-00084 | Labconco Hood | CPS-4803 AZ Hood | NS Hazardous Compounding | ACTIVE | CPS-4803 AZ Facility | FALSE | LABCONCO | s3049206 | 210614167 | (816) 333-8811 |

| Covetrus North America, LLC - Phoenix, AZ | | | |
|---|---|---|---|
| State | License Number | Date Issued | Expiration Date |
| Alaska | 168672 | 11/20/2020 | 9/30/2022 |
| Arizona | Y009133 | 1/5/2022 | 10/31/2023 |
| Colorado | OSP0007532 | 2/23/2021 | 10/31/2022 |
| Connecticut | PCN.0003889 | 11/19/2020 | 8/31/20236 |
| DEA - Federal | FC1097535 | 1/13/2022 | 8/31/2024 |
| DEA - Federal MFG | RC0617867 | 2/10/2022 | 8/31/2023 |
| Delaware | A90012767 | 1/5/2022 | 9/30/2024 |
| Delaware - CSR | PH0024779 | 1/7/2022 | 6/30/2023 |
| Florida | 33133 | 1/22/2021 | 2/28/2023 |
| Florida - Control Number | 122590 | 1/22/2021 | 2/28/2023 |
| Hawaii | PMP-1889 | 3/29/2021 | 12/31/2023 |
| Hawaii - CSR | E15215 | 3/1/2021 | 8/31/2023 |
| Idaho | 65487MS | 2/24/2022 | 12/31/2022 |
| Illinois | 54022190 | 3/4/2022 | 3/31/2024 |
| Illinois - CSR | 320013692 | 3/4/2022 | 3/31/2024 |
| Indiana | 64003100A | 4/13/2021 | 12/31/2023 |
| Iowa | 5415 | 7/30/2021 | 12/31/2022 |
| Iowa - CSR | 1108920 | 7/30/2021 | 8/31/2023 |
| Kansas | 22-117135 | 2/9/2022 | 6/30/2023 |
| Kentucky | AZ2852 | 11/23/2020 | 6/30/2023 |
| Louisiana | PHY008218-NR | 1/26/2021 | 12/31/2022 |
| Maine | MO40003121 | 1/10/2022 | 12/31/2022 |
| Maryland | P08628 | 8/9/2022 | 5/31/2024 |
| Maryland - CSR | TEMP50218 | 3/23/2022 | 2/28/2025 |
| Michigan | 5301012570 | 1/7/2021 | 1/7/2023 |
| Michigan - CSR | 5315222348 | 1/7/2021 | 1/7/2023 |
| Minnesota | 266496 | 1/28/2022 | 6/30/2023 |
| Missouri | 2022000723 | 1/7/2022 | 10/31/2023 |
| Montana | PHAMOPLIC84240 | 4/21/2022 | 11/30/2022 |
| Nebraska | 1548 | 1/14/2022 | 7/1/2023 |
| Nevada | PH04315 | 4/14/2022 | 10/31/2022 |
| New Hampshire | NR2282 | 3/10/2022 | 12/31/2024 |
| New Jersey | 28RO00220500 | 10/12/2021 | 6/30/2023 |
| New Mexico | PH00005343 | 1/20/2022 | 12/31/2023 |
| New Mexico - CSR | CS00231293 | 1/20/2022 | 8/31/2023 |
| New York | 39463 | 3/3/2022 | 2/28/2025 |
| North Dakota | PHAR1900 | 1/7/2022 | 6/30/2023 |
| Ohio | 242000353 | 2/16/2022 | 3/31/2023 |
| Oklahoma | 99-9149 | 2/26/2022 | 2/28/2023 |
| Oklahoma - Sterile | 99-9149 | 3/10/2022 | 2/28/2023 |
| Oklahoma - CSR | 6499771 | 1/27/2021 | 10/31/2022 |
| Oregon | RP-0003692 | 5/4/2021 | 3/31/2023 |

| | | | |
|---|---|---|---|
| Pennsylvania | NP001769 | 4/5/2021 | 8/31/2023 |
| Rhode Island | PHN12248 | 3/18/2022 | 9/30/2023 |
| Rhode Island - CSR | CPHN12248 | 3/18/2022 | 9/30/2023 |
| South Dakota | 400-2196 | 1/27/2021 | 6/30/2023 |
| Tennessee | 6963 | 12/16/2020 | 12/31/2022 |
| Utah | 12619725-1708 | 1/27/2022 | 9/30/2023 |
| Utah - CSR | 12619725-8913 | 1/27/2022 | 9/30/2023 |
| Vermont | 36.0134604 | 2/8/2022 | 7/31/2023 |
| Virginia | 214002368 | 1/20/2022 | 1/31/2023 |
| Washington | PHNRFO61135698 | 1/28/2022 | 5/31/2023 |
| Washington DC | NRX2101929 | 10/7/2021 | 5/31/2023 |
| Washington DC - CSR | NCP2100055 | 10/7/2021 | 5/31/2023 |
| West Virginia | MO0561738 | 1/26/2022 | 6/30/2023 |
| Wisconsin | 2804-43 | 1/21/2022 | 5/31/2024 |
| Wyoming | NR-52088 | 2/4/2022 | 6/30/2023 |
| Wyoming - CSR | CSB01125 | 2/4/2022 | 6/30/2023 |

# 10B

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application
## Non-Refundable $500.00 Fee

Rev (8/02/2022)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada | ☒ New Pharmacy | ☒ Retail/Community | ☒ Retail/Community |
| ☒ Out-of-State | ☐ Ownership Change* | ☐ Hospital (# beds _____) | ☒ Non-sterile Compounding |
| | ☐ Location Change * | ☐ Internet | ☒ Sterile Compounding |
| | ☐ Name Change* | ☐ Nuclear | ☐ Mail-Order Service |
| | | ☐ Other: | ☐ Off-site Cognitive Services |
| | * If making a change, provide license #: | | ☐ Long Term Care |
| | | | ☐ Hospital |
| | PH_____ | | ☐ Other: |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☐ Saturday | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Strive Pharmacy

Physical Address: 1275 E. Baseline Rd ste 104

City: Gilbert State: AZ Zip: 85233

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 4806264366 Toll Free # (NAC 639.708, NRS 639.23286): 8554055993

Fax: 4806264365 Contact Email: mike@strivepharmacy.com

Website: strivepharmacy.com

Nevada Business License # (if applicable) _____

Supervising/Managing Pharmacist Name (NRS 639.220): Matthew Montes De Oca

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23542

**Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Matthew Montes De Oca | NV Pharmacist Registration #: 23542 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | X |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | X |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | X |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | X |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | X |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: NA | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: _____

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Arizona

Parent Company (if any): _____

Corporation/Organization Name: Strive Pharmacy LLC

Mailing Address: 1275 E. Baseline Rd ste 104

City: Gilbert State: AZ Zip: 85233

Telephone: 4806264366 Email: mike@strivepharmacy.com

Contact Person Name: Michael Walker

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the President (title) for Strive Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Michael Walker

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/10/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Michael Walker

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

4/19/23

Date

| Board Use Only | Date Received: 5-11-23 | Amount: 500.00 CK- 909715 3912 |
|---|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

### Section 1: General Information

Pharmacy Name: Strive Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): NA

Physical Address: 1275 E Baseline Rd. ste 104

City: Gilbert State: Arizona Zip: 85233

Mailing Address (if different from physical address): NA

City: NA State: NA Zip: NA

Telephone: 4806264366 Toll Free # (NAC 639.708, NRS 639.23286): 8554055993

Fax: 4806264365 Contact Email: mike@strivepharmacy.com

Website: strivepharmacy.com

Nevada Business License # (if applicable) NA

Supervising/Managing Pharmacist Name (NRS 639.220): Matthew Montes De Oca

Supervising/Managing Pharmacist NV Pharmacist Registration #: 23542

Name of Person with direct knowledge of compounding procedures: Matthew Montes De Oca

Email of Person with direct knowledge of compounding procedures: matt@strivepharmacy.com

Telephone of Person with direct knowledge of compounding procedures: 775-397-5276

**Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)**

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☐ Low ☐ Medium ☑ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ☑ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Cyclosporine 1% Opthalmic
Tacrolimus 0.03% Opthalmic
Testosterone Cypionate 25 mg/ml and 200 mg/ml MCT Inj
Estradiol Valerate 5 mg/ml Inj
Nandrolone 200 mg/ml Inj

4. Will you be utilizing beyond use dates in excess of USP-797? ☑ Yes ☐ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

Any compounds with BUD's in excess of what USP 797 states have gone through a stability study which accesses potency, endotoxin, sterility, vial closure integrity test, pH, Particulate Matter, Method Suitability, and antimicrobial effectiveness.

6. What laboratory performs this additional testing?

Name: ARL Biopharma

Address: 840 Research Pkwy #546

City: Oklahoma City State: Oklahoma Zip: 73104

Telephone: (405) 271-1144

7. What is your procedure for visual inspection of compounded sterile products?

Visual inspection includes looking at vials under a light to check for particulate matter, we also visually verify all weights and drugs used to compound, and look at results of the filter integrity test, and 3rd party test all our products for sterility and endotoxin.

8. How often do you perform glove fingertip and medial fill testing?

We have recently changed our testing to quarterly for compounders. Our current supervisor would be due for his next GFT in November for a 6 month but at that time the USP guidelines change to annual for supervisors. Our policy will change at that time. to annual for supervisors.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

An employee may not begin compounding until all initial competencies are passed. If a continuation competency is failed a compounder will be re-educated and observed to correct any potential reason for the failure.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Quarterly Garbing competencies, GFT and Media Fills. In addition, we assure all compounding technicians shadow lead sterile technician for proper aseptic and cleaning techniques. This is represented by annual sterile techniques competencies done by direct observation of skills.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

Daily Sporicidal (Peridox) on PEC and equipment inside the PEC, Floors & Work surfaces within the SEC. Washed with 70% IPA

Monthly Sporicidal (Peridox) underneath tray of PECs as well as walls, doors, ceilings, shelves/bins, and any equipment outside the PEC. Wash with 70% IPA.

12. Who performs the sterile compounding process at your facility?

Licensed Pharmacy Technicians

13. Who is responsible and accountable for the sterile compounding process at your facility?

Pharmacist-in-charge (PIC) and designated Pharmacy Managers.

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

Packages out of state are mailed next day air with 2 blocks of ice in winter and 3 blocks during the summer. As a new quality measure, this summer we will be executing shipping studies with temperature loggers. Also, we are looking into temp strips for all packages. Our recent stability studies showed that our products maintained potency after being subjected to 130F heat for 5 days.

**Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)**

1. What type of primary engineering controls will you be using in your facility?

Currently we have an A2 BSC (externally vented) in our hazardous buffer room and an A2 BSC (not vented as is not used for hazardous materials) and a vertical LAFW in the non-hazardous buffer room.

| | | |
|---|---|---|
| 2. Is your BSC or CACI vented 100% to the outside? | ☑ Yes | ☐ No |
| 3. Do you have a negative pressure buffer room at your facility? | ■ Yes | ☐ No |
| 4. Will you be compounding with antineoplastic HDs or HD API? | ☑ Yes | ☐ No |
| 5. If yes, are the drugs stored in an externally ventilated, negative pressure room? | ■ Yes | ☐ No |
| 6. Will you be utilizing a closed system transfer device? | ☐ Yes | ■ No |

7. If yes, list the name of the device:

n/a

8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?

Product leaflet goes over storage, handling and disposal of all medications.

9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?

Quarterly Garbing competencies, GFT and Media Fills. In addition, we assure all compounding technicians shadow lead sterile technician for proper aseptic and cleaning techniques. This is represented by annual sterile techniques competencies done by direct observation of skills. Provide additional literature and SDS review of hazardous materials used during compounding.

**Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)**

1. List the specific high risk sterile products that your facility compounds:

Testosterone Cypionate 25 mg/ml MCT Inj, Testosterone Cypionate 100 mg/ml MCT Inj, Testosterone Cypionate 200 mg/ml MCT Inj, Estradiol Valerage 5 mg/ml Inj, MIC B12 25/50/50/1 mg/ml Inj, B Complex, SuperMIC, Semaglutide/B12 2/1, 2.5/1, and 5/1 mg/ml Inj, Tirzepatide/B12 10/1 mg/ml Inj, Glutathione 200 mg/ml Inj, Methylcobalamin 1mg/ml, 5mg/ml, and 10 mg/ml Inj, Trimix, Nandrolone 200 mg/ml Inj

2. What sterilization methods are utilized at your facility?

Filter Sterilization

3. Does your facility utilize biological indicators? ☑ Yes ☐ No

4. If yes, describe how they are utilized:

Used for depyrogenation and autoclave cycles.

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Matthew Montes De Oca

Name of Person who Completed the Form

Pharmacist in Charge - Nevada

Title

MMTMJO

Signature (copies or stamps not accepted)

06/09/2023

Date

| Board Use Only | Date Received:_____ Date Approved: _____ Approved By: _____ |
|---|---|

**List of Officers:**

**Name:** Michael Walker

**Title:** Member

**Address:** [redacted] E Baseline Rd 104 Gilbert, AZ 85233

**Percent Ownership:** 55%

**SSN:** [redacted]

**D.O.B:** [redacted]

**Name:** Nathan Hill

**Title:** Member

**Address:** [redacted] E Baseline Rd 104 Gilbert, AZ 85233

**Percent Ownership:** 45%

**SSN:** [redacted]

**D.O.B:** [redacted]

Arizona Corporation Commission - RECEIVED: 5/1/2023
Arizona Corporation Commission - FILED: 5/1/2023

23050314158425

# STATE OF ARIZONA

**Office of the**
**CORPORATION COMMISSION**

## CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**STRIVE PHARMACY LLC**

ACC file number: L21888119

was incorporated under the laws of the State of Arizona on 05/22/2017, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **05/01/2023**

**Douglas R. Clark, Executive Director**

**FILED: 5/22/2017 9:40:39 PM** **DOCUMENT # 05946958**

**FILE #: L21888119**

DO NOT WRITE ABOVE THIS LINE: RESERVED FOR ACC USE ONLY.

# ARTICLES OF ORGANIZATION

1. **ENTITY TYPE:** LIMITED LIABILITY COMPANY

2. **ENTITY NAME:** STRIVE PHARMACY LLC

3. **FILE NUMBER:** L21888119

4. **STATUTORY AGENT NAME AND ADDRESS:**

Street Address:

NATHAN HILL

[redacted] S COLT DR

GILBERT , AZ 85296

Mailing Address:

5. **ARIZONA KNOWN PLACE OF BUSINESS ADDRESS:**

[redacted] S COLT DR

GILBERT , AZ 85296

6. **DURATION:** Perpetual

7. **MANAGEMENT STRUCTURE:** **Member-Managed**

The names and addresses of all Members are:

1 **NATHAN HILL**

[redacted] S COLT DR

GILBERT, AZ 85296

2 **MICHAEL WALKER**

[redacted] S MARTINGALE RD

GILBERT, AZ 85295

**ORGANIZER:** Nathan Hill 5/22/2017

# Arizona State Board of Pharmacy

PHARMACY INSPECTION REPORT on 05/19/2022 for Strive Pharmacy



S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

## DEMOGRAPHICS

| AZ permit# : | AZ Permit Exp.Date : | Business Name : |
|---|---|---|
| Y007406 | 10/31/2022 | Strive Pharmacy |

Address :

[redacted] E. Baseline Road

| Zip : | City : | State : |
|---|---|---|
| 85233 | Gilbert | AZ |

| Phone : | Fax : | Email : |
|---|---|---|
| 4806264366 | 4806264365 | info@strivepharmacy.com |

| Inspection Date : | PIC : | Pic License Exp Date : |
|---|---|---|
| 05/19/2022 | Michael Walker | 2021-10-31T00:00:00 |

| DEA # : | DEA # Exp. date : | Inspection Reviewed With : |
|---|---|---|
| FS7645748 | 02/29/2024 | Patrick Schinzel |

| Reviewers License# : | Inspection type : |
|---|---|
| S015655 | Routine |

Inspection Conducted By :

Karol Hess

## Facility Data

| # Rxs/Week | RPh Hours/Week | # Rxs/Hours |
|---|---|---|
| 1350 | 100 | 13.5 |

## PERMITS

| | | |
|---|---|---|
| 1 | Arizona | ◉S ○N/I ○V ○N/A<br>ARS § 32-1933(A), R4-23-606(A) |
| 2 | DEA | ◉S ○N/I ○V ○N/A<br>ARS § 36-2522(A)(2); 21 CFR 1301.35(c) |
| 3 | Suppliers<br>Capital Drug, PCCA, Medisca, Fagron , Spectrum, AX Pharmaceuticals, Letco, Anda | ◉S ○N/I ○V ○N/A<br>ARS § 32-1929; R4-23-601(A), R4-23-604(A), R4-23-605(A), R4-23-607(A) |

## LICENSES

| | | |
|---|---|---|
| 1 | Pharmacists | ◉S ○N/I ○V ○N/A<br>ARS § 32-1925(A); R4-23-201(A) |

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 2 | Interns / Graduate interns | ○S ○N/I ○V ◉N/A | ARS § 32-1923(B); R4-23-301(G) |
| 3 | Technicians / Trainees | ◉S ○N/I ○V ○N/A | ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2) |
| 4 | Current renewal licenses maintained | ◉S ○N/I ○V ○N/A | ARS § 32-1933(B) |

## PHARMACY

| | | | |
|---|---|---|---|
| 1 | Drug storage and security<br>Keep swing door locked-extend 66" barrier around to protect front counter | ○S ◉N/I ○V ○N/A | R4-23-609(G)(H) |
| 2 | Personnel and security procedures | ◉S ○N/I ○V ○N/A | R4-23-610 |
| 3 | Facilities | ◉S ○N/I ○V ○N/A | R4-23-611(A) |
| 4 | Drug supply | ◉S ○N/I ○V ○N/A | R4-23-611(B) |
| 5 | Quarantine expired drugs<br>Return to stock cannot have more than 1 year since dispense date as beyond use date | ○S ◉N/I ○V ○N/A | R4-23-611(B)(4) |
| 6 | Equipment | ◉S ○N/I ○V ○N/A | R4-23-612 |
| 7 | Policies and procedures | ◉S ○N/I ○V ○N/A | R4-23-610(A); R4-23-611(B) |

## TECHNICIANS

| | | | |
|---|---|---|---|
| 1 | Training program<br>Trainees cannot compound-update program | ○S ◉N/I ○V ○N/A | R4-23-1105(B)(D) |
| 2 | Training program - compounds<br>Competency must be updated annually | ○S ◉N/I ○V ○N/A | R4-23-1105(C) |
| 3 | Activities - trainees | ◉S ○N/I ○V ○N/A | R4-23-1104(A) |

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 4 | Activities - technicians<br>None compounding despite policy | ◉S ○N/I ○V ○N/A | R4-23-1104(A)(B) |
| 5 | Policies and procedures<br>see above | ○S ◉N/I ○V ○N/A | R4-23-1104(F)(G) |

## COUNSELING

| | | | |
|---|---|---|---|
| 1 | Documentation<br>Documentation of acceptance/denial of counsel must be done by pharmacist and document pharmacist initials/name etc. | ○S ○N/I ◉V ○N/A | R4-23-402(G)(H) |
| 2 | Oral consultation | ◉S ○N/I ○V ○N/A | R4-23-402(C)(D)(E) |
| 3 | Written information | ◉S ○N/I ○V ○N/A | R4-23-402(C)(I) |

## PRESCRIPTION AUDIT

| | | | |
|---|---|---|---|
| 1 | Prescription files<br>prescription files must be serially numbered, filed in order dispensed | ○S ◉N/I ○V ○N/A | ARS § 32-1964; ARS § 36-2525(C)(1)(2) |
| 2 | Prescription label | ◉S ○N/I ○V ○N/A | ARS § 32-1968(D); ARS § 36-2525(L) |
| 3 | CII prescriptions | ○S ○N/I ○V ◉N/A | ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A) |
| 4 | CIII - CV prescriptions | ◉S ○N/I ○V ○N/A | ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A) |
| 5 | Non-controlled prescriptions<br>If meets rule for scanned rx( front and back capabilities, electronic annotation, policy and procedures) do not need to save hard copies | ◉S ○N/I ○V ○N/A | ARS § 32-1968; R4-23-407(A) |
| 6 | Transfers | ◉S ○N/I ○V ○N/A | R4-23-407(D) |
| 7 | Telephone | ◉S ○N/I ○V ○N/A | ARS § 32-1968(A)(5); R4-23-402(A)(1)(2) |

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 8 | Refill authorizations | ●S ○N/I ○V ○N/A | ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5) |
| 9 | Facsimile<br>Must identify practitions locations and agent who faxed if other than practitioner | ○S ●N/I ○V ○N/A | R4-23-407(E) |
| 10 | Electronically transmitted | ○S ○N/I ○V ●N/A | R4-23-407(F); R4-23-408(H) |
| 11 | Patient information | ●S ○N/I ○V ○N/A | R4-23-402(A)(3)(4) |
| 12 | Allergies / medical conditions | ○S ●N/I ○V ○N/A | R4-23-402(A)(3)(b) |
| 13 | Brand / generic | ●S ○N/I ○V ○N/A | ARS § 32-1963.01 |
| 14 | Foreign prescriptions | ○S ○N/I ○V ●N/A | ARS § 32-1969 |
| 15 | Prescription blank advertising prohibited<br>May not provide prescription blanks with any pharmacy identifying information | ○S ●N/I ○V ○N/A | R4-23-404(B); ARS § 32-1901.01(B)(25) |
| 16 | Prescription audit numbers<br>cIII-V 4/29 Legend 5/4 | | |

## COMPUTER REQUIREMENTS

| | | | |
|---|---|---|---|
| 1 | Security | ●S ○N/I ○V ○N/A | R4-23-408(F) |
| 2 | Log books / printout<br>must contain pharmacist signature, printed name and initials | ○S ●N/I ○V ○N/A | R4-23-408(C)(4) |
| 3 | Reports | ●S ○N/I ○V ○N/A | R4-23-408(B)(5)(6) |
| 4 | Policies and procedures | ●S ○N/I ○V ○N/A | R4-23-408(A) |

## IMMUNIZATIONS

| | | | |
|---|---|---|---|
| 1 | Certification | ○S ○N/I ○V ●N/A | ARS § 32-1974(D)(K); R4-23-411(A) |

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 2 | Recordkeeping | ○S ○N/I ○V ◉N/A | ARS § 32-1974(F)(3); R4-23-411(F)(I) |
| 3 | Reporting requirements | ○S ○N/I ○V ◉N/A | ARS § 32-1974(F); R4-23-411(F)(2) |
| 4 | Current certificate maintained | ○S ○N/I ○V ◉N/A | R4-23-411(C)(2) |
| 5 | Administration without a prescription | ○S ○N/I ○V ◉N/A | ARS § 32-1974(A)(B); R4-23-411(A) |
| 6 | Prescription only administration | ○S ○N/I ○V ◉N/A | ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I) |

## MECHANICAL STORAGE / COUNTING DEVICES

| | | | |
|---|---|---|---|
| 1 | Cell identification | ○S ○N/I ○V ◉N/A | R4-23-615(A)(1) |
| 2 | Paper / electronic log | ○S ○N/I ○V ◉N/A | R4-23-615(A)(2)(3) |
| 3 | Training | ○S ○N/I ○V ◉N/A | R4-23-615(C)(1)(D) |
| 4 | Maintenance | ○S ○N/I ○V ◉N/A | R4-23-615(C)(2)(D) |
| 5 | Accuracy validation testing | ○S ○N/I ○V ◉N/A | R4-23-615(C)(3)(D) |
| 6 | Return by approval only | ○S ○N/I ○V ◉N/A | R4-23-615(B)(G) |
| 7 | Policies and procedures | ○S ○N/I ○V ◉N/A | R4-23-615(E) |

## MECHANICAL COUNTING DEVICES

| | | | |
|---|---|---|---|
| 1 | Training | ○S ○N/I ○V ◉N/A | R4-23-616(A)(1)(B) |
| 2 | Maintenance | ○S ○N/I ○V ◉N/A | R4-23-616(A)(2)(B) |
| 3 | Accuracy validation testing | ○S ○N/I ○V ◉N/A | R4-23-616(A)(3)(B) |
| 4 | Policies and procedures | ○S ○N/I ○V ◉N/A | R4-23-616(C) |

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## CONTROLLED SUBSTANCE RECORDS

| | | | |
|---|---|---|---|
| 1 | CIIs purchase / sale / disposal | ○S ○N/I ○V ◉N/A | ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D);R4-23-1003(A)(4)(B) |
| 2 | CIII - CVs purchase / sale / disposal | ◉S ○N/I ○V ○N/A | ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4) |
| 3 | Inventory<br>Reminder-if no cIIs-document on inventory | ◉S ○N/I ○V ○N/A | ARS § 36-2523(B); R4-23-1003 |
| 4 | Audit | ◉S ○N/I ○V ○N/A | ARS § 36-2523 |
| 5 | DEA 106 Theft/Loss reporting | ○S ○N/I ○V ◉N/A | R4-23-1003(A)(2); 21 CFR 1301.76(b) |

## MISCELLANEOUS

| | | | |
|---|---|---|---|
| 1 | Badges - name / title | ◉S ○N/I ○V ○N/A | R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E) |
| 2 | Sales of drugs to practitioners | ○S ○N/I ○V ◉N/A | ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4) |
| 3 | Schedule V register | ○S ○N/I ○V ◉N/A | ARS § 36-2525(J) |
| 4 | Delivery | ◉S ○N/I ○V ○N/A | ARS § 32-1901.01(B)(23); R4-23-402(I) |
| 5 | CQA training / Policies and procedures | ◉S ○N/I ○V ○N/A | ARS § 32-1973; R4-23-620 |
| 6 | Non-controlled substances purchase / sale / disposal | ◉S ○N/I ○V ○N/A | R4-23-601(D) |
| 7 | Dextromethorphan sales restrictions | ○S ○N/I ○V ◉N/A | ARS 32-1978 |
| 8 | Federal medication guides<br>Must be provided with all required medicatoins | ○S ◉N/I ○V ○N/A | 21 CFR part 208 |
| 9 | Pharmacy to pharmacy transfer of drugs (intracompany) | ○S ○N/I ○V ◉N/A | R4-23-601(D); R4-23-1003(A)(4) |

## METHAMPHETAMINE PRECURSORS

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

| | | | |
|---|---|---|---|
| 1 | Storage | ○S ○N/I ○V ◉N/A | ARS § 32-1977(B) |
| 2 | Documentation | ○S ○N/I ○V ◉N/A | ARS § 32-1977(C); 21 CFR 1314 |
| 3 | Self-certification | ○S ○N/I ○V ◉N/A | 21 CFR 1314.35; 21 CFR 1314.40 |

## SHARED SERVICES

| | | | |
|---|---|---|---|
| 1 | Current resident / nonresident permit | ○S ○N/I ○V ◉N/A | R4-23-621(A) |
| 2 | Same owner / written contract / common electronic file | ○S ○N/I ○V ◉N/A | R4-23-621(B) |
| 3 | Notification to patients | ○S ○N/I ○V ◉N/A | R4-23-621(C) |
| 4 | Maintain manual / electronic records | ○S ○N/I ○V ◉N/A | R4-23-621(D) |
| 5 | Work outside pharmacy | ○S ○N/I ○V ◉N/A | R4-23-621(F) |
| 6 | Policies and procedures | ○S ○N/I ○V ◉N/A | R4-23-621(E) |

## COMPOUNDING PRACTICES (GENERAL)

| | | | |
|---|---|---|---|
| 1 | Documentation product compounded<br>verification of measure must be done prior to mixing, photo is ok. | ○S ◉N/I ○V ○N/A | R4-23-410(C)(1)(e); R4-23-410(I)(K) |
| 2 | Patient label<br>Label must contain statement, symbol etc. that indicates it is a compound | ○S ◉N/I ○V ○N/A | R4-23-410(I)(4) |
| 3 | Beyond-use dates | ◉S ○N/I ○V ○N/A | R4-23-410(I)(4)(b); R4-23-410(B)(3)(d) |
| 4 | Equipment | ◉S ○N/I ○V ○N/A | R4-23-410(F)(G) |
| 5 | Product produced in excess | ◉S ○N/I ○V ○N/A | R4-23-410(B)(2); R4-23-410(J) |

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| | | | |
|---|---|---|---|
| 6 | Component removed from original container<br>Product removed from original container must be labeled with component name, manufacturer, weight/measure, lot#, BUD, transfer date | ○S ◉N/I ○V ○N/A | R4-23-410(I)(6) |
| 7 | Compounds for medical practitioners | ○S ○N/I ○V ◉N/A | R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4) |
| 8 | Patient written list<br>must contain each component name clearly written | ○S ◉N/I ○V ○N/A | R4-23-410(I)(5) |
| 9 | Protective apparel | ◉S ○N/I ○V ○N/A | R4-23-410(C)(2)(c) |
| 10 | Facility | ◉S ○N/I ○V ○N/A | R4-23-410(E) |
| 11 | Components for compounding/storage<br>Reminder to verify that all containers and closures are USP compliant | ◉S ○N/I ○V ○N/A | R4-23-410(B)(H) |
| 12 | Policies and procedures | ◉S ○N/I ○V ○N/A | R4-23-410(D)(G)(H)(I)(K) |

## STERILE COMPOUNDING

| | | | |
|---|---|---|---|
| 1 | Compounding area | ◉S ○N/I ○V ○N/A | R4-23-670(A)(E)(F) |
| 2 | Equipment | ◉S ○N/I ○V ○N/A | R4-23-670(B) |
| 3 | Sterile product reference | ◉S ○N/I ○V ○N/A | R4-23-670(B)(6) |
| 4 | Certification hood / environment<br>Last 11/21 next 5/22 | ◉S ○N/I ○V ○N/A | R4-23-670(D)(14)(g) |
| 5 | Documentation routine cleaning / maintenance | ◉S ○N/I ○V ○N/A | R4-23-670(D)(14)(g) |
| 6 | Personnel protective clothing | ◉S ○N/I ○V ○N/A | R4-23-670(E)(3)(F)(2) |

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| | | |
|---|---|---|
| 7 | Annual / semi-annual media fill tests<br>Every 6 months-recommend during stressful time of shirt to simulate times most likely to lose sterility | ◉S ○N/I ○V ○N/A<br>R4-23-670(E)(4)(F)(3) |
| 8 | Documentation of product compounded | ◉S ○N/I ○V ○N/A<br>R4-23-410(C)(1)(e), R4-23-410(I)(K) |
| 9 | Beyond-use dates | ◉S ○N/I ○V ○N/A<br>R4-23-670(D)(14)(d), R4-23-410(B)(3)(d) |
| 10 | Process / product validation testing | ◉S ○N/I ○V ○N/A<br>R4-23-670(D)(14)(f) |
| 11 | Policies and procedures | ◉S ○N/I ○V ○N/A<br>R4-23-670(C)(D) |

## AUDIT

Date Of Inventory : 04/29/2021

Inventory Taken : Close

Date Of Audit : 05/17/2022

| Name & Strength of Drug | Initial Inventory | Total Purchased | Total Accounted For | Closing Inventory | Sales (Rx & log) | Total Can Account for | Difference | Percentage |
|---|---|---|---|---|---|---|---|---|
| Tramadol 50mg tablet | 70 | 0 | 70 | 70 | 0 | 70 | 0 | 0.00 |
| Ketamine USP powder | 580.1 | 0 | 580.1 | 523.9 | 47.65 | 571.55 | -8.550000000000068 | -1.47 |

## NOTES

Violation issued:
Acceptance/denial of counseling must be documented by pharmacist with initials or signature of pharmacist.

# Arizona State Board of Pharmacy

Physical Address: 1110 W. Washington St., Suite 260,
Phoenix, AZ 85007
Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov


## CERTIFICATION OF ARIZONA STATE BOARD OF PHARMACY PERMIT FOR THE ENTITY LISTED BELOW :

**This document is not a license/permit but serves as the primary source of verification.**

| | |
|---|---|
| **Name :** | Strive Pharmacy |
| **Address :** | 1275 E. Baseline Road 104 Gilbert AZ 85233 |
| **License No :** | Y007406 |
| **Permit Type :** | Pharmacy |
| **Sub Type :** | Independent |
| **Date Issued :** | 09/14/2017 |
| **Expiration Date :** | 10/31/2024 |
| **Status :** | OPEN |
| **Discipline :** | No |

Kam Gandhi

**Kam Gandhi**

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520 Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749
http://www.azpharmacy.gov

Receipt Date: 09/29/2022
Receipt
Number: 2022135984
Receipt Amount $: 480.00

# Pharmacy - Independent

| PERMIT NO | EXPIRES |
|---|---|
| Y007406 | 10/31/2024 |

Issued to :

Strive Pharmacy
Michael Walker
1275 E BASELINE RD 104
GILBERT, AZ 85233

Strive Pharmacy
1275 E. BASELINE ROAD 104
GILBERT, AZ 85233

Kam Gandhi
EXECUTIVE DIRECTOR

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Michael Walker
LICENSE NUMBER : Y007406
EXPIRES : 10/31/2024

http://www.azpharmacy.gov

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

## Important Information

**LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)**

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

**PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)**

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

**ARIZONA STATE BOARD OF PHARMACY**
**P.O. Box 18520**
**Phoenix, AZ 85005**
**http://www.azpharmacy.gov**

**602-771-ASBP (2727)**
**FAX: 602-771-2749**

# Pharmacist

| LICENSE NO | EXPIRES |
|---|---|
| S021357 | 10/31/2023 |

Receipt Date: 10/27/2021
Receipt Number: 2021122130
Receipt Amount $: 180.00

Issued to : Michael Walker
[redacted]E CAMPBELL CT
GILBERT, AZ 85234

Ken Gandhi
**EXECUTIVE DIRECTOR**

ARIZONA STATE BOARD OF PHARMACY
P.O. Box 18520
Phoenix, AZ 85005
602-771-ASBP (2727)
FAX: 602-771-2749

WALLET CARD

NAME : Michael Walker
LICENSE NUMBER : S021357
EXPIRES : 10/31/2023

http://www.azpharmacy.gov

- **Your license must be available for inspections during business hours.**
- **Permit holder(s) must display permit in the location to which it is issued.**
- **Please note it is your responsibility to keep this license/permit current.**

## Important Information

**LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)**

• Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
• You are required by law to notify the Board of any home address and/or employment change within 10 business days

**PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)**

• Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
• In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
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• Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.

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Mailing Address: P.O. Box 18520, Phoenix, AZ 85005
(P): 602-771-2727 (F): 602-771-2749 www.azpharmacy.gov

## CERTIFICATION OF ARIZONA PHARMACIST LICENSE FOR THE INDIVIDUAL LISTED BELOW :

**This document is not a license/permit but serves as the primary source of verification.**

| | |
|---|---|
| **Name :** | Michael Walker |
| **License No :** | S021357 |
| **Date Issued :** | 07/22/2015 |
| **Expiration Date :** | 10/31/2023 |
| **Status :** | OPEN |
| **Discipline :** | No |

Kam Gandhi

**Kam Gandhi**

Executive Director
Arizona State Board of Pharmacy

Date: 04/19/2023

10007759 2/002627-1/1-0

STRIVE PHARMACY
1275 E BASELINE RD STE 104
GILBERT, AZ 85233-1224

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FS7645748 | 02-29-2024 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N, 3,3N,4,5 | RETAIL PHARMACY | 01-22-2021 |

*STRIVE PHARMACY*
*1275 E BASELINE RD STE 104*
*GILBERT, AZ 85233-1224*

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FS7645748 | 02-29-2024 | $888 |

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|---|---|---|
| 2,2N, 3,3N,4,5 | RETAIL PHARMACY | 01-22-2021 |

STRIVE PHARMACY
1275 E BASELINE RD STE 104
GILBERT, AZ 85233-1224

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Form DEA-223 (9/2016)

# Nevada State Board Of Pharmacy

(Licensee mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 03/16/2023
Amount:
License #: 23542

Matthew T. Montes De Oca

(ID Card)

NEVADA STATE BOARD OF PHARMACY

Pharmacist
Effective Date:03/16/2023
Expires:10/31/2023

Matthew T. Montes De Oca

License #
23542
Active

IDENTIFICATION ONLY
DOES NOT MEET POSTING REQUIREMENTS

Trim ID Card to fit your wallet

Cut Here

NEVADA
**STATE BOARD OF PHARMACY**
**Pharmacist**

License Type: Pharmacist
License #: 23542
Effective Date:03/16/2023

Expires: 10/31/2023
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Matthew T. Montes De Oca

**NONTRANSFERABLE**

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (04/22/2021)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Strive Pharmacy

Physical Address 1275 E Baseline Rd 104

City Gilbert State AZ Zip 85233

Mailing Address (if different from physical address) 1275 E Baseline Rd 104

City Gilbert State AZ Zip 85233

Telephone 480-626-4366 Website www.strivepharmacy.com

Licensing Company Email mike@strivepharmacy.com

### Section 2: Personal Information

First Matthew Middle _____ Last Montes De Oca

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted] N 37th St

City Phoenix State AZ Zip 85018

Telephone [redacted] Email matt@strivepharmacy.com

Are you a citizen of the United States? ☐ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/Reserves ☐ Navy/Reserves ☐ Airforce/Reserves ☐ Marine Corps/Reserves ☐ Coast Guard/Reserves ☐ National Guard

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |



Applicant's initials MM

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Pacific University | | 08/13 - 05/16 | |
| Address | City | State | Zip |
| 2043 College Way | Forest Grove | OR | 97116 |
| Diploma/Degree obtained, if any | | | |
| Doctorate of Pharmacology | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| University of Nevada, Reno | | 08/10 - 05/16 | |
| Address | City | State | Zip |
| 1664 N Virginia St | Reno | NV | 89557 |
| Diploma/Degree obtained, if any | | | |
| N/A | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Elko High School | | 08/06 06/10 | |
| Address | City | State | Zip |
| 987 College Ave | Elko | NV | 89801 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 01/23 - Present | [redacted] N 37th St #7 | Phoenix | AZ | 85018 |
| 01/22 - 01/23 | [redacted] N 75th Way | Scottsdale | AZ | 85251 |
| 07/21 - 01/22 | [redacted] E Osborn Rd | Scottsdale | AZ | 85251 |
| 11/19 - 07/21 | [redacted] N 82nd St | Scottsdale | AZ | 85251 |
| 06/16 - 11/19 | [redacted] N 76th St Unit 11 | Scottsdale | AZ | 85257 |
| 06/15 06/16 | [redacted] S Pacific Hwy | Medford | OR | 97501 |
| 06/13 - 06/15 | [redacted] SE 4th St | Hillsboro | OR | 97123 |
| 08/10 - 06/13 | [redacted] Canyon Meadows Dr | Reno | NV | 89506 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| ~~Present~~ | | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| 11/06 - 08/10 | [redacted] Jamie Ct | Elko | NV | 89801 |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Strive Compounding Pharmacy | | | 01/21 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 1275 E Baseline Rd #104 | Gilbert | AZ | 85233 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 480-628-4366 | Pharmacy Operations Manager | | 1,380 |
| **Description of Duties** | | | |
| Manage staff, compliance, prescription workflow, instill USP standards | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Walmart Pharmacy | | | 02/15 - 10/20 |
| **Business Address** | **City** | **State** | **Zip** |
| 1606 S Signal Butte Rd | Mesa | AZ | 85209 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| 480-358-1122 | Pharmacy Manager | | 5,440 |
| **Description of Duties** | | | |
| Manage staff, compliance, prescription workflow, Balance P&L | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |
| **Description of Duties** | | | |
| | | | |

**Continue on next page if additional space is needed.**

Applicant's initials MM

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | X | |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | X |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Matthew Montes de Oca
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4.21.23
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Arizona, ss. County of Maricopa

I, Matthew Montes de Oca, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

4.26.23
**Date**

Subscribed and Sworn to before me this 26th day of April 2023

**Notary Public Signature**

KATIE L ABEYTA
Notary Public - Maricopa County
Arizona Commission #622169
My Commission Expires
February 1, 2026

**(Seal)**

Applicant's initials _____

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 1. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 8/24/21 | 12/30/21 | AZ | Scottsdale | Maricopa |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| TR-20210137888 | | City of Scottsdale Police | | |
| **Reason/Charge** | | | | |
| DUI | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | **Lawsuit/Arbitration/Bankruptcy** | | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Written Explanation and Documentation Submitted During pharmacist License # 23542 application.

MM J Mlo
Original Signature (electronic, copies or stamps not accepted)

4.21.23
Date

Applicant's initials MJM

I, Matthew Montes de Oca, **certify that as the designated representative for** Strive Compounding Pharmacy,

**that I am qualified as follows and will comply with the following:**

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Matthew Montes de Oca
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4.21.23
Date

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (04/22/2021)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Strive Pharmacy

Physical Address: 1275 E Baseline Rd 104

City: Gilbert State: AZ Zip: 85233

Mailing Address (if different from physical address): 1275 E Baseline Rd 104

City: Gilbert State: AZ Zip: 85233

Telephone: 480-626-4366 Website: www.strivepharmacy.com

Licensing Company Email: mike@strivepharmacy.com

### Section 2: Personal Information

First: Nathan Middle: Last: Hill

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted]E Baseline Rd 104

City: Gilbert State: AZ Zip: 85233

Telephone: [redacted] Email: nate@strivepharmacy.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

Applicant's initials NH

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Viewmont High School | | 09/03 - 5/05 | |
| **Address** | **City** | **State** | **Zip** |
| 120 W 1000 N | Bountiful | UT | 84010 |
| **Diploma/Degree obtained, if any** | | | |
| Diploma | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| University of Utah | | 02/08 - 05/13 | |
| **Address** | **City** | **State** | **Zip** |
| 201 President's Circle | Salt Lake City | Ut. | 84112 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelor of science Business Administration | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |
| **School Name** | | **From - To (MM/YY – MM/YY)** | |
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 10/17 - Present | [redacted] S. Annie Lane | Gilbert | AZ | 85296 |
| 10/16 - 10/17 | [redacted] S. Colt Lane | Gilbert | AZ | 85296 |
| 05/15 - 10/16 | [redacted] W Willow Green Way | Farmington | Ut | 84025 |
| 09/13 - 05/15 | [redacted] S Main St | Bountiful | Ut | 84010 |
| 10/09 - 09/13 | [redacted] W Grand Ave | Salt Lake City | UT | 84103 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Applicant's initials NH

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Strive Pharmacy | | | 07/18 - Present | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1275 E Baseline rd Ste 104 | | Gilbert | AZ | 85233 |
| **Phone** | **Title** | | | |
| 480-626-4366 | Co-Founder / CEO | | | |
| **Description of Duties** | | | | |
| founder & CEO, All things business related | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Daiichi Sankyo | | | 09/16 - 05/18 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 211 Mt. Airy Rd. | | Basking Ridge | NJ | 07920 |
| **Phone** | **Title** | | | |
| 908 992 6400 | Specialty Sales Rep | | | |
| **Description of Duties** | | | | |
| Pharmaceutical Sales representative | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Scoreboard Sports | | | 11/15 - 05/16 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 445 N 700 W Ste 105 | | North Salt Lake | UT | 84054 |
| **Phone** | **Title** | | | |
| 877-407-3500 | Team Sales Representative | | | |
| **Description of Duties** | | | | |
| Sold brand name apparel to corporations, schools & teams. B2B | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Vivint | | | 05/10 - 11/15 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 4931 N 300 W | | Provo | UT | 84604 |
| **Phone** | **Title** | | | |
| 801-506-6182 | Sales Representative | | | |
| **Description of Duties** | | | | |
| Sold home security & home automation. B2C | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials NH

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | X |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

04/21/23
Date

Applicant's initials NH

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Nathan Hill

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/21/23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Arizona, ss. County of Maricopa

I, Nathan Hill, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

4/26/23

**Date**

Subscribed and Sworn to before me this 26th day of April 2023

**Notary Public Signature**

KATIE L ABEYTA
Notary Public - Maricopa County
Arizona Commission #622169
My Commission Expires
February 1, 2026

**(Seal)**

Applicant's initials _____

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (04/22/2021)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler: Strive Pharmacy

Physical Address: 1275 E Baseline Rd 104

City: Gilbert State: AZ Zip: 85233

Mailing Address (if different from physical address): 1275 E Baseline Rd 104

City: Gilbert State: AZ Zip: 85233

Telephone: 480-626-4366 Website: www.strivepharmacy.com

Licensing Company Email: mike@strivepharmacy.com

### Section 2: Personal Information

First: Michael Middle: Last: Walker

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] E Baseline Rd 104

City: Gilbert State: AZ Zip: 85233

Telephone: [redacted] Email: mike@strivepharmacy.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

Date of Service: From: _____ to: _____

Military Occupation/Specialty _____

Branch: ☐ Army/ Reserves ☐ Navy/ Reserves ☐ Airforce/ Reserves ☐ Marine Corps/ Reserves ☐ Coast Guard/ Reserves ☐ National Guard

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

Applicant's initials: MW

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Viewmont High School | | 08/02 - 05/05 | |
| Address: 120 W 1000 N. | City: Bountiful | State: Ut | Zip: 84010 |
| Diploma/Degree obtained, if any: High School Diploma | | | |
| School Name: University of Utah | | From - To (MM/YY – MM/YY): 08/09 - 05/12 | |
| Address: 201 Presidents' cir | City: Salt Lake City | State: Ut | Zip: 84112 |
| Diploma/Degree obtained, if any: Bachelor of Science | | | |
| School Name: Midwestern University | | From - To (MM/YY – MM/YY): 06/12 - 05/15 | |
| Address: 19555 N. 59th Ave | City: Glendale | State: AZ | Zip: 85308 |
| Diploma/Degree obtained, if any: Doctor of Pharmacy | | | |
| School Name | | From - To (MM/YY – MM/YY) | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |
| School Name | | From - To (MM/YY – MM/YY | |
| Address | City | State | Zip |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| | NA | | | |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

Applicant's initials MW

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Strive Pharmacy | | | 07/18 – current | |
| **Business Address** | | **City** | **State** | **Zip** |
| 1275 E. Baseline Rd Ste 104 | | Gilbert | AZ | 85233 |
| **Phone** | **Title** | | | |
| 8019138796 | Pharmacist in Charge | | | |
| **Description of Duties** | | | | |
| manage pharmacy | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Saraya Gilbert Pharmacy | | | 10/15 – 03/18 | |
| **Business Address** | | **City** | **State** | **Zip** |
| 3570 S. Val Vista Dr #108 | | Gilbert | AZ | 85297 |
| **Phone** | **Title** | | | |
| 4808870244 | Pharmacist in charge | | | |
| **Description of Duties** | | | | |
| manage pharmacy | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| | | | | |
| **Business Address** | | **City** | **State** | **Zip** |
| | | | | |
| **Phone** | **Title** | | | |
| | | | | |
| **Description of Duties** | | | | |
| | | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

Applicant's initials _____

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | X |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | X |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

Applicant's initials _____

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

4/19/23

Date

Applicant's initials WW

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Michael Walker

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/19/23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Arizona, ss. County of Maricopa

I, Michael Walker, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

4/19/23

**Date**

Subscribed and Sworn to before me this 19th day of April 2023

**Notary Public Signature**

KATIE L ABEYTA
Notary Public - Maricopa County
Arizona Commission #622169
My Commission Expires
February 1, 2026

**(Seal)**

Applicant's initials

# 10C

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacy Application

**Non-Refundable $500.00 Fee**

Rev (8/02/2022)

| Facility Location | Application Type (check all applicable) | Pharmacy Type (check all applicable) | Services the Pharmacy will Provide (check all applicable) |
|---|---|---|---|
| ☐ Nevada<br>☒ Out-of-State | ☐ New Pharmacy<br>☒ Ownership Change*<br>☐ Location Change *<br>☐ Name Change*<br><br>* If making a change, provide license #:<br><br>PH 02575 | ☒ Retail/Community<br>☐ Hospital (# beds _____)<br>☐ Internet<br>☐ Nuclear<br>☐ Other: | ☒ Retail/Community<br>☒ Non-sterile Compounding<br>☒ Sterile Compounding<br>☒ Mail-Order Service<br>☐ Off-site Cognitive Services<br>☐ Long Term Care<br>☐ Hospital<br>☒ Other: Veterinary compounding |

| Days of Operation | | Ownership Type (check applicable box) |
|---|---|---|
| ☒ Monday | ☒ Friday | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) |
| ☒ Tuesday | ☒ Saturday | ☒ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) |
| ☒ Wednesday | ☐ Sunday | ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) |
| ☒ Thursday | ☐ Holidays | ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12) |

### Section 1: General Information

Pharmacy Name: Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy

Physical Address: 4340 Georgetown Road

City: Lexington State: Kentucky Zip: 40511

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (859) 389-7470 Toll Free # (NAC 639.708, NRS 639.23286): (888) 934-5678

Fax: (859) 381-9252 Contact Email: brvlicensing@bluerabbit.vet

Website: www.wicklifferx.com

Nevada Business License # (if applicable) NV20181395187

Supervising/Managing Pharmacist Name (NRS 639.220): Nicholas Kirkpatrick

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22165

**Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services in/into Nevada for the pharmacy (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)**

| | |
|---|---|
| Name: Nicholas Kirkpatrick | NV Pharmacist Registration #: 22165 |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |
| Name: | NV Pharmacist Registration #: |

| Section 3: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration from any jurisdiction? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.**

**Section 4: Are any of the owners a health professional (i.e. Practitioner as defined by NRS 639.0125, Advanced Practice Registered Nurse, Physician's Assistant, Physical Therapist, Occupational Therapist, Registered Nurse, Respiratory Therapist, etc.)? If yes, please provide the name(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)**

| | | |
|---|---|---|
| Name: NA | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |
| Name: | Credentials: | %: |

1. The Board shall not issue a license to conduct a pharmacy:
   a) To any practitioner; or
   b) To any partnership, corporation, or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
   a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
   b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

**Section 5: Publicly Traded Corporation**

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 6: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Delaware

Parent Company (if any): Wickliffe Holdco LLC

Corporation/Organization Name: Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy

Mailing Address: 4340 Georgetown Road

City: Lexington State: Kentucky Zip: 40511

Telephone: (859) 389-7470 Email: brvlicensing@bluerabbit.vet

Contact Person Name: Ann Randall

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☒ No

**Section 7: Partnership**

Partnership Name: N/A

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ Limited

Does the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No

**Section 8: Sole Owner**

Owner's Name: N/A

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**

## Statement of Responsibility

1. I am the President, Treasurer, and Secretary (title) for Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Joel Heberlein

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

5/31/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Joel Heberlein

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

5/31/25

Date

| Board Use Only | Date Received: 6/8/23 | Amount: $500-CK-1333706 |
|---|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler: Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy

Pharmacy/Wholesaler License # (if applicable): P08205 (KY); PH02575 (NV)

Physical Address: 4340 Georgetown Road

City: Lexington State: Kentucky Zip: 40511

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (859) 389-7470 Website: www.wicklifferx.com

Licensing Company Email: brvlicensing@bluerabbit.vet

**Section 2: Personal Information**

First: Nicholas Middle: Last: Kirkpatrick

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ■ M ☐ F ☐ X

Mailing Address: [redacted] Georgetown Road

City: Lexington State: Kentucky Zip: 40511

Telephone: [redacted] Email: nick.kirkpatrick@wicklifferx.com

Are you a citizen of the United States? ■ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| East Tennessee State University Bill Gatton College of Pharmacy | | | 08/12 - 05/16 | |
| Address | City | | State | Zip |
| PO Box 70414 | Johnson City | | TN | 37614 |
| Diploma/Degree obtained, if any | | | | |
| PharmD | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| University of Kentucky | | | 08/09 - 05/12 | |
| Address | City | | State | Zip |
| 410 Administration Drive | Lexington | | KY | 40506 |
| Diploma/Degree obtained, if any | | | | |
| Bachelor of Science - Human Nutrition | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| West Kentucky Community and Technical College | | | 05/09 - 08/09 | |
| Address | City | | State | Zip |
| 4810 Alben Barkley Drive | Paducah | | KY | 42001 |
| Diploma/Degree obtained, if any | | | | |
| Associate of Science | | | | |
| School Name | | | From - To (MM/YY – MM/YY) | |
| Heath High School | | | 08/04 - 05/07 | |
| Address | City | | State | Zip |
| 4330 Metropolis Lake Rd | West Paducah | | KY | 42086 |
| Diploma/Degree obtained, if any | | | | |
| High School Graduate | | | | |
| School Name | | | From - To (MM/YY – MM/YY | |
| | | | | |
| Address | City | | State | Zip |
| | | | | |
| Diploma/Degree obtained, if any | | | | |
| | | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/16 - Present | [redacted] Horsemint Trail | Lexington | KY | 40509 |
| 08/12 - 06/16 | [redacted] Judd Lane | Johnson City | TN | 37604 |
| 08/10 - 08/12 | Simpson Avenue | Lexington | KY | 40504 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy | | | 05/20 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 4340 Georgetown Road | Lexington | KY | 40511 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| (859) 389-7470 | Pharmacist-in-Charge | 40-50 hours/week | |

Description of Duties

- Ensure proper storage, handling, and preparation of medications in the pharmacy.
- Ensure appropriate dispensing of medications to patients.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Tailor Made Compounding | | | 12/16 - 05/20 |
| **Business Address** | **City** | **State** | **Zip** |
| 200 Moore Drive | Nicholasville | KY | 40356 |
| **Phone** | **Title** | **Number of Employed Hours** | |
| 859-887-0013 | Staff Pharmacist | 40-50 hours/week | |

Description of Duties

- Oversaw sterile pharmacy operations and managed inventory and pharmacy technicians.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |

Description of Duties

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | **Number of Employed Hours** | |
| | | | |

Description of Duties

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | ✔ | |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 6 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 05/28/2020 | 07/30/2020 | KS | Topeka | Shawnee |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 20-224 | Kansas State Board of Pharmacy |

| Reason/Charge |
|---|
| For failing to timely report to the Kansas Board a change of his position as pharmacist-in-charge of his prior employer. |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Kansas State Board of Pharmacy | Kansas Board of Pharmacy Order |

| Name of Business/Industry/Entity |
|---|
| Nicholas Kirkpatrick |

**Provide explanation below:**

Mr. Kirkpatrick was disciplined by the Kansas State Board of Pharmacy (case no. 20-224) on July 30, 2020, for failing to timely report to the Kansas Board a change of his position as pharmacist-in-charge of his prior employer. Mr. Kirkpatrick was disciplined and fined $120. His Kansas license is currently active, in good standing, and unencumbered. A copy of the order is enclosed herein.

Original Signature (electronic, copies or stamps not accepted)

6/2/2023
Date

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 6. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 07/30/2020 | 02/10/2021 | AL | Birmingham | Shelby |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 20-L-0104 | Alabama State Board of Pharmacy |

| Reason/Charge |
|---|
| Sister state discipline based on Kansas Board of Pharmacy's Order |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Alabama State Board of Pharmacy | Alabama Board of Pharmacy Order |

| Name of Business/Industry/Entity |
|---|
| Nicholas Kirkpatrick |

**Provide explanation below:**

The Kansas Board's discipline led to a sister state discipline by the Alabama Board (case no. 20-L-0104) on February 10, 2021. Mr. Kirkpatrick was disciplined and paid an administrative fee of $500. His Alabama license is currently active, in good standing, and unencumbered. A copy of the order is enclosed herein.

Original Signature (electronic, copies or stamps not accepted)

6/2/2023
Date

I, Nicholas Kirkpatrick, **certify that as the designated representative for**

Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. NK I am at least 21 years of age;
3. NK I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. NK I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. NK I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. NK I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. NK I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Nicholas Kirkpatrick

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/2/2023

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Nicholas Kirkpatrick

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

6/2/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Kentucky, ss. County of Fayette

I, Nicholas Kirkpatrick, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

6/2/2023

**Date**

Subscribed and Sworn to before me this 2 day of June 2023

**Notary Public Signature**

LINDA C RAMSEY
Notary Public-State at Large
KENTUCKY - Notary ID # KYNP26196
My Commission Expires 03-26-2025

(Seal)

| | | |
|---|---|---|
| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA STATE** |
| | ) | |
| **NICHOLAS RICHARD KIRKPATRICK** | ) | **BOARD OF PHARMACY** |
| | ) | |
| **License No. 20021** | ) | **CASE NO: 20-L-0104** |

## CONSENT ORDER

**THIS MATTER** comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Nicholas Richard Kirkpatrick (hereinafter referred to as "Kirkpatrick") which resulted in the filing of a Statement of Charges and Notice of Hearing ("Statement") alleging violations of the Alabama Pharmacy Practice Act. These allegations with particularity are set out in the Statement, which is attached hereto as **Exhibit "A."**

Prior to a hearing in this cause, and pursuant to Code of Alabama (1975), § 41-22-12(f), the matters at issue were resolved informally by the parties and the parties negotiated a Consent Order, the terms of which are as follows:

1. The Board finds Kirkpatrick violated the provision of law set out in Count Two of the Statement. Counts One and Three of the Statement shall be dismissed with prejudice.

2. Kirkpatrick shall pay an administrative fine in the amount of Five Hundred Dollars ($500.00) within thirty (30) days of the effective date of this Consent Order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall Kirkpatrick attempt to discharge the same.

3. Kirkpatrick expressly waives his rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform

Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to the opportunity for a hearing before the Board in connection with any charges against him and any judicial review. Kirkpatrick further waives any objection to the attorney for the Board preparing, drafting or making this Order, including the waiver of any objection or right pursuant to Code of Alabama (1975), §41-22-18.

5. By execution of this Consent Order, Kirkpatrick hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and Statement.

6. Kirkpatrick acknowledges and agrees that any future violation of the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rules of the Alabama State Board of Pharmacy or the pharmacy law or Rules of the Board of Pharmacy of another state or any other applicable laws, upon proof and hearing thereof, may result in further disciplinary sanctions against his license, including, but not limited to revocation.

7. Kirkpatrick acknowledges and agrees that he has read this Consent Order and that he fully understands the terms, conditions and contents of the same. Kirkpatrick acknowledges and agrees that he voluntarily and of his own free will accepts the terms and conditions set out in this Consent Order and had the opportunity to seek legal counsel prior to the execution of this Consent Order.

DONE this the 5th day of February, 2021.

Nicholas Richard Kirkpatrick

DONE this the 10th day of February, 2021.

ALABAMA STATE BOARD OF PHARMACY

By: Brenda Denson, Pharm.D., President

James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

**OF COUNSEL:**
WARD & COOPER, LLC
2100A Southbridge Parkway
Suite 645
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

| | | |
|---|---|---|
| **IN THE MATTER OF:** | ) | **BEFORE THE ALABAMA STATE** |
| | ) | |
| **NICHOLAS RICHARD KIRKPATRICK** | ) | **BOARD OF PHARMACY** |
| | ) | |
| **License No. 20021** | ) | **CASE NO: 20-L-0104** |

## STATEMENT OF CHARGES AND NOTICE OF HEARING

**TO: Nicholas Richard Kirkpatrick**
**[redacted] Horsemint Trail**
**Lexington, Kentucky 40509**

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on February 16, 2021 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why your license to practice pharmacy in this State should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that you have been guilty of the following, to wit:

### COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) based upon the Summary Order entered by the Kansas Board of Pharmacy on July 30, 2020 attached hereto as Exhibit "A" and/or your failure to timely notify the Kansas Board of your resignation as the PIC for Tailor Made Compounding, i.e. you resigned on May 28, 2020 and did not notify the Kansas Board until June 26, 2020 as more fully set out in the Order referenced above.

**COUNT TWO**

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Count.

Further, pursuant to the provisions of Code of Alabama (1975), § 20-2-53 and § 41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), § 20-2-1, et. seq., issued pursuant to Code of Alabama (1975), § 20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

**COUNT THREE**

Violating Code of Alabama (1975), § 20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), § 34-23-1 et seq., said violation being based upon the allegations contained in any or all of the preceding Counts of this Statement of Charges and Notice of Hearing.

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 19th day of October, 2020.

ALABAMA STATE BOARD OF PHARMACY

By: Donna C. Yeatman
Executive Secretary

EXHIBIT A

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of

Nicholas Kirkpatrick

License No. 1-106207

Case No. 20-224

## SUMMARY ORDER

NOW, on this 30th day of July 2020, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Nicholas Kirkpatrick ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq*., and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq*., the Board's Executive Secretary enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions and order:

### FINDINGS OF FACT

1. The Board has previously issued Respondent License No. 1-106207 which entitles Respondent to practice as a pharmacist in the State of Kansas.

2. On May 28, 2020, Respondent resigned as Pharmacist-in-Charge ("PIC") from Tailor Made Compounding (22-108376), effective immediately.

3. On June 26, 2020, the Board received a Change in PIC Form BA-50, notifying of the resignation of Respondent as PIC effective May 28, 2020.

4. On or about July 9, 2020, the Board processed the PIC change.

## CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.A.R. 68-2-5, each pharmacist shall notify the board in writing within five days of ceasing to serve as the pharmacist-in-charge at a pharmacy or registrant required to have a pharmacist-in-charge. The notice shall include the pharmacist's name, the name and address of the pharmacy or registrant, and the date the pharmacist ceased to serve as the pharmacist-in-charge.

3. Respondent had five days to notify the Board of his resignation as PIC effective [illegible] 28, 2020, or until June 2, 2020.

4. Respondent failed to notify the Board of his resignation as PIC until June 26, 2020 - twenty-four (24) days past the deadline.

5. Respondent violated K.A.R. 68-2-5 by failing to notify the Board of his resignation as PIC within five days.

## ORDER

Based upon the foregoing findings of fact and conclusions of law, Respondent is ordered to pay a fine to the Board. A violation of K.A.R. 68-2-5 warrants a base fine of $5.00 per day that Respondent is in violation of the regulation, not to exceed $200.00. Because Respondent provided notice to the Board twenty-four (24) days past the deadline, the total fine is $120. Respondent has 30 days from the date of this order to pay the fine.

NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

7/30/2020
Date

Alexandra Blasi, JD, MBA
Executive Secretary
Kansas Board of Pharmacy

Filed By
JUL 30 2020
KANSAS STATE
BOARD OF PHARMACY

BEFORE THE KANSAS BOARD OF PHARMACY

In the Matter of )
)
Nicholas Kirkpatrick )
)
License No. 1-106207 )

Case No. 20-224

## SUMMARY ORDER

NOW, on this 30th day of July 2020, comes before the Kansas Board of Pharmacy (the "Board"), through its Executive Secretary, the matter of Nicholas Kirkpatrick ("Respondent").

Pursuant to the authority granted to the Board by the Kansas Pharmacy Act, K.S.A. 65-1625, *et seq.*, and in accordance with the Kansas Administrative Procedure Act, K.S.A. 77-501, *et seq.*, the Board's Executive Secretary enters this Summary Order in the above-captioned matter. After reviewing the investigation materials and being otherwise duly advised in the premises, the Board makes the following findings, conclusions and order:

### FINDINGS OF FACT

1. The Board has previously issued Respondent License No. 1-106207 which entitles Respondent to practice as a pharmacist in the State of Kansas.

2. On May 28, 2020, Respondent resigned as Pharmacist-in-Charge ("PIC") from Tailor Made Compounding (22-108376), effective immediately.

3. On June 26, 2020, the Board received a Change in PIC Form BA-50, notifying of the resignation of Respondent as PIC effective May 28, 2020.

4. On or about July 9, 2020, the Board processed the PIC change.

## CONCLUSIONS OF LAW

1. Pursuant to K.S.A. 65-1658, the Board may assess a civil fine not to exceed $5,000, after notice and an opportunity to be heard, to any registrant for violation of the pharmacy act of the state of Kansas or any other rules or regulations of the state board of pharmacy.

2. Pursuant to K.A.R. 68-2-5, each pharmacist shall notify the board in writing within five days of ceasing to serve as the pharmacist-in-charge at a pharmacy or registrant required to have a pharmacist-in-charge. The notice shall include the pharmacist's name, the name and address of the pharmacy or registrant, and the date the pharmacist ceased to serve as the pharmacist-in-charge.

3. Respondent had five days to notify the Board of his resignation as PIC effective May 28, 2020, or until June 2, 2020.

4. Respondent failed to notify the Board of his resignation as PIC until June 26, 2020 – twenty-four (24) days past the deadline.

5. Respondent violated K.A.R. 68-2-5 by failing to notify the Board of his resignation as PIC within five days.

## ORDER

Based upon the foregoing findings of fact and conclusions of law, Respondent is ordered to pay a fine to the Board. A violation of K.A.R. 68-2-5 warrants a base fine of $5.00 per day that Respondent is in violation of the regulation, not to exceed $200.00. Because Respondent provided notice to the Board twenty-four (24) days past the deadline, the total fine is $120. Respondent has 30 days from the date of this order to pay the fine.

## NOTICES

The Respondent is hereby notified as follows:

1. The Respondent may request a hearing pursuant to the Kansas Administrative Procedure Act by filing a written request with the Kansas Board of Pharmacy, 800 SW Jackson, Suite 1414, Topeka, KS 66612-1231 within fifteen (15) days after service of this order.

2. If a hearing is not requested as described above, the Order shall become a final order of the Board, effective upon the expiration of the time to request a hearing.

3. Within fifteen (15) days after entry of a final agency order, either party may file a petition for reconsideration pursuant to K.S.A. 77-529.

4. Within the time limits established in K.S.A. 77-613, either party may seek judicial review of a final agency order, pursuant to said statute. The agency officer designated to receive service of a petition for judicial review is:

Alexandra Blasi
Executive Secretary
Kansas Board of Pharmacy
800 SW Jackson, Suite 1414
Topeka, KS 66612

IT IS SO ORDERED.

7/30/2020
Date

Alexandra Blasi, JD, MBA
Executive Secretary
Kansas Board of Pharmacy

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler: Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy

Pharmacy/MDEG/Wholesaler License # (if applicable): P08205 (KY)

Physical Address: 4340 Georgetown Road

City: Lexington State: Kentucky Zip: 40511

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (859) 389-7470 Website: www.wickliffevx.com

Licensing Company Email: brvlicensing@bluerabbit.vet

**Section 2: Personal Information**

First: Joel Middle: Last: Heberlein

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted] Georgetown Road

City: Lexington State: KY Zip: 40511

Telephone: [redacted] Email: joel.heberlein@bluerabbit.vet

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Providence College | | 9/95 - 5/99 | |
| Address | City | State | Zip |
| 1 Cunningham Sq | Providence | RI | 02918 |
| Diploma/Degree obtained, if any | | | |
| College Degree | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Marshfield High School | | 9/89 -5 /93 | |
| Address | City | State | Zip |
| 167 Forest St | Marshfield | MA | 02050 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/03 - Present | [redacted] Damon's Point Circle | Marshfield | MA | 02050 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Blue Rabbit Ventures | | | 04/21 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 2 Union Street, Suite 500 | Portland | ME | 04101 |
| **Phone** | **Title** | | |
| 833-206-4460 | CFO | | |
| **Description of Duties** | | | |
| Managing the company's overall business strategy and ensuring its strong growth and performance. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Follain Launch, Inc. | | | 01/18 - 04/21 |
| **Business Address** | **City** | **State** | **Zip** |
| 401 Park Drive | Boston | MA | 02215 |
| **Phone** | **Title** | | |
| 844-692-7336 | CFO/COO | | |
| **Description of Duties** | | | |
| Managing the company's overall business strategy and ensuring its strong growth and performance. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Team Launch, LLC | | | 06/16 - 04/21 |
| **Business Address** | **City** | **State** | **Zip** |
| 268 Summer Street, 6th Floor | Boston | MA | 02210 |
| **Phone** | **Title** | | |
| (617) 992-2590 | Operating Partner | | |
| **Description of Duties** | | | |
| Managing the company's overall business strategy and ensuring its strong growth and performance. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Flashnotes, Inc. | | | 11/15 - 5/16 |
| **Business Address** | **City** | **State** | **Zip** |
| 8 Faneuil Hall Marketplace #501 | Boston | MA | 02105 |
| **Phone** | **Title** | | |
| 857-230-5761 | CFO | | |
| **Description of Duties** | | | |
| CFO for student to student marketplace. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Rue La La | | | 07/09-11/14 |
| **Business Address** | **City** | **State** | **Zip** |
| 20 Channel Ctr St | Boston | MA | 02210 |
| **Phone** | **Title** | | |
| 617-895-7300 | SVP, Finance | | |
| **Description of Duties** | | | |
| Responsible for daily activities of finance and accounting functions. | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | ✔ | |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 5. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 04/03/2023 | N/A | Alabama | Birmingham | Shelby |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| 22-L-0217 | | Alabama State Board of Pharmacy | | |
| **Reason/Charge** | | | | |
| Sister-State Action | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | **Lawsuit/Arbitration/Bankruptcy** | | |
| Alabama State Board of Pharmacy | | Administrative Proceeding | | |
| **Name of Business/Industry/Entity** | | | | |
| Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy | | | | |

**Provide explanation below:**

The applicant, Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy ("Applicant") recently received a notice from the Alabama State Board of Pharmacy ("Alabama Board") alleging a sister-state action against the Applicant's Alabama pharmacy license. The sister-state action is based on activity that occurred well prior to the current ownership and was taken against the prior owner's license. The Applicant has no disciplinary history and is working with the Alabama Board to clear up what appears to be potential confusion. This matter remains pending and no final action has been taken by the Alabama Board.

Original Signature (electronic, copies or stamps not accepted)

5/31/23
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Joel Heberlein

Print Name (First, Last)

→ _____ 6/2/23

Original Signature (electronic, copies or stamps not accepted) Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Maine, ss. County of Cumberland

I, Joel Heberlein, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

→ _____ 6/2/23

**Original Signature** **Date**

Subscribed and Sworn to before me this 2nd day of June 2023

Ann A. Randall

**Notary Public Signature**

Ann A. Randall
Notary Public - Maine
My Commission Expires
March 23, 2029

(Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Sterile Compounding Questionnaire

Rev (08/02/2022)

This application cannot be returned by fax or email.
We must have an original signature to process.

Approval of this completed questionnaire is required for an existing pharmacy, new pharmacy and/or out-sourcing facility applicant who wish to engage in preparing, compounding, dispensing, and furnishing sterile compounded products to Nevada patients or consumers.

Please provide a thorough response to the questions below and provide any necessary supporting documents.
-For a new pharmacy or out-sourcing facility applicant, submit this completed form with your application.
-For an existing pharmacy, send the completed form to the address indicated above.

### Section 1: General Information

Pharmacy Name: Wickliffe LLC d/b/a Wickliffe Veterinary Pharmacy

NV Pharmacy or Outsourcing facility license # (if applicable): PH04110

Physical Address: 4340 Georgetown Road

City: Lexington State: Kentucky Zip: 40511

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: (859) 389-7470 Toll Free # (NAC 639.708, NRS 639.23286): (888) 934-5678

Fax: (859) 381-9252 Contact Email: brvlicensing@bluerabbit.vet

Website: www.wicklifferx.com

Nevada Business License # (if applicable) NV20181395187

Supervising/Managing Pharmacist Name (NRS 639.220): Nicholas Kirkpatrick

Supervising/Managing Pharmacist NV Pharmacist Registration #: 22165

Name of Person with direct knowledge of compounding procedures: Nicholas Kirkpatrick

Email of Person with direct knowledge of compounding procedures: nick.kirkpatrick@wicklifferx.com

Telephone of Person with direct knowledge of compounding procedures: (859) 389-7470

**Section 2: Sterile Compounding Questions (Use a separate piece of paper if additional space is needed.)**

1. What risk level sterile compounding will your facility be performing (check all that apply)? ☐ Low ☐ Medium ■ High
If you marked "High", you must also complete section 4.

2. Will you be performing sterile hazardous drug compounding? ■ Yes ☐ No
If you marked "Yes", you must also complete section 3.

3. List the sterile compounded products that you will be compounding for Nevada patients or consumers:

Altrenogest 225mg/mL injectable
Ammonium Sulfate 0.75% injectable
Caco copper injectable
Estrone 5mg/mL injectable
Glucosamine 200mg/mL injectable
Guaifenesin 50mg/mL injectable
Histrelin 0.55mg/mL injectable
Iodine in Oil 2% injectable
Progesterone 200mg/mL injectable
Reserpine 2.5mg/mL injectable
Romifidine 2% injectable
Stanozolol 50mg/mL injectable
Tryptophan 100mg/mL injectable

4. Will you be utilizing beyond use dates in excess of USP-797? ■ Yes ☐ No

5. If yes, describe the additional testing performed on your products to validate the extended BUD:

BUDs are extended based on stability indicating assays along with sterility and container closure for sterile compounded products

6. What laboratory performs this additional testing?

Name: ARL Bio Pharma and CIAL

Address: 840 Research Pkwy #546 (ARL Bio Pharma); 4760 Castleton Way, Suite A (CIAL)

City: Oklahoma City (ARL Bio Pharma); Castle Rock (CIAL) State: OK (ARL Bio Pharma); CO (CIAL) Zip: 73104 (ARL Bio Pharma); 80109 (CIAL)

Telephone: 405-271-1144 (ARL Bio Pharma); 800-788-9922 (CIAL)

7. What is your procedure for visual inspection of compounded sterile products?

See the following SOPs enclosed:
1. Visual/Physical Inspection of CSPs.
2. Aseptic Technique Process and End-Preparation Evaluation.
3. Pre-Sterilization Compounding Procedures: Log Creation, Ingredient Selection, In-Process Checks, Inspection, and Release.

8. How often do you perform glove fingertip and medial fill testing?

See Gloved Fingertip Testing and Media Fill SOPs attached.

9. What is your policy if an employee fails a glove fingertip or media-fill test?

A failed gloved fingertip testing would be sent for speciation. Medial fill test is sent to ARL and speciation would be performed at time of growth. Re-training, observation and re-testing would then take place.

10. Describe your initial and annual training program for all personnel performing sterile compounding:

Initial and bi-annual training and CE are completed by sterile compounding staff, which includes potency testing, gloved fingertip, media fill, hand hygiene and garbing, hood cleaning, aseptic technique, and cleaning and disinfecting procedures.

11. Describe the cleaning procedure for your primary and secondary engineering controls, including the frequency of cleaning and the names of cleaning, disinfectant, sporicidal, and/or deactivation and decontamination agents used:

See following SOPs enclosed:
1. Primary Engineering Control (Isolator) Cleaning
2. Cleaning and Sanitizing Procedures for Sterile Areas
3. Clean Room Material Washing
4. Autoclave Procedures
5. Depyrogenation and Dry Heat Sterilization Procedures
6. Hand Hygiene Procedure
7. Aseptic Compounding Environment

12. Who performs the sterile compounding process at your facility?

Sterile compounding technicians and pharmacists.

13. Who is responsible and accountable for the sterile compounding process at your facility?

Nicholas Kirkpatrick (Pharmacist-in-Charge)

14. If products are shipped/mailed, what shipping conditions are used to ensure product safety/efficacy?

See following SOPs enclosed:
1. Shipped/Delivered Compounded Preparations
2. Packing & Shipping

**Section 3: Sterile Hazardous Compounding Questions (Complete this section ONLY if you be performing Sterile Hazardous Compounding.)**

1. What type of primary engineering controls will you be using in your facility?
CACI

| | | |
|---|---|---|
| 2. Is your BSC or CACI vented 100% to the outside? | ☑ Yes | ☐ No |
| 3. Do you have a negative pressure buffer room at your facility? | ☑ Yes | ☐ No |
| 4. Will you be compounding with antineoplastic HDs or HD API? | ☐ Yes | ☑ No |
| 5. If yes, are the drugs stored in an externally ventilated, negative pressure room? N/A | ☐ Yes | ☐ No |
| 6. Will you be utilizing a closed system transfer device? | ☐ Yes | ☑ No |

7. If yes, list the name of the device:
N/A

8. What information is provided to the patient or consumer on the proper handling and disposal of hazardous drugs products/containers?
Patient package insert provided with each hazardous dispensing from Plumb's online database. Handling of hazardous drugs included on prescription label.

9. Describe your initial process for training new employees prior to compounding sterile hazardous drugs?
All new and existing personnel are continually trained by our hazardous drug designated person to promote patient safety, worker safety, and environmental protection as described in USP <800>.

**Section 4: Sterile High Risk Compounding Questions (Complete this section ONLY if you will be performing High Risk Compounding.)**

1. List the specific high risk sterile products that your facility compounds:

Altrenogest 225mg/mL injectable
Ammonium Sulfate 0.75% injectable
Caco copper injectable
Estrone 5mg/mL injectable
Glucosamine 200mg/mL injectable
Guaifenesin 50mg/mL injectable
Histrelin 0.55mg/mL injectable
Iodine in Oil 2% injectable
Progesterone 200mg/mL injectable
Reserpine 2.5mg/mL injectable
Romifidine 2% injectable
Stanozolol 50mg/mL injectable
Tryptophan 100mg/mL injectable

2. What sterilization methods are utilized at your facility?

Dry heat, autoclave, and filter.

3. Does your facility utilize biological indicators? ■ Yes ☐ No

4. If yes, describe how they are utilized:

Biological indicators are included with each run of autoclave and oven as one means to verify dry heat and steam sterilization cycles.

I certify under penalty of perjury that the information contained in this form is accurate, true and complete in all material respects. I understand that making any false representation in this form is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire form and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event the form is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Nicholas Kirkpatrick

Name of Person who Completed the Form

Pharmacist-in-Charge

Title

Signature (copies or stamps not accepted)

6/2/2023

Date

| Board Use Only | Date Received:_____ Date Approved: _____ Approved By: _____ |
|---|---|

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| FW1055880 | 05-31-2024 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | RETAIL PHARMACY | 12-27-2021 |

WICKLIFFE, LLC DBA WICKLIFFE VETERINARY PHARMACY
4340 GEORGETOWN RD
LEXINGTON, KY 405119115

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
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Form DEA-223 (9/2016)

# Delaware

The First State



*I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "WICKLIFFE LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF APRIL, A.D. 2023.*

*AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.*

Jeffrey W. Bullock, Secretary of State

6261533 8300

SR# 20231569717

Authentication: 203191208

Date: 04-21-23

You may verify this certificate online at corp.delaware.gov/authver.shtml

# Kentucky Board of Pharmacy

125 Holmes St.
Frankfort, KY 40601

## Inspection Report

### Pharmacy

**Name:** *WICKLIFFE LLC*

**Permit No.:** *P08205*

**Address:** *4340 GEORGETOWN ROAD, LEXINGTON, KY 40511*

**Phone:** *859-389-7470*

**Fax:** *859-381-9252*

**Email:** *NKIRKPATRICK@WICKLIFFERX.COM*

**Current:** *Permit,DEA Registration*

### Inspection

**Date:** *05/03/2022*

**Time In:** *9:00 AM*

**Time Out:** *1:50 PM*

**Type:** *Routine*

**Notes:** *Inspection Report 1 of 2: routine inspection*

### Pharmacist and Interns

| | | |
|---|---|---|
| **ALEX G DUDLEY** | | |
| **License:** *PT00021915* | **Status:** *Declined Renewal* | **PIC:** *No* |
| **Aliona Markos** | | |
| **License:** *PT00357969* | **Status:** *Active* | **PIC:** *No* |
| **Emily A Elkins** | | |
| **License:** *PT00367878* | **Status:** *Lapsed* | **PIC:** *No* |
| **McKenzie A Winfrey** | | |
| **License:** *PT00369249* | **Status:** *Active* | **PIC:** *No* |
| **Jackie S Bernard** | | |
| **License:** *PT00088470* | **Status:** *Active* | **PIC:** *No* |
| **BROCK EDMOND LEISGE** | | |
| **License:** *018908* | **Status:** *Active* | **PIC:** *No* |
| **Natasha E. Thompson** | | |
| **License:** *018196* | **Status:** *Active* | **PIC:** *No* |
| **Tyler M Fint** | | |
| **License:** *PT00357870* | **Status:** *Active* | **PIC:** *No* |
| **Emily K Morton** | | |

## Pharmacist and Interns *(continued)*

License: *PT00375627* Status: *Active* PIC: *No*

Donni J Plunkett
License: *PT00351245* Status: *Active* PIC: *No*

Samantha Briggs
License: *PT00362929* Status: *Active* PIC: *No*

Jate Bernard
License: *PT00358213* Status: *Active* PIC: *No*

REGAN T. WATKINS
License: *I14719* Status: *Intern* PIC: *No*

Alyssa F Morris
License: *PT00375468* Status: *Active* PIC: *No*

Amber N Twisdale
License: *PT00374478* Status: *Active* PIC: *No*

Jessica Crossan
License: *PT00346925* Status: *Active* PIC: *No*

MICHELLE COMPTON
License: *PT00024263* Status: *Active* PIC: *No*

Britney Gavenonis
License: *PT00370317* Status: *Active* PIC: *No*

Nathaniel C Justice
License: *PT00371651* Status: *Active* PIC: *No*

Rachael Shumway
License: *PT00369251* Status: *Active* PIC: *No*

Khila A Harris
License: *PT00357204* Status: *Active* PIC: *No*

NICHOLAS R. KIRKPATRICK
License: *018695* Status: *Active* PIC: *Yes*

ANTHONY W PIZZINO
License: *PT00370411* Status: *Active* PIC: *No*

Grace A Bentley

## Pharmacist and Interns *(continued)*

License: *PT00370233* Status: *Active* PIC: *No*

Alyssa N Johnson

License: *PT00119675* Status: *Lapsed* PIC: *No*

TAREK IBRAHIM KHALID

License: *I15729* Status: *Intern* PIC: *No*

CHRISTOPHER BROOKS HOGUE II

License: *017869* Status: *Active* PIC: *No*

Emily Rojas

License: *PT00374884* Status: *Active* PIC: *No*

## Pharmacy Area

| | |
|---|---|
| Reference Material (201 KAR 2:090) Section 1 | *Compliant* |
| Equipment (201 KAR 2:090) Section 2 | *Compliant* |
| Security and Control (201 KAR 2:100) | *Compliant* |
| Sanitation (201 KAR 2:180) | *Compliant* |
| Refrigeration (201 KAR 2:090) Section 2 (1)(h) | *Compliant* |
| Drug Storage (201 KAR 2:180) Section 5 | *Compliant* |
| Exclusive Compounding Area (KRS 217.055(2)) 201 KAR 2:180 Section 1 | *Compliant* |

## General

| | |
|---|---|
| Valid R.Ph License Displayed (KRS 315.110) (2) | *Compliant* |
| Valid Pharmacy Permit (KRS 315.035) and KRS 315.020 (add PIC info) | *Compliant* |
| Valid Intern Registration Identification Card (201 KAR 2:040) Section 4 | *Not Inspected* |
| Valid Technician Registration Displayed: KRS 315.138 (2) | *Compliant* |
| Records/Computer Records (201 KAR 2:170) | *Not Inspected* |

Comments

*The system shall have the capability of producing a hard-copy printout of all original and refilled prescription data as required in Section 1 of 201 KAR 2:271*

## General *(continued)*

| | |
|---|---|
| Syringe/Needle Register (KRS 217.177) | *N/A* |
| Outdated Stock Removed (KRS 217.055) | *Compliant* |
| Prescription Labeling Requirements (KRS 217.065) | *Compliant* |
| Pseudoephedrine Log (KRS 218A.1437) KRS 218A. 1446 | *N/A* |
| Collaborative Care Agreements (201 KAR 2:220) | *N/A* |
| Board Authorized Protocols (201 KAR 2:380) | *N/A* |

## Generic Substitution

| | |
|---|---|
| Additional Prescription Recordkeeping (KRS 217.822) and 201 KAR 2:280 | *Not Inspected* |
| Generic Drug Sign Posted (KRS 217.830) | *Compliant* |
| Pamphlet (KRS 217.896) | *Not Inspected* |

## Controlled Substances

| | |
|---|---|
| CII Prescription Requirements (KRS 218A.180) and 902 KAR 55:105 | *N/A* |
| Oral CIII-V Prescription Requirements (KRS 218A.180) and 902 KAR 55:105 | *Compliant* |
| Written CIII-V Prescription Requirements (KRS 218A.180) and 902 KAR 55:105 | *N/A* |
| Purchase Records/DEA 222 Forms (KRS 218A.200) | ***Noncompliant*** |

Comments

*201 KAR 2:311 Section 2. A compounded drug containing a controlled substance shall only be compounded for patient specific dispensation from the pharmacy to the ultimate user.*

| | |
|---|---|
| KASPER (902 KAR 55:105, 110) | *N/A* |
| CII-V Filing Requirements - Prescription/Po: 21 (CFR 1304.04) | *Compliant* |
| Exempt CV Register (KRS 218A.190) | *N/A* |
| Biennial Inventory Complete (21 CFR 1304.11) and KRS 218A. 200 (7) | *Compliant* |

Comments

*12/21/21 End of Day*

## Controlled Substances *(continued)*

| | |
|---|---|
| Power-of-Attorney Current 21 (CFR 1305.05) | *N/A* |
| Inform Public of Proper and Safe Disposal of Controlled Substances (KRS 218A.170(3)(4)) | *N/A* |

## Patient Records/Counseling

| | |
|---|---|
| Patient Record System (201 KAR 2:210) | *Compliant* |
| Patient Recordkeeping (201 KAR 2:210) | *Compliant* |
| Drug Utilization Review (201 KAR 2:210) | *Compliant* |
| Patient Counseling (201 KAR 2:210) | *Not Inspected* |
| Refused Offers Documented (201 KAR 2:210) | *Not Inspected* |

## Inspector's Signature

I have completed this inspection in accordance with the statutes and administrative codes.

Inspector: *Jessica Williams*

## Pharmacist's Signature

I have read and understand the statutes and administrative codes. I acknowledge that the items noted in this report have been discussed with me. I understand that if I disagree with any of the deficiencies cited, that I have the right to refute them on this report or and other form that I choose to send to the department.

Pharmacist: *Nick Kirkpatrick*

# Kentucky Board of Pharmacy

125 Holmes St.
Frankfort, KY 40601

## Report

### Pharmacy

Name: *WICKLIFFE LLC*

Permit No.: *P08205*

Address: *4340 GEORGETOWN ROAD, LEXINGTON, KY 40511*

Phone: *859-389-7470*

Fax: *859-381-9252*

Email: *NKIRKPATRICK@WICKLIFFERX.COM*

### Inspection

Date: *05/03/2022*

Time In: *9:00 AM*

Time Out: *1:50 PM*

Type: *Routine*

Notes: *Inspection Report 2 of 2: sterile compounding*

### Pharmacist and Interns

**ALEX G DUDLEY**

License: *PT00021915* Status: *Declined Renewal* PIC: *No*

**Aliona Markos**

License: *PT00357969* Status: *Active* PIC: *No*

**Emily A Elkins**

License: *PT00367878* Status: *Lapsed* PIC: *No*

**McKenzie A Winfrey**

License: *PT00369249* Status: *Active* PIC: *No*

**Jackie S Bernard**

License: *PT00088470* Status: *Active* PIC: *No*

**BROCK EDMOND LEISGE**

License: *018908* Status: *Active* PIC: *No*

**Natasha E. Thompson**

License: *018196* Status: *Active* PIC: *No*

**Tyler M Fint**

License: *PT00357870* Status: *Active* PIC: *No*

**Emily K Morton**

License: *PT00375627* Status: *Active* PIC: *No*

## Pharmacist and Interns *(continued)*

| | | |
|---|---|---|
| Donni J Plunkett | | |
| License: *PT00351245* | Status: *Active* | PIC: *No* |
| Samantha Briggs | | |
| License: *PT00362929* | Status: *Active* | PIC: *No* |
| Jate Bernard | | |
| License: *PT00358213* | Status: *Active* | PIC: *No* |
| REGAN T. WATKINS | | |
| License: *I14719* | Status: *Intern* | PIC: *No* |
| Alyssa F Morris | | |
| License: *PT00375468* | Status: *Active* | PIC: *No* |
| Amber N Twisdale | | |
| License: *PT00374478* | Status: *Active* | PIC: *No* |
| Jessica Crossan | | |
| License: *PT00346925* | Status: *Active* | PIC: *No* |
| MICHELLE COMPTON | | |
| License: *PT00024263* | Status: *Active* | PIC: *No* |
| Britney Gavenonis | | |
| License: *PT00370317* | Status: *Active* | PIC: *No* |
| Nathaniel C Justice | | |
| License: *PT00371651* | Status: *Active* | PIC: *No* |
| Rachael Shumway | | |
| License: *PT00369251* | Status: *Active* | PIC: *No* |
| Khila A Harris | | |
| License: *PT00357204* | Status: *Active* | PIC: *No* |
| NICHOLAS R. KIRKPATRICK | | |
| License: *018695* | Status: *Active* | PIC: *Yes* |
| ANTHONY W PIZZINO | | |
| License: *PT00370411* | Status: *Active* | PIC: *No* |
| Grace A Bentley | | |
| License: *PT00370233* | Status: *Active* | PIC: *No* |

## Pharmacist and Interns *(continued)*

| | | |
|---|---|---|
| Alyssa N Johnson | | |
| License: *PT00119675* | Status: *Lapsed* | PIC: *No* |
| TAREK IBRAHIM KHALID | | |
| License: *I15729* | Status: *Intern* | PIC: *No* |
| CHRISTOPHER BROOKS HOGUE II | | |
| License: *017869* | Status: *Active* | PIC: *No* |
| Emily Rojas | | |
| License: *PT00374884* | Status: *Active* | PIC: *No* |

## Policies and Procedures

| | |
|---|---|
| Compounding Personnel Education and Assessment | *Compliant* |
| Personnel Cleansing and Garbing | *Compliant* |
| Cleaning and Disinfecting Compounding Area | *Compliant* |
| Operation of Isolators | *Compliant* |
| Compounding Procedures for In-Process Checks and Final Product Verification | *Compliant* |
| Ingredient Inspection and Assessment | *Compliant* |
| Checks for Compounding Accuracy and Recordkeeping of Compounding Log | *Compliant* |
| Physical Inspection of CSPs | *Compliant* |
| Final Check of CSPs Including Labeling | *Compliant* |
| Maintenance and Assessment of Compounding Equipment | *Compliant* |
| Assignment of BUDs | *Compliant* |
| Monitoring of Storage Areas | *Compliant* |
| Packaging, Handling, Security, Storage, Disposal, Destruction, Transport and Return of CSPs and Supplies | *Compliant* |
| Quality Assurance Program | *Compliant* |
| Adverse Events Reporting and Monitoring | *Compliant* |
| Hazardous and Oncology Drug Handling and Disposal | *Compliant* |
| Sterilization by Steam | *Compliant* |

## Policies and Procedures *(continued)*

| | |
|---|---|
| Sterilization by Dry Heat | *Compliant* |
| Depyrogenation by Dry Heat | *Compliant* |
| Monitoring of CSPs Dispensed Prior to Sterility Results, including Recall Procedures | *Compliant* |
| P&P reviewed and revised annually | *Compliant* |

Comments

*transitioning P&Ps to electronic-based system*

## Training and Garbing

| | |
|---|---|
| Documentation all compounding personnel passed initial and annual/semi-annual written exam for appropriate risk level for cleaning and disinfecting. | *Compliant* |
| Documentation all compounding personnel passed initial and annual/semi-annual written exam for hand hygiene and garbing. | *Compliant* |
| Documentation all compounding personnel passed initial and annual/semi-annual written exam for aseptic technique. | *Compliant* |
| Visually observed and appropriately documented competencies of cleaning and disinfecting, initially and at the completion of media fill test, and including environmental services, if applicable and when appropriate. | *Compliant* |
| Visually observed and appropriately documented competencies of hand hygiene and garbing, initially with initial gloved fingertip sample with zero growth. | *Compliant* |
| Visually observed and appropriately documented competencies of hand hygiene and garbing annually/semi-annually done upon completion of aseptic media fill test performed annually/semi-annually with up to 3 total CFUs. | *Compliant* |
| Visually observed and appropriately documented competencies of aseptic technique, initially and annually/semi-annually for appropriate risk level under most challenging conditions. | *Compliant* |
| Training of any equipment used. | *Compliant* |
| Documentation of immediate reinstruction, reevaluation and retesting of compounding personnel who fail any testing. | *Not inspected* |
| Written policy personnel cannot compound if have sunburn, illness, open sores, etc. | *Compliant* |
| Personnel remove outer garments, make-up, visible jewelry (hand, wrist, ears, lips, eyebrow piercings). | *Compliant* |
| Personnel keep nails short and natural. | *Compliant* |

## Garbing

| | |
|---|---|
| Garb from dirtiest to cleanest, using the line of demarcation appropriately. | *Compliant* |
| Performs hand washing appropriately up to the elbows for 30 seconds and uses a nail pick. | *Compliant* |
| Use waterless, alcohol based surgical scrub with persistent activity. Has chlorhexidine/emollients: Purell Surgical Scrug; Avagard; Sterillium; Surgicept; Triseptin; Alcare. | *Compliant* |
| Sterile gloves donned appropriately. | *Compliant* |
| Dispose of gown when leave compounding area or reuse for one shift (nonhazardous). | *Compliant* |
| Non-garbed personnel are not entering compounding area. | *Compliant* |

## Environment with Ante and Buffer Rooms

| | |
|---|---|
| Floor is smooth, impervious, free from cracks and crevices, and seams are heat sealed. | *Compliant* |

Comments

*Observation by inspector: Floor in buffer room extremely slippery*

| | |
|---|---|
| Ceiling tiles are sealed, free from cracks and crevices, and seams where walls and ceiling meet are sealed. | *Compliant* |
| Walls are painted with epoxy based paint or other impermeable surface, are smooth, impervious, easily cleanable, and free from cracks and crevices, seams are heat sealed. | *Compliant* |
| Non-shedding equipment is used. | *Compliant* |
| Limited entry to necessary personnel. | *Compliant* |
| Accessories: shelving, chairs, stools, carts easily cleanable and non-permeable, free from cracks and crevices, low particulate generating and limited to necessary equipment in ante and buffer rooms. | *Compliant* |
| All items cleaned and disinfected before bringing into buffer room. | *Compliant* |
| Ante Room has a sink with hot and cold water and hands dried with lint free non-shedding, disposable paper towels or blow dryer. | *Compliant* |
| Buffer Room has no sink, drain or water source. | *Compliant* |
| Proper utilization of line of demarcation (LOD). | *Compliant* |
| HEPA Filters must be on air ducts in the ceiling of ante and buffer rooms. | *Compliant* |
| Food, drinks, gum prohibited in compounding area. | *Compliant* |
| If LAFW Blower turned off, must run for 30 minutes before using. | *Not inspected* |

## Environment with Ante and Buffer Rooms *(continued)*

| | |
|---|---|
| If no physical barrier between the buffer and ante rooms, only performing low and medium risk sterile compounding. | *N/A* |
| If no physical barrier between the buffer and ante rooms, air velocity is at least 40 feet/minute continuously from buffer area across LOD into ante area. | *N/A* |
| If no physical barrier between the buffer and ante rooms, air velocity is recorded every shift, a minimum of daily. | *N/A* |
| Pressure is recorded each shift, a minimum of daily. | *Compliant* |
| Ante room is positive pressure of at least 0.02 inch water column to general pharmacy. | *Compliant* |
| Buffer room is positive pressure of at least 0.02 inch water column to ante room. | *Compliant* |
| Temperature is recorded daily. | *Compliant* |
| Temperature of buffer room is appropriate. | *Compliant* |
| Controlled storage areas for room temperature is 68 to 77 F or 20 to 25 C. | *Compliant* |
| Controlled storage area for cold temperature is 36 to 46 F or 2 to 8 C. | *Compliant* |
| Controlled storage area for freezer temperature is -13 to 14 F or -25 to -10 C. | *Compliant* |
| Components store in appropriate humidity, recommended 35% to 60%. | *Compliant* |

## Cleaning

| | |
|---|---|
| Personnel appropriately garbed when cleaning. | *Compliant* |
| Cleaning and disinfecting agent (may be one step cleaning and disinfecting) appropriate for bacteria, viruses, fungi. | *Compliant* |
| Cleaning equipment is non-shedding, disposable or dedicated. | *Compliant* |
| Daily cleaning of compound area takes place when no compounding is occurring and includes easily cleanable surfaces including counter tops, pass through, etc. and floors. | *Compliant* |
| Monthly cleaning of compound area takes place when no compounding is occurring and includes everything in compound area – bins, equipment, ceiling, walls and floor. | *Compliant* |
| Cleaning of ISO Class 5 PEC is documented each shift, a minimum of daily. | *Compliant* |
| Uses low linting towels to clean ISO Class 5 PEC. | *Compliant* |
| Uses germicidal detergent diluted with sterile water if not ready to use, to clean each shift or daily. | *Compliant* |

## Cleaning *(continued)*

| | |
|---|---|
| ISO Class 5 PEC is disinfected between compounding activities. | *Compliant* |
| ISO Class 5 PEC is wiped with sterile water followed by disinfectant after spills or surface contamination. | *Not inspected* |
| 70% sIPA allowed to remain in contact with surface for 30 seconds before compounding. | *Not inspected* |
| PEC cleaned in correct order of top ,back, sides, racks/poles, items on deck, deck. | *Compliant* |

## Environmental Monitoring: Certification of Ante and Buffer Rooms

| | |
|---|---|
| All ISO Class 5 PEC and ISO Class 7 and/or ISO Class 8 rooms have been certified as required. | *Compliant* |
| Review report from certifier.<br>Date: *01/18/2022* Certifier: *Air Source* | *Compliant* |
| Certification done to CETA guidelines, CAG-003-2006, or similar. | *Compliant* |
| Certifier's equipment calibrated to manufacturer standards. | *Compliant* |
| Ante room has HEPA filtered air certified to ISO Class 8 for non-hazardous compounding. | *N/A* |
| Ante room has HEPA filtered air certified to ISO Class 7 for hazardous compounding. | *Compliant* |
| Buffer room has HEPA filtered air certified to ISO Class 7. | *Compliant* |
| ISO Class 7 ante room, minimum of 30 ACPH.<br>ACPH: *38* | *Compliant* |
| ISO Class 8 ante room, recommended 20 ACPH.<br>ACPH: | *N/A* |
| ISO Class 7 non-hazardous buffer room, minimum of 30 ACPH with at least 15 from outside source.<br>ACPH: *53* | *Compliant* |
| ISO Class 7 hazardous buffer room, minimum of 30 ACPH.<br>ACPH: *97* | *Compliant* |
| Smoke test performed in PEC in direct compounding area to demonstrate unidirectional airflow under dynamic conditions. | *Compliant* |
| Differential pressure measured to be at least positive 0.02 inch water column from ante room to general pharmacy with door closed. | *Compliant* |
| Differential pressure measured to be at least positive 0.02 inch water column from buffer room to ante room with door closed. | *Compliant* |

## Environmental Monitoring: Certification of Ante and Buffer Rooms *(continued)*

| | |
|---|---|
| Differential pressure measured to be at least negative 0.01 inch water column from buffer room to positive pressure ISO 7 ante room with door closed. | *Compliant* |
| If no physical separation of ante and buffer room, displacement airflow measured requiring air velocity of 40 feet/minute or more from buffer area across LOD into ante room. | *N/A* |
| ISO Class 5 areas not more than 3,520 particles per cubic meter of air, taken under dynamic conditions. | *Compliant* |
| ISO Class 7 areas not more than 352,000 particles per cubic meter of air, taken under dynamic conditions. | *Compliant* |
| ISO Class 8 areas not more than 3,520,000 particles per cubic meter of air, taken under dynamic conditions. | *N/A* |
| Room HEPA filters leak tested and repaired if needed. | *Compliant* |
| PEC HEPA filters leak tested and repaired if needed. | *Compliant* |
| PEC airflow velocity measured. | *Compliant* |
| Documentation of viable air and surface sampling shall include date and time of sampling. | *Compliant* |
| Documentation of viable air and surface sampling shall include sampling shall include sample locations. | *Compliant* |
| Documentation of viable air and surface sampling shall include method of collection. | *Compliant* |
| Documentation of viable air and surface sampling shall include frequency of sampling. | *Compliant* |
| Documentation of viable air and surface sampling shall include volume of air sampled. | *Compliant* |
| Documentation of surface sampling shall include size of surface sampled, 24-30 cm2. | *Compliant* |
| Documentation of viable air and surface sampling shall include time of day in relationship to compounding. | *Compliant* |
| Documentation of viable air and surface sampling shall include action levels. | *Compliant* |
| Viable air sampling performed using active impaction device with appropriate growth media to support bacteria and for high risk compounding fungus, at least every 6 months in all ISO classified areas using 400 – 1000 L of air per sample. | *Compliant* |
| Viable air microbial action levels for ISO Class 5: 1000 liters > 1 CFU/m3 or 400 liters > 1CFU/m3. | *Compliant* |
| Viable air microbial action levels for ISO Class 7: 1000 liters, > 10 CFU/m3 or 400 liters, > 4CFU/m3 | *Compliant* |

## Environmental Monitoring: Certification of Ante and Buffer Rooms *(continued)*

| | |
|---|---|
| Viable air microbial action levels for ISO Class 8: 1000 liters, > 100 CFU/m3 or 400 liters, > 40 CFU/m3 | *N/A* |
| Viable surface sampling performed periodically on direct compounding areas, buffer and ante rooms, pass thru and surfaces likely to be contaminated, as applicable, using media supplemented with neutralizing effects of disinfecting agents (TSA with lecithin & Polysorbate 80) and done at the conclusion of compounding. | *Compliant* |
| Surface microbial action levels for ISO Class 5, less than 3 CFU/m3. | *Compliant* |
| Surface microbial action levels for ISO Class 7, less than 5 CFU/m3. | *Compliant* |
| Surface microbial action levels for ISO Class 8, less than 100 CFU/m3. | *N/A* |
| All CFUs analyzed down to the genus with mold, yeast, coagulase positive Staph, gram negative rods requiring immediate Investigation. | *Compliant* |
| Exceeded action levels should prompt a re-evaluation of adequacy of personnel work practices, cleaning, operational procedures and/or air efficiency and require an investigation into the source of contamination. | *N/A* |

## Environmental Monitoring: Certification of PEC

| | |
|---|---|
| All ISO Class 5 PECs have been certified as required. | *N/A* |
| Review report from outside agency. | *N/A* |
| Certification done to CETA guidelines, CAG-003-2006, or similar. | *N/A* |
| Certifiers equipment calibrated to manufacturer standards. | *N/A* |
| Smoke test performed in PEC in direct compounding area to demonstrate unidirectional airflow under dynamic conditions. | *N/A* |
| Differential pressure measured to be at least 0.02 inches water column from ante chamber to general pharmacy area. | *N/A* |
| Differential pressure measured to be at least 0.02 inches water column from main chamber to ante chamber. | *N/A* |
| ISO Class 5 areas not more than 3,520 particles per cubic meter of air, taken under dynamic conditions. | *N/A* |
| PEC HEPA filters leak tested and repaired if needed. | *N/A* |
| PEC airflow velocity measured. | *N/A* |
| Documentation of viable air and surface sampling shall include date and time of sampling. | *N/A* |
| Documentation of viable air and surface sampling shall include sample locations. | *N/A* |

## Environmental Monitoring: Certification of PEC *(continued)*

| | |
|---|---|
| Documentation of viable air and surface sampling shall include method of collection. | *N/A* |
| Documentation of viable air and surface sampling shall include frequency of sampling. | *N/A* |
| Documentation of viable air sampling shall include volume of air sampled. | *N/A* |
| Documentation of surface sampling shall include size of surface sampled, 24-30 cm2. | *N/A* |
| Documentation of viable air and surface sampling shall include time of day in relationship to compounding. | *N/A* |
| Documentation of viable air and surface sampling shall include action levels. | *N/A* |
| Viable air sampling performed using active impaction device with appropriate growth media to support bacteria and for high risk compounding fungus, at least every 6 months in all ISO classified areas using 400 – 1000 liters of air per sample. | *N/A* |
| Viable air microbial action levels for ISO Class 5: 1000 liters > 1 CFU/m3 or 400 liters > 1CFU/m3. | *N/A* |
| Viable surface sampling performed periodically on direct compounding areas using media supplemented with neutralizing effects of disinfecting agents (TSA with lecithin & Polysorbate 80) and done at the conclusion of compounding. | *N/A* |
| Surface microbial action levels for ISO Class 5, less than 3 CFU/m3. | *N/A* |
| All CFUs analyzed down to the genus with mold, yeast, coagulase positive Staph, gram negative rods requiring immediate investigation. | *N/A* |
| Exceeded action levels should prompt a re-evaluation of adequacy of personnel work practices, cleaning, operational procedures and/or air efficiency and require an investigation into the source of contamination. | *N/A* |

## Compounding Procedures

| | |
|---|---|
| Documentation of equipment maintenance and calibration logs. | *Compliant* |
| Objects that shed prohibited from buffer room or compounding area of CAI/CACI: pencils, cardboard, paper towels, cotton gauze pads. | *Not inspected* |

Comments

*no sterile compounding observed during inspection - cleaning of compounding area was observed*

| | |
|---|---|
| Essential paper products (syringe overwrap, work records in protective plastic sleeves) are wiped down with 70% sIPA in ante room before bringing into buffer room or before placing in the ante chamber of CAI/CACI. | *Not inspected* |
| Required supplies wiped down with 70% sIPA (or removing outer wrap) as item introduced into aseptic work space. | *Not inspected* |

## Compounding Procedures *(continued)*

| | |
|---|---|
| Syringes, needles, tubing opened only In ISO Class 5 PEC. | *Not inspected* |
| Personnel use correct aseptic technique, compounding in first air. | *Not inspected* |
| Personnel routinely inspecting sterile gloves for wear and tear and replace as necessary. | *Not inspected* |
| Personnel routinely disinfecting sterile gloves with 70% sIPA prior to entering and when re-entering ISO Class 5 area and touching non-sterile objects. | *Not inspected* |
| Personnel ascertain CSP ingredients are correct by looking at label and doing unit by unit inspection of product before using. | *Not inspected* |
| Rubber stoppers of vials/bottles and ampules disinfected with 70% sIPA prior to introducing needle/breaking ampule, waiting 10 seconds for 70% sIPA to dry. | *Not inspected* |
| Contents thoroughly mixed and inspected for particulate matter, incompatibility or other issues. | *Not inspected* |
| Before dispensing CSP, clarity is visually confirmed. Identity and amounts of ingredients, procedures to prepare, sterilize, and specific release criteria are reviewed to assure accuracy and completeness. | *Compliant* |
| Opened single dose ampules must be discarded immediately. | *N/A* |
| Single dose containers opened in worse than ISO Class 5 used within 1 hour then discarded, with time first used/discard time documented on container. | *N/A* |
| Single dose containers opened in ISO Class 5 used within 6 hours then discarded, with time first used/discard time documented on container. | *Not inspected* |
| MDV used for 28 days, or as specified by manufacturer, once punctured, with date first used/discard date documented on MDV. | *Not inspected* |
| Compound record is required. | *Compliant* |
| Appropriate procedures and packaging followed for each step. | *Compliant* |
| Pharmacist verification of steps performed by technicians by visual inspection. | *Compliant* |
| Documentation of compounding accuracy by 2nd person in addition to compounder if more than one person is compounding, to ensure proper measurement, reconstitution, component usage. | *Compliant* |
| Name and quantity of each component on batch labels. | *Compliant* |
| Date and time preparation compounded (may be internal reference number) on batch labels. | *Compliant* |
| Verifying pharmacist identifier on batch labels. | *Compliant* |

## Compounding Procedures *(continued)*

| | |
|---|---|
| BUD on batch labels. Cannot use exp/expiration. May use: Use Before/Discard After/Administer By, etc. | *Compliant* |
| Auxiliary labels, ie packaging and labeling of hazardous CSP, on batch lables. | *Compliant* |
| Standard label requirements on patient specific labels to include date of dispensing, and pharmacy name, address if CSP will leave the premises. | *Compliant* |
| Verifying pharmacist identifier on patient specific labels. | *Compliant* |
| BUD on patient specific labels. Cannot use exp/expiration. May use: Use Before/Discard After/Administer By, etc. | *Compliant* |
| Flow rate, if applicable, on patient specific labels. | *N/A* |
| Auxiliary labels, ie packaging & labeling of hazardous CSP, on patient specific labels. | *Compliant* |
| Directions for use, including infusion rate, on patient specific labels. | *Compliant* |
| Required controlled substances transfer warnings, where applicable, on patient specific labels. | *Compliant* |
| Identity of dispensing pharmacist on patient specific labels. | *Compliant* |
| Storage requirements, when applicable, on patient specific labels. | *Compliant* |
| If redispense CSPs, must ensure sterility, purity and stability of CSP and BUD cannot be changed unless retested. | *N/A* |
| Check for container and closure integrity, done after compounding and if stored, before dispensing. | *Compliant* |
| Compounding accuracy documented by verification of steps. | *Compliant* |
| Verification of identity and quantity verified by reconciliation of components. | *Compliant* |
| Labels verified as being correct. | *Compliant* |

## Continuous Quality Improvement

| | |
|---|---|
| Share data with staff. | *Compliant* |
| Track and trend data. | *Compliant* |
| Track complaints from patients and practitioners. | *Compliant* |
| Formalized in writing. | *Compliant* |

## Continuous Quality Improvement *(continued)*

| | |
|---|---|
| Consideration of all aspects of preparation and dispensing including environmental testing and verification of results. | *Compliant* |
| Description of specific monitoring and evaluation activities. | *Compliant* |
| Specification of how results are to be reported and evaluated. | *Compliant* |
| Identification of appropriate follow-up mechanisms when action limits or thresholds are exceeded. | *Compliant* |
| Delineation of the individuals responsible for each aspect of the program. | *Compliant* |

## Sterile Compounding of Hazardous Drugs

| | |
|---|---|
| Personnel who handle, dispose or compound HD are trained and competency is assessed prior to handling HD and annually thereafter. Training shall be a didactic overview and verified by testing specific HD preparation techniques. | *Compliant* |
| Personnel who compound HD shall be trained in storage, handling and disposal. | *Compliant* |
| Personnel who compound HD shall be trained in safe aseptic manipulation practices. | *Compliant* |
| Personnel who compound HD shall be trained in negative pressure techniques when utilizing BSC or CACI. | *Compliant* |
| Personnel who compound HD shall be trained in correct use of Closed-System Transfer Devices (CSTD), if applicable. | *N/A* |
| Personnel who compound HD shall be trained in containment, cleanup and disposal for breakages and spills. | *Compliant* |
| Personnel who compound HD shall be trained in treatment of personnel contact and inhalation exposure. | *Compliant* |
| Written confirmation by all compounding personnel of reproductive capability that they understand the risks of handling HD. | *Compliant* |
| HD are handled with caution at all times using chemo rated gloves during receiving, distributing, stocking, inventorying, preparing for administration, and disposal. | *Not inspected* |
| Personal compounding equipment (PPE) includes gowns with low permeability like polyethylene. | *Not inspected* |
| Personal compounding equipment (PPE) includes face masks. | *Not inspected* |
| Personal compounding equipment (PPE) includes eye protection, as appropriate. | *Not inspected* |
| Personal compounding equipment (PPE) includes hair covers. | *Not inspected* |
| Personal compounding equipment (PPE) includes shoe covers or dedicated shoes. | *Not inspected* |

## Sterile Compounding of Hazardous Drugs *(continued)*

| | |
|---|---|
| Personal compounding equipment (PPE) includes double gloving with chemo rated gloves, with outer glove being sterile. | *Compliant* |
| HD CSP are compounded in a BSC or CACI. | *Compliant* |
| BSC or CACI is located inside an ISO Class 7 area that is physically separate from other areas and is negative pressure of 0.01 inch water column to adjacent positive pressure ISO Class 7 ante room. | *Compliant* |
| Documentation from CACI manufacturer that the ISO Class 5 environment is maintained under dynamic conditions when not located in an ISO Class 7 environment but must be in a negative pressure room with at least 12 ACPH. | *N/A* |
| For low volume exemption, defined by KBOP as 5 HD CSPs/2 week period, may use 2 levels of containment. | *N/A* |
| Documentation from manufacturer of recovery time to achieve ISO Class 5 air quality of CACI when turning off/on and when transferring material from ante chamber to main chamber before and during compounding. | *Not inspected* |
| CACI located in low traffic area. | *Compliant* |
| For CACI, pressures recorded each shift, minimum of daily. Main chamber is at least negative 0.01 inch water column to ante chamber and ante chamber is at least positive 0.02 inch water column to general pharmacy. | *Compliant* |
| PEC cleaned daily/each shift in correct order of top, back, sides, racks/poles, front inside of BSC shield or CACI, gauntlets in CACI, items on deck, deck, CACI ante chamber in the same order, | *Compliant* |
| HD shall be stored separately from other inventory. | *Compliant* |
| HD disposed of in a manner that complies with all Federal and State laws. | *Not inspected* |

## 12 Hour BUD

| | |
|---|---|
| Compounded in an ISO Class 5 LAFW not located in ISO Class 7 room. | *N/A* |
| Low risk, non-hazardous, patient specific CSP. | *N/A* |
| BUD 12 hours or less, administration begins no later than 12 hours from beginning of compounding. | *N/A* |
| Personnel gowns and garbs the same as for a clean room. | *N/A* |
| Cleaning of ISO Class 5 LAWF is the same as for an ISO Class 5 LAWF in clean room. | *N/A* |
| ISO Class 5 LAWF is segregated compounding area, not near garbage can, sink, window, door. | *N/A* |

## Immediate use

| | |
|---|---|
| Compounding does not take place in ISO Class 5 PEC. | *N/A* |
| Low risk, non-hazardous CSP. | *N/A* |
| Compounding procedure is continuous not exceeding 1 hour & administration begins no later than 1 hour from start of compounding, if not CSP is discarded. | *N/A* |
| During compounding, aseptic technique is followed and if not immediately administered the CSP is under continuous supervision to minimize contact with non-sterile items. | *N/A* |
| CSP is immediately and completely administered by compounder or witnessed by compounder, if not must be labeled with patient identifier, names and amounts of all components, name or initials of compounder, and exact 1-hour BUD and time. | *N/A* |

## CAI not Located in ISO Class 7

| | |
|---|---|
| Documentation from CAI manufacturer the ISO Class 5 environment is maintained under dynamic conditions when not located in an ISO Class 7 environment. | *N/A* |
| Documentation from CAI manufacturer of recovery time to achieve ISO Class 5 air quality when turn off and on and when transferring material from ante chamber to main chamber before and during compounding. | *N/A* |
| CAI located in low traffic area. | *N/A* |
| Documentation from CAI manufacturer compounder Is exempt from garbing. | *N/A* |
| CAI Pressures documented each shift, minimum of daily. Main chamber at least positive 0.02 inch water column to ante chamber and ante chamber at least positive 0.02 inch water column to general pharmacy. | *N/A* |
| Daily/shift documented cleaning of CAI, in the following order: top, back, sides, racks/poles, inside front, gauntlets, items on deck, deck, and ante chamber in same order. | *N/A* |
| Personnel appropriately garbed while cleaning CAI. | *N/A* |
| All items cleaned and disinfected before placing in ante chamber of CAI. | *N/A* |
| Temperature is recorded daily. | *N/A* |
| Controlled storage areas for room temperature is 68 to 77 F or 20 to 25 C. | *N/A* |
| Controlled storage area for cold temperature is 36 to 46 F or 2 to 8 C. | *N/A* |
| Controlled storage area for freezer temperature is -13 to 14 F or -25 to -10 C. | *N/A* |

## High Risk

| | |
|---|---|
| Active Pharmaceutical Ingredient (API): Certificate of Analysis on file. | *Compliant* |

| | |
|---|---|
| Active Pharmaceutical Ingredient (API): Use USP or NF product and if not, safety and purity established. | *Not inspected* |
| Active Pharmaceutical Ingredient (API): Label bears batch or lot number. | *Compliant* |
| Active Pharmaceutical Ingredient (API): Label bears expiration date, if not, an expiration date of no more than 1 year from date of receiving is assigned. | *Compliant* |
| Pharmacy marks API with date received. | *Compliant* |
| If pharmacy puts API in smaller container for ease of use, container bears name of API. | *Not inspected* |
| If pharmacy puts API in smaller container for ease of use, container bears date API was received. | *Not inspected* |
| If pharmacy puts API in smaller container for ease of use, container bears date API was transferred. | *Not inspected* |
| If pharmacy puts API in smaller container for ease of use, container bears batch or lot number of API. | *Not inspected* |
| If pharmacy puts API in smaller container for ease of use, container bears expiration date from manufacturer or pharmacy assigned expiration date of no more than 1 year from date of receiving. | *Not inspected* |
| APIs stored in tightly closed containers under temperature, humidity and lighting conditions per official monograph or suppliers. | *Compliant* |
| Pre-sterilization procedures for high risk CSP, weighing and mixing, shall be completed in no worse than ISO Class 8 environment. | *Compliant* |
| Appropriate sterilization methods used and documented. | *Compliant* |
| Terminal sterilization of non-sterile empty vials or stoppers/closures used and documented. | *Compliant* |
| Pre-filter with 1.2 micron to remove large particles, if needed. | *Not inspected* |
| Filtration performed in ISO Class 5 environment. | *Compliant* |
| Documentation 0.2/ 0.22 micron sterile, non-pyrogenic microporous membrane filter is chemically/physically compatible with CSP. | *Compliant* |
| Filtration is completed rapidly without filter replacement. | *Not inspected* |
| Filter integrity testing is performed and documented for each filter used with each batch sterilized by filtration. | *Compliant* |
| Written documentation of description of steam sterilization includes conditions and duration for specific CSP. | *Compliant* |

## High Risk *(continued)*

| | |
|---|---|
| Prior to sterilizing, plastic, glass and metal devices are tightly wrapped in low particle shedding paper or fabric or sealed in envelopes that prevent post-sterilization microbial penetration. | *Compliant* |
| Autoclave allowed to reach 121 C before starting sterilization process. | *Compliant* |
| Usual expose to 121 C at 15 psi for 20 – 60 minutes. Maintains log of temperature and exposure time for each steam sterilized CSP. | *Compliant* |
| Ensures steam contacts all ingredients and surfaces to be sterilized. | *Compliant* |
| Autoclave was mapped. | *Compliant* |
| Effectiveness of steam sterilization is verified each time using biological indicators (BI) and temperature-sensing devices. | *Compliant* |
| For dry heat sterilization, heat filtered air is evenly distributed throughout the chamber with a blower. | *Compliant* |
| Dry heat oven is equipped with system for controlling temperature and exposure period and has been mapped. | *Compliant* |
| Sufficient space is left between materials to allow circulation of hot air. | *Not inspected* |
| Written documentation of description of dry heat includes conditions and duration for specific CSP. | *Compliant* |
| Effectiveness of dry heat sterilization is verified each time using biological indicators (BI) and temperature-sensing devices. | *Compliant* |
| For depyrogenation by heat used to render glassware, containers, vials free from pyrogens and viable microbes. Cover tightly with aluminum foil, bake at 250 C for 30 minutes, use immediately or if stored must be ISO Class 7 environment. | *Compliant* |
| For depyrogenation by heat written documentation of description of cycle and duration for specific load items. | *Compliant* |
| For depyrogenation by heat effectiveness of cycle is verified using Endotoxin Challenge Vials (ECVs) with bacterial endotoxin testing performed on ECVs to verify the cycle is capable of achieving a 3 log reduction in endotoxins. | *Compliant* |
| If depyrogenated glassware, containers, and/or vials are not used immediately, must be kept tightly covered with aluminum foil and stored in an ISO 7 environment. | *Compliant* |
| Other methods of sterilization are used with documented procedures and validation performed. | *Not inspected* |

## Extending BUD and Sterility Testing

| | |
|---|---|
| Sterility testing for both bacteria and fungus performed each time BUD is extended beyond USP guidelines. | *Compliant* |
| Sterility testing performed on high risk CSP prepared in groups of more than 25 identical containers. | *Compliant* |
| Sterility testing performed on high risk CSP exposed longer than 12 hours at 2-8C (36-46F) or longer than 6 hours at warmer than 8C (46F) before sterilization. | *Not inspected* |
| Sterility testing is done using membrane filtration (preferred method) or direct inoculation per USP <71>. | *Compliant* |
| Appropriate number of CSPs tested for sterility per UPS <71> for parenterals: less than 100 units, test 10% or 4 units, whichever is greater; for 100-500 units, test 10 units; and for greater than 500 units, test 2% or 20 units, whichever is less. | *Compliant* |
| Appropriate number of CSPs tested for sterility per UPS <71> for large volume parenterals: 2% or 10 containers, whichever is less. | *Compliant* |
| Appropriate number of CSPs tested for sterility per UPS <71> for non-parenterals (eye drops, inhalations): less than 200 units, test 5% or 2 units, whichever is greater; for 200 or more units, test 10 units; and if packaged as unit dose, use parenteral testing numbers. | *Compliant* |
| Bacterial endotoxin testing performed on high risk CSP if prepared in groups of more than 25 identical containers. | *Compliant* |
| Bacterial endotoxin testing performed on high risk CSP if exposed longer than 12 hours at 2-8C (36-46F) or longer than 6 hours at warmer than 8C (46F) before sterilization. | *Not inspected* |
| CSP quarantined until results of sterility and endotoxin tests received or if dispensed before receiving results, written procedure requiring daily observation of incubating CSPs and immediate recall when evidence of growth. Patient and prescriber notified of potentially contaminated CSP and potential risk. | *Compliant* |
| Positive sterility test results promptly investigated including aseptic technique, environmental control, etc. to identify source of contamination and correct the issue. | *N/A* |
| Stability data documented to support extended BUD, either from literature or testing. | *Not inspected* |
| Method suitability test performed on CSP for stability data derived from testing. | *Not inspected* |
| If potency testing is performed, strength must be within 10% of stated potency. | *Compliant* |

## Transporting CSP Outside Facility

| | |
|---|---|
| P&P for packing containers specifying which to use. | *Compliant* |
| P&P for insulating and stuffing materials specifying which to use. | *Compliant* |
| Written instructions to patients how to safely open containers of CSP. | *Compliant* |

## Transporting CSP Outside Facility *(continued)*

| | |
|---|---|
| Ascertain temperature of CSP during transit. | *Compliant* |
| Specific handling and exposure instructions on the exteriors of containers packed with CSPs. | *Compliant* |
| Periodic review of delivery performance of couriers to ascertain CSPs are being efficiently and properly transported. | *Compliant* |
| Provide CSP labeling that includes clearly readable BUDs, storage instructions, and disposal information for out of date units. | *Compliant* |
| Ascertain each patient is able to store CSP properly, including use of properly functioning refrigerator or freezer if needed. | *Compliant* |

## Board Approved Waivers

| | |
|---|---|
| Board has approved a waiver for non-hazardous sterile compounding. | *N/A* |
| Board has approved a waiver for hazardous sterile compounding. | *N/A* |

### Inspector's Signature

I have completed this inspection in accordance with the statutes and administrative codes.

Inspector: *Jessica Williams*

### Pharmacist's Signature

I have read and understand the statutes and administrative codes. I acknowledge that the items noted in this report have been discussed with me. I understand that if I disagree with any of the deficiencies cited, that I have the right to refute them on this report or and other form that I choose to send to the department.

Pharmacist: *Nick Kirkpatrick*

# License Verification Details

**Detail for License Number P08205**

## WICKLIFFE LLC

dba WICKLIFFE VETERINARY PHARMACY
4340 GEORGETOWN ROAD
LEXINGTON, KY 40511

## Kentucky Board of Pharmacy

State Office Building Annex, Ste 300
125 Holmes Street
Frankfort, KY 40601

**License Information**

| | |
|---|---|
| **Expiration Date** | 6/30/2024 |
| **Effective Date** | 12/21/2021 |
| **Status of Permit** | Active |
| **Board Action** | No |
| **Case Number(s)** | |

**The Kentucky Board of Pharmacy website is considered primary source verification and is actually the preferred method of licensure verification. Both JCAHO and the Cabinet for Health and Family Services, Office of the Inspector General, consider verification through the website as evidence of licensure.**

*Wickliffe Pharmaceuticals, Inc. d/b/a*
*Wickliffe Veterinary Pharmacy*

# *Shipped/Delivered Compounded Preparations*

| | | | |
|---|---|---|---|
| *Pharmacist-In-Charge* | *Name* | *Signature* | *Date* |
| *Employee Signature of Acceptance:* | | | |

***POLICY:***

*Prescription orders are delivered/shipped to clients through UPS.*

***PURPOSE:***

*The purpose of this policy is to establish and describe the activities involved in the shipping of medications to clients. The objective of the Shipping Department is to ensure that the client receives the correct compounded preparation in a way thot prevents damage or tampering and arrives in an organized and timely manner.*

***RESPONSIBILITY:***

*The Shipping Representative, Pharmacist(s) and Director of Pharmacy.*

***PROCEDURE:***

- *All prescription orders are verified and checked for accuracy and completeness by a pharmacist. Once checked and verified, the order is given to the Shipping Department for shipping.*
- *When preparations are dispensed to locations outside the premises in which they are compounded, compounding personnel shall select packing containers and materials that are expected to maintain physical integrity, stability, and sterility (if needed) of preparation during transit. Packing shall be selected that simultaneously protects preparations from damage, leakage, contamination, and degradation and protects personnel who transport packed preparation.*
- *Based on the size and volume of the order, the Shipping Department will determine the most appropriate form of packaging and shipping mode. Compounded preparation containers must be protected by using either bubble wrap, paper wrap, air packets, shipping paper or Styrofoam pellets. Cold preparations require a designated shipping box, cold packs and insulated aluminum bags. All cold preparations are maintained at refrigerated temperatures until UPS picks up the package. All cold preparations are shipped overnight.*
- *The Shipping Representative is responsible for checking the pick-ticket against the preparations accompanying the pick-ticket. The shipping representative is responsible for entering the correct client's address and entering the correct shipping method. The shipping representative is responsible for making sure the box/package is properly sealed.*

*Wickliffe Pharmaceuticals, Inc. d/b/a*
*Wickliffe Veterinary Pharmacy*

## *Shipped/Delivered Compounded Preparations*

- *Pick-up prescriptions are placed an the designated pick-up shelf within the pharmacy. They are retrieved by the receptionist when the client arrives for pick-up.*
- *Cold pick-up prescriptions are placed in the designated pick-up refrigerator within the pharmacy. They are retrieved by the receptionist when the client arrives for pick-up.*
- *All packages that are shipped have a tracking number and shipping date that can be easily traced. Shipments are signed for upon arrival. UPS is required to notify Wickliffe immediately, should a package become damaged or lost. Damaged or lost packages are investigated and replaced when necessary.*

*Wickliffe Pharmaceuticals, Inc. d/b/a*
*Wickliffe Veterinary Pharmacy*

# *Packing & Shipping*

| | *Name* | *Signature* | *Date* |
|---|---|---|---|
| *Pharmacist-In-Charge* | | | |
| *Employee Signature of Acceptance:* | | | |

***POLICY:***

*Prescription orders are delivered/shipped to clients through UPS.*

***PURPOSE:***

*The purpose of this policy is to establish and describe the activities involved in the packing of medications to clients. The objective of the Shipping Department is to ensure that the client receives the correct medication in a way thot prevents damage or tampering and arrives in on orgonized and timely manner. ALL medications are prioritized by request, urgency, and any other form of request that a patient or practitioner has requested. This is done as the prescription is taken and verified by the pharmacist. Order entry pick route in which shipped EA: overnight, ground etc. The shipping Representative notifies customer service representative if a shipment has been delayed past a request date. It is the responsibility of the customer service technician to relay information as to a delay of a requested shipment.*

***RESPONSIBILITY:***

*The Shipping Representative, Pharmacist(s).*

***PROCEDURE:***

*All prescription orders are verified and checked for accuracy and completeness by a pharmacist. Once checked and verified, the order is given to the Shipping Department for shipping. Based on the size, volume of the order, and destinotion location, the Shipping Department will determine the most appropriate form of packoging, shipping mode, and UPS shipping account. Product containers must be protected by using either bubble wrap, air packets, shipping paper or Styrofoam pellets. The Shipping Representative is responsible for entering the correct client's address and making sure the box/package is properly sealed with no identifying labels/wording to indicate that the package/box is originating from a pharmacy. All packages have a tracking number and shipping date that can be easily traced.*

*Packing the product:*

a. *Verify each item on the pick ticket is in the basket. Check details on label compared to pick ticket. Initial beside each item once checked.*
b. *All suspensions get an adapter cap and syringe. 30ml to 240ml bottles get a small adapter cap. 300ml bottles and larger get a large adapter cap. Syringe sizes are based on eoch product. All*

*Wickliffe Pharmaceuticals, Inc. d/b/a*
*Wickliffe Veterinary Pharmacy*

## *Packing & Shipping*

*syringes, adapter caps, and scoops should be in a plastic bag for shipping provided by the pharmacist.*

c. *Check the address and who it is shipping to and decide if they can receive a Wickliffe monthly special sheet. Vets & hospitals can receive specials sheet. If the address is different, no special sheet is to be placed in the box.*
d. *Packing boxes:*
    a. *Put paper on bottom of box, item(s), paper on top filled to the top. (Closing the box should require a little pushing to ensure products are packed tightly.)*
    b. *Injectables:*
        i. *100ml-individually wrapped in bubble bags if less than 6 bottles in order. If 6 or more bottles, pack in divider box with peanuts used as filler to keep bottles from moving. Then put the divider box inside a bigger box for shipping surrounded by peanuts on all sides.*
        ii. *30ml-can put up to 3 bottles lying on side in 1 bubble bag. Fold top of bag over to seal so the bottles are tight in the bag.*
        iii. *50ml- individually wrap in bubble bags.*
        iv. *10ml-can put up to 6 bottles in one bag. Fold top of bag over to seal so the bottles are tight in the bag.*
        v. *All bubble wrapped injections should be wrapped individually in paper and placed in box on top of paper in bottom and covered with paper on top and on sides. Make sure no battles are touching the outside of the box.*
    c. *Powder jars should be stacked neatly in box on top of a layer of paper and filled in with peanuts to keep jars from knocking into each other during shipment.*
    d. *Cold Products are to be placed inside a plastic bag then put in foil shipper with at least 2 ice packs per product. Then packed in a box with paper on top and bottom. Place a "Refrigerate Upon Arrival" sticker on outside of box.*
    e. *Paste tubes should always be in a plastic bag to contain spills.*
e. *Alwoys put heoviest/biggest products on battom of box.*

*Shipping the Packed Product:*

a. *Place the packed product on the designated scale that is connected to the UPS WorldShip software.*

*Wickliffe Pharmaceuticals, Inc. d/b/a*
*Wickliffe Veterinary Pharmacy*

## *Packing & Shipping*

b. *The product must be shipped on the correct account depending on the size, destinatian, and shipping speed.*

*All packages receive a trocking number and at the request can be tracked via UPS website*

# Version #016.001

## *Visual/Physical Inspection of CSPs*

| | *Name* | *Signature* | *Date* |
|---|---|---|---|
| *Pharmacist-In-Charge* | | | |
| *Employee Signature of Acceptance:* | | | |

***POLICY:*** *All injectable preparations (CSPs) shall be visually and physically inspected at a rate of 100% prior to dispensing. Visual and physical inspection shall consist primarily of post-compounding inspection. Pre-release and pre-dispensing visual and physical inspection shall be supplemental to post-compounding inspection to ensure quality of CSPs.*

***PURPOSE:*** *Visual ond physical inspection of vials after compounding allows for detection of particulates, insufficient container closures, unexpected CSP characteristics, and other apparent defects.*

***RESPONSIBILITY:*** *Pharmacist-in-Charge, Aseptic Pharmacists, and Staff Pharmacists*

***PROCEDURE:***

*Post compounding visual inspection should be done promptly after compounding has been completed and prior to labeling. Post-compounding inspection consists of: particulate inspection, container closure inspection, and other apparent defects inspection. Pharmacists performing post compounding visual inspection must be adequately trained in visual inspection, particularly pertaining to the detection of visible foreign particulate matter.*

- *Particulate inspection-CSPs should be essentially free from visible foreign particulate matter. The presence of particulates should be assessed by placing the vial under a bright, high-intensity light against a black and a white background for a minimum of 5 seconds per background. Minimal agitation should be used to suspend and visualize any particulates through a combination of gentle inversion and gentle swirling. Care must be taken to avoid the production of air bubbles as this significantly hinders detection of particulates. Vials that contain visible foreign particulate matter shall be rejected. Particulate inspection should be done in a manner that allows for sufficient breaks to prevent eye-strain and facilitate particulate detection.*
    - *Key Aspects of particulate inspection:*
        - *100% inspection*
        - *High intensity light*
        - *Black and white background; 5 seconds minimum per background*
        - *Gentle inversion/swirling; minimal air bubbles*
        - *Rejection of all vials containing visible particulates*
    - *Particulate inspection shall be modified and combined with particle size inspection for suspensions. Particulate inspection of suspensions should be done under a bright light against a dark background.*
- *Contoiner Closure inspection- Container closure system shall be inspected and determined to be robust enough to prevent microbial penetration.*

- *Other apparent defects inspection- Vials should be inspected for any other defects (i.e. glass imperfections) that might affect the quality of CSPs.*
- *CSP Characteristics- Solutions shall retain the characteristics described in the log (color, clarity, etc.). Suspensions shall retain the characteristics described in the log and additionally have a uniform, small particle size. Articles which have not retained proper CSP characteristics shall be discarded. Rejection of the entire batch may be warranted at the discretion of the inspecting pharmacist if a significant number of articles do not retain the expected CSP characteristics.*
- *Quality Limit- Based on 100% inspection and current process capabilities, the acceptable quality limit for rejects is set at 10% of the octual batch yield. Any lot that does not meet the acceptable quality limit shall be investigated thoroughly.*

*Pre-release visual inspection shall be done immediately prior to release of CSPs from quorantine and is a brief inspection compared to post-compounding inspection. The primary objective of pre-release visual inspection is to ensure that no changes have occurred during storage in the quarantine area.*

- *CSP appearance inspection- CSPs shall be inspected and appearance determined to be consistent with desired properties (i.e. clarity of solutions, ease of dispersion for suspensions).*
- *Container closure inspection- Cantainer closure shall be briefly inspected to ensure that the closure system still prevents microbial penetration.*

*Pre-dispensing visual inspection shall be done immediately prior to dispensing of CSPs and is a brief inspection during final verification. The primary objective of pre-dispensing visual inspection is to ensure that no changes hove occurred during storoge prior to dispensing.*

- *CSP appearance inspection- CSPs shall be inspected and appearance determined to be consistent with desired properties (i.e. clarity of solutions, ease of dispersion for suspensions).*
- *Contoiner closure inspection- Container clasure shall be briefly inspected to ensure that the closure system still prevents microbial penetration.*

# Version #016.001

Revision Control Form

SOP: Visual/Physical Inspection of Finished CSPs

Master No.: 014

| Revision No.: | Date: | Revisions: | Author: |
|---|---|---|---|
| 001 | 5/1/18 | Begin new revision control | |
| | 5/1/18 | Review/no changes | WF |
| | | | |
| | | | |
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| | | | |
| | | | |

***Primary Engineering Control (Isolator) Cleaning***

| | *Name* | *Signature* | *Date* |
|---|---|---|---|
| *Pharmacist-In-Charge* | | | |
| *Employee Signature of Acceptance:* | | | |

***POLICY:***

*Primary Engineering Control (Isolator) Cleaning*

***PURPOSE:***

*To clean, disinfect and decontaminate the isolator. The isolator is cleaned daily with a weekly deep clean. Isolator cleaning is critical to contamination control and bioburden reduction.*

***RESPONSIBILITY:***

*It is the responsibility of the PIC, the supervising pharmacist, and the Aseptic Technician to ensure that the cleaning is being completed appropriately and on schedule.*

***PROCEDURE:***

*Garbing: Proper garbing is vital to ensuring the PEC is cleaned appropriately. Before isolator cleaning is begun, re-check all garb.* ***Don new sterile gloves prior to isolator cleaning.***

*Cleaning/Disinfecting Agent(s): Refer to the cleaning schedule to determine what shall be used to clean the isolator. In general, intermediate-level disinfectants are used daily with a weekly high-level/sporicidal agent. Refer to manufacturer recommendations for contact (dwell) times. Contact (dwell) time shall be defined as the time which the surface being disinfected shall be left undisturbed. Cleaning agents may include: Covicide Pre-Saturated Wipes, Sterile Alcohal Wipes, Sterile 70% IPA, Peridox RTU, Sodium Hypochlarite, or other cleaning agents at the discretion of the PIC/supervising pharmacist.*

***Daily Cleaning of the Isolator:***

*Daily cleaning occurs at the beginning and end of each designated shift, at a minimum. If an isolator has not been used since the previous daily cleaning occurred, cleaning may be deferred to the next shift in which the isolator will be used at the discretion of the supervising pharmacist and noted on the cleaning log as such.*

*When possible, cleaning shall occur with sterile wipes/agents. Isolator cleaning tools can be used to clean hard to reach areas. Refer to the cleaning schedule or supervising pharmacist to determine which agents shall be used.*

*Daily cleaning shall occur with the isolator main chamber open. The main chamber shall be cleaned first, with the pass-through(s) cleaned after the main chamber. Each area shall be cleaned in the following*

*order: top, back, sides, front/sleeves, items on deck, and deck. Cleaning shall be done cleanest to dirtiest.*

*The HEPA filter and HEPA filter grate shall NEVER be sprayed directly.*

*The isolator shall be pre-cleaned with sterile water, if necessary, to remove any water soluble physical contaminants that might reduce the effectiveness of cleaning agents.*

*Wipes shall be folded into quarters in a manner that will provide 8 different sections per wipe for cleaning. A new, clean section shall be used for each area to reduce the chance of contamination spread.*

*Strokes shall be overlapping and result in a visibly wetted surface.*

*Once cleaning has finished, isolator gloves shall be replaced with new sterile gloves immediately prior to closing the isolator.*

*Allow the isolator to run for the manufacturer recommended period of time prior to compounding. All surfaces must be allowed to dry prior to compounding.*

***Cleaning the Isolator between CSPs – Compound Sterile Preparations***

*Cleaning of the isolator between separate CSPs during the same designated shift shall occur in the same manner as the minimum required daily cleaning, paying particular attention to any physical contaminants which might be present.*

***Cleaning the Isolator during Compounding***

*Cleaning during continuous compounding is done with the isolator closed to maintain the ISO 5 classification. Cleaning shall occur at a minimum of every 30 minutes, when spills occur, or when contamination is suspected. When cleaning occurs during ongoing compounding, special attention shall be given to the way in which cleaning is done and any possible effect on the unidirectional movement of first air. Cleaning includes oll easily reachable areas/items.*

***Weekly Deep Clean***

*Weekly deep clean shall occur utilizing a high-level/sporicidal disinfectant. Deep cleaning shall include all areas of the isolator (i.e. under the deck) and shall be an in-depth clean beyond what is done during daily cleaning. To achieve sporicidal efficacy, the isolator blower may be briefly turned off to allow for appropriate high level disinfection.*

Revision Control Form

SOP: PEC Cleaning

Master No.: 004

| Revision No.: | Date: | Revisions: | Author: |
|---|---|---|---|
| 001 | 5/1/18 | Begin new revision control | |
| | 5/1/18 | Review/no changes | WF |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

# Version # 005.001

## *Cleaning and Sanitizing Procedures for Sterile Areas*

| | *Name* | *Signature* | *Date* |
|---|---|---|---|
| *Pharmacist-In-Charge* | | | |
| *Employee Signature of Acceptance:* | | | |

***PURPOSE:*** *To develop and maintain an organized and clean environment for the preparation of Sterile preparations.*

***RESPONSIBLE:*** *The PIC, the head Aseptic Pharmacist and the Aseptic Technicians are responsible for ensuring compliance with this protocol.*
*Charts and logs are maintained as a means of compliance. The PIC shall verify that all cleaning is being sufficiently completed according to protocol and that staff performing the cleaning have been adequately trained.*

***INFORMATION:*** *All individuals entering the room are expected to wear head and shoe covers, as well as appropriate garb, as minimum attire. See Gowning and Garbing P&P for details.*

*In general, cleaning should be done from the cleanest area to the dirtiest area. To minimize cross-contamination, cleaning should also be done from top to bottom. For example, in a monthly cleaning, the order would be: ceilings; walls and windows; exteriors of process equipment and cabinets; countertops and other horizantal surfaces; and at last, floors.*

*This is the respansibility of trained pharmacy staff (pharmacists and technicians), and should be performed at the beginning of each shift. Spills and residue in the hood and adjacent surfaces should be disinfected with 70% isopropyl alcohol as necessary. The isopropyl alcohol should be allowed to dry before compounding is begun. All cleaning tools should be for single-use only, non-shedding, and for use only in controlled area.*

*During Shifts: Surfaces in the isolator within arm's reach can be cleaned using wipers and solutions - 70% isopropyl alcohol (IPA). Wipers should be "low-linting" — that is, wipers should not leave particles and fibers behind when they are used to clean surfaces. A non-woven polyester/cellulose wiper can be used. Wipers that are pre-wetted with 70% IPA shall be used. They can be also be wetted at the time of use with the solution of choice. Be sure wipers are not dripping with solution — an overly wet wiper can redisperse contaminants and can increase the chances of the solution itself becoming a contamination source. The isopropyl alcohol should be allowed to dry before compounding is begun. Wipers should be folded so that the entire surface of the wiper can be used. Typically wipers are quarter folded, and then refolded after every wipe of the surface, to contain and remove the contamination. In this manner, there are eight different surfaces of the wiper exposed and able to be used for wiping. Wiping should be done in overlapping linear strokes from clean to dirty or dry to wet. After all eight surfaces have been used, the wiper (and its captured contamination) should be discarded in an appropriate container. The appropriate cleaning tool may be used to clean the isolator.*

# Version # 005.001

*The ante, buffer and clean room(s), will be cleaned and disinfected according to guidelines below: In addition to the sterile compounding areas, counters and work surfaces shall be cleaned and disinfected daily. Floors in all areas, including the buffer area, anteroom, and compounding area, are to be cleaned and disinfected daily. All mopping should take place when no compounding is in progress.*

*Walls and ceilings shall be cleaned monthly when no compounding is in process.*

*All other surfaces, carts, and storage area shelving, shall be cleaned and disinfected at least monthly, again when no compounding is in progress. Storage shelving in the buffer or clean area should be emptied of all supplies, and then cleaned.*

*Floors in the buffer area, as well as the anteroom area, should be mopped daily with a multi-purpose antifungal, antivirucidal and antibacterial agent, when no aseptic operations are in progress. Mopping should be performed using approved agents described in written procedures. Only approved cleaning and sanitizing agents are used with careful consideration of compatibilities, effectiveness, and inappropriate or toxic residues. Their schedules of use and methods of application are in accord with written procedures. All cleaning tools, such as wipers, sponges, and mops are non-shedding and dedicated to use in the buffer or clean area. Floors are cleaned using flat mops with a bucketless system where mop covers are either pre-wetted with the cleaning or rinsing solutians, or the operator sprays the mop covers with a cleaning salution after the covers have been placed on the mop head. The mopping should be done in linear overlapping strokes from clean to dirty, dry to wet, the same procedure that is recommended for wiping. In a cleanroom, the corners furthest away from the entry doors are usually the cleanest areas since they have the least foot traffic. Aisles and entry doors sustain the greatest traffic and are usually the dirtiest areas. So mopping is done from far corners to aisles and entry doors (cleanest to dirtiest). Swabs wetted with a cleaning solution, IPA, or sterile water can be used to address very tight areas. Some possible candidates for swab cleaning are: vents in the back wall or front surface, the junction of the walls with the floor and ceiling of the cabinet, surface dimples surrounding rivets ar screws, connectors to hoses or filters, etc.*

*All surfaces are cleaned with a multi-purpose antifungal, antivirucidal and antibacterial agent daily.*

*Wipers are discarded after one use. If cleaning tools are reused, their cleanliness is maintained by thorough rinsing and sanitization or cleaning and autoclaving after use and by storing in a clean environment between uses.*

*Trash receptacles should be emptied daily or more frequently according ta the needs of the area. Trash should be collected in suitable plastic bags and removed with minimal agitation.*

*Supplies, if appropriate, and equipment to be placed in the buffer or clean room environment or isolator, must be unpackaged in the anteroom area and wiped with a sanitizing agent, such as sterile 70% isopropyl alcohol. Alternatively, if supplies are planned to be received in sealed pouches, the pouches can be removed as the supplies are introduced into the buffer or clean area without the need to sanitize the individual supply items.*

*No shipping or other external cartons (e.g., corrugated cardboard) may be taken into either the buffer or ante room areas.*

*Disinfectants should be alternated periodically to prevent the development of resistant organisms.*

*Problems with equipment (burned out lights, computer malfunctions, laminar flow hood problem, etc.) should be reported to the Pharmacist in Charge.*

**Autoclave should be cleaned weekly per manufacturer with approved cleaning agent.**

*Refer to rotation schedule for specifics on cleaning*

***TRAINING***

*Training, based on written protocols, is essential for proper cleaning of a cleanroom. Cleanroom personnel are assigned responsibilities. Cleaning logs with check-offs for daily, weekly, and monthly cleaning are completed by the responsible personnel.*

*Personnel are trained using these SOPs, and then tested to ensure proficiency in cleaning and maintenance procedures. Personnel is retrained on a regular schedule. The PIC shall ensure training is completed and will ensure audits are completed when necessary.*

# Version # 005.001

Revision Control Form

SOP: Cleaning and Sanitizing Procedures for Sterile Areas

Master No.: 005

| Revision No.: | Date: | Revisions: | Author: |
|---|---|---|---|
| 001 | 5/1/18 | Begin new revision control | |
| | 5/1/18 | Review/no changes | WF |
| | | | |
| | | | |
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| | | | |
| | | | |

Version # 006.001

## *Clean Room Material Washing*

| | *Name* | *Signature* | *Date* |
|---|---|---|---|
| *Pharmacist-In-Charge* | | | |
| *Employee Signature of Acceptance:* | | | |

***POLICY:***

*This policy describes the process of washing reusable materials.*

***PURPOSE:***

*All reusable materials (beakers, spin bars, etc.) shall be thoroughly and completely cleaned following use in compounding and prior to depyrogenation/sterilization (if applicable). Thorough cleaning shall be done to prevent the possibility of cross-contamination of CSPs.*

***RESPONSIBILITY:***

*The pharmacist-in-charge and sterile compounding supervisor are responsible to ensure that this procedure is followed.*

***PROCEDURE:***

*Initial cleaning shall be done using an appropriate low residue detergent with thorough scrubbing and rinsing. Particular attention should be given to difficult to remove preparations (i.e. oils, high active concentrations, etc.) and areas of the material that might be difficult to clean (lip of beaker, spout of beaker, crevices, etc.). Several rounds of detergent use and rinsing may be necessary to achieve completely clean materials. Initial cleaning and rinsing is critical to ensuring that reusable materials do not pose a cross-contamination risk and that they are maintained in an acceptable condition. During depyrogenation/sterilization, left-over residues can be burned onto the surface of materials, creating unacceptable conditions for re-use as they pose contamination risks in addition to appearing insanitary.*

*Once materials are cleaned thoroughly and all detergent residues removed, materials shall be rinsed briefly with sIPA.*

*Following sIPA rinse, materials shall be rinsed with sterile water.*

*Materials shall then be placed on the drying rack and allawed to dry completely.*

Version # 008.001

***Autoclave Procedures***

| | *Name* | *Signature* | *Date* |
|---|---|---|---|
| *Pharmacist-In-Charge* | | | |
| *Employee Signature of Acceptance:* | | | |

***Policy:***
*This procedure describes the process of steam sterilization.*

***Purpose:***
*This procedure describes the process of steam sterilization and the required actions to be taken to ensure that steam sterilization occurs in a correct and repeatable manner that ensures that appropriate sterilization has occurred.*

***Responsibility:***
*The pharmacist-in-charge and sterile compounding supervisor are responsible for ensuring that this procedure is followed.*

***Procedure:***
*Steam sterilization shall occur in a consistent, correct, and repeatable manner to ensure that components, materials, and compounded preparations are properly sterilized.*

*Prior to steam sterilization, components, materials, and compounded preparations shall be prepped or compounded according to procedure.*

*Prepped components and materials shall be placed in appropriate autoclave pouches designed to prevent post-sterilization microbial penetration.*

*Terminally steam-sterilized compounded preparations shall contain a biological indicator designed to validate steam sterilization cycles in a non-dispensable specimen to ensure that sterilization has occurred.*

*The autoclave shall be loaded according to manufacturer recommendations with sufficient room for circulation of air within the chamber and around contents.*

*All cycles shall contain a temperature indicator. Per manufacturer recommendations, each autoclave shall be tested weekly with a biological indicator to verify sterilization capability. Autoclaves used less frequently than weekly shall be tested with a biological indicator on an as needed basis (i.e. with each load).*

# Version # 008.001

*The autoclave shall be set to sterilize at 121 °C and 15 PSI for 20-60 minutes. Sterilization time for terminally steam-sterilized compounded preparations shall be specified in the compounding record.*

*Steam sterilization cycles shall be documented on the autoclave batch log. Personnel responsible for loading and unloading the autoclave shall document the following information for each load:*

- *Date*
- *Load #*
- *Description of Contents or Compound Name/Lot #*
- *Start Settings*
- *Start Time*
- *Start Operator Initials*
- *Final Display Description (i.e. CYC FINISH)*
- *Steam Strip Results*
- *End Settings*
- *End Time*
- *Remove Operator Initials*

*Personnel who remove autoclave contents shall ensure that all components and materials are clearly marked with the load number and expiration date. An expiration date of 30 days shall be assigned to all components and materials which are stored prior to use.*

*Biological indicators shall be incubated per manufacturer recommendations and results recorded to verify that sterilization has occurred.*

# Version # 008.001

Revision Control Form

SOP: Autoclave Procedures

Master No.: 008

| Revision No.: | Date: | Revisions: | Author: |
|---|---|---|---|
| 001 | 5/1/18 | Begin new revision control | |
| | 5/1/18 | Review/no changes | WF |
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Version # 009.001

***Depyrogenation and Dry Heat Sterilization Procedures***

| | Name | Signature | Date |
|---|---|---|---|
| *Pharmacist-In-Charge* | *Nick Kirkpatrick, PharmD* | | |
| *Employee Signature of Acceptance:* | | | |

***POLICY:***

*Depyrogenation and dry heat sterilization procedures utilized in the pharmacy.*

***PURPOSE:***

*To ensure proper controls and monitoring are in place to sterilize equipment and preparations using dry heat sterilization.*

***RESPONSIBILITY:***

*The pharmacist-in-charge is the responsible person to assure that this procedure is followed.*

***PROCEDURE:***

***Purpose:*** *Depyrogenation of glassware and other reusable materials prior to use ensures minimal endotoxin content of final compounded preparations.*

***Responsible:*** *The PIC is responsible for ensuring that sterile compounding pharmacists and sterile compounding technicians complete this procedure.*

***Procedure:***

*Glassware and metal devices shall be cleaned prior to depyrogenation in accordance with the Material Cleaning and Washing procedure.*

*Glass and metal devices shall be covered tightly and wrapped with foil and then exposed to dry heat in an oven at a mean temperature* ***of 250°C for 45 minutes*** *to achieve depyrogenation. Exposure time shall not be started until the oven has reached the desired temperature. Vials will be rinsed with SWFI after oven depyrogenation.*

*Depyrogenation completion shall be documented on the appropriate oven batch log.*

*An expiration date of 30 days after depyrogenation shall be assigned to all glassware and metal devices which are stored prior to use. Any glassware or metal devices which have reached expiration shall be depyrogenated and assigned a new expiration date.*

# Version # 009.001

*Validation of depyrogenation shall occur every 6 months. Validation shall demonstrate a minimum 3 log reduction in endotoxin.*

*Compounded Preparation Using Dry-Heat Sterilization*

1. *When possible, compounded preparations should be filtered through a 1 um particulate filter prior to filling. Vials shall be placed onto trays and placed in oven with sufficient room for air to circulate over the entire surface of the container. Temperature Indicator strips and biological indicators are placed in the oven. Biological indicators shall be placed in non-dispensable specimens to ensure sterilization of the CSP.*
2. *Oven will be set to sterilize for three hours at 311 degrees F (160 degrees C), unless otherwise recommended. The fan must be on to ensure that air is properly circulated throughout the chamber during sterilization.*
3. *All dry-heat sterilization runs will be logged to track date, load number, contents, temperature, settings, times, test results and operator.*
4. *All sterilized preparation (s) will be stored in a separate area designated for sterile preparation only.*

# Version # 009.001

Revision Control Form

SOP: Depyrogenation and Dry Heat Sterilization Procedures

Master No.: 009

| Revision No.: | Date: | Revisions: | Author: |
|---|---|---|---|
| 001 | 5/1/18 | Begin new revision control | |
| | 5/1/18 | Review/no changes | WF |
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# Version # 018.001

## *Hand Hygiene Procedure*

| | *Name* | *Signature* | *Date* |
|---|---|---|---|
| *Pharmacist-In-Charge* | | | |
| *Employee Signature of Acceptance:* | | | |

*Proper hand hygiene is critical to contamination control. Personnel are a major source of contomination and appropriate hand hygiene can help reduce bioburden and the possibility of contamination. Hand hygiene should be performed in the following manner in the dedicated area at the appropriate time during the garbing process:*

1. *Fingernails should be kept short, clean, and natural.*
2. *Remove debris from underneath fingernails with a disposable nail cleoner ond warm water.*
3. *Wash hands and forearms to the elbow for at least 30 seconds with antimicrobial soap and water. Hond washing should be vigorous and thorough, paying careful ottention to frequently missed areas (i.e. tips of fingers, thumb, in between fingers)*
4. *Rinse well in warm water at an adequate flow rate. Water should flow from fingertips to elbows and droin into the sink. Be sure to remove all soap from skin.*
5. *Carefully dry hands and arms with a lint-free towel.*
6. *Continue with garbing per protocol.*

# Version # 018.001

Revision Control Form

SOP: Hand Hygiene

Master No.: 018

| Revision No.: | Date: | Revisions: | Author: |
|---|---|---|---|
| 001 | 5/1/18 | Begin new revision control | |
| | 5/1/18 | Review/no changes | WF |
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*Wickliffe Pharmaceuticals, Inc.*
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# *Media Fill*

| | *Name* | *Signature* | *Date* |
|---|---|---|---|
| *Pharmacist-In-Charge* | | | |
| *Employee Signature of Acceptance:* | | | |

***Purpose:***
*To evaluate clean room personnel's aseptic manipulation skills.*

***Responsible:*** *The PIC is responsible for overseeing and reviewing this procedure.*

***Procedure:***
*Startup Protocol - Use to: (1) validate current pharmacists and technicians who manipulate sterile preparations and (2) validate each newly hired staff member before they begin performing any manipulation requiring impeccable aseptic technique.*

1. *In a powder safe hood, weigh 3 grams of Soybean-Casein Digest Media (Tryptic Soy Broth).*
2. *Dissolve 3 grams of Soybean-Casein Digest Media (Tryptic Soy Broth) in 100 mL of sterile water in a depyrogenated beaker to make a 3% solution.*
3. *Place the beaker on the magnetic stir plate with a cleaned stir bar in the beaker and turn the magnetic stir bar to medium speed to allow for complete dissolution.*
4. *While the SCDM is dissolving, assemble the repeater pump and materials for sterilization filtration and filling.*
5. *Once the SCDM is dissolved and a homogenous solution has been obtained, place the spike of the repeater pump tubing in the beaker. In the ISO 5 isolator and before attaching the sterilizing filter, fill and seal three separate clear 10 mL vials with 5 mL of non-sterile SCDM. These will serve as positive controls as indicated by turbidity upon incubation.*
6. *Using aseptic technique, attach a 0.2 or 0.22 um sterilizing filter. Filter and fill 5 mL of the SCDM into six separate clear 10 mL vials. Seal the vials using appropriate aseptic technique. These will serve as the medial fill validation vials.*
7. ***DO NOT STERILIZE GLOVES WITH 70% sIPA POST MEDIA-FILL.*** *Gloved fingertip sampling will immediately follow media fill and must be done without sterilizing gloves to prevent false negative results. Refer to the GFS SOP for proper procedure.*
8. *Transfer materials out of the isolator and label appropriately.*
9. ***Auditing pharmacist: Observe cleaning technique per USP <797> requirements and record results on the appropriate competency form.***
10. *Incubate vials at 30°C - 35°C for 14 days.*

11. *Maintenance Protocol - Perform at least annually for low-risk level, annually or more frequently for medium-risk level and semiannually for high-risk level, or whenever unacceptable technique is observed.*
12. *Duplicate the procedure(s) used to initially validate personnel. The procedure must be successfully completed without contamination. Any validation procedure that yields a positive result must be repeated until no positives are observed.*
13. *Positives should be analyzed to determine the probable break in aseptic technique that lead to the contamination. Conduct additional training and supervise as necessary to improve the individual's aseptic technique.*
14. *Record results in the log provided in each.*
15. *Enter results in the individual's personnel record.*

*A pharmacist shall review and sign off on all Media-Fill logs.*

*Wickliffe Pharmaceuticals, Inc.*
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## *Gloved Fingertip Testing*

| | *Name* | *Signature* | *Date* |
|---|---|---|---|
| *Pharmacist-In-Charge* | | | |
| *Emplayee Signature of Acceptance:* | | | |

***Procedure:*** *Glaved Fingertip Testing Pracedure*

***Responsible:*** *The PIC and aseptic compounding supervisor are responsible for overseeing and reviewing this procedure*

***Procedure:***
*All aseptic employees shall successfully complete an initial competency evaluation and gloved fingertip/thumb sampling procedure (0 cfu) no less than three times before initially being allowed to compound CSPs. On-going gloved fingertip testing shall be completed every six months immediately following the employees media fill challenge.*

*Visually inspect the contact plate for signs of contamination or dryness. Label each plate in correspondence to the areas to be tested on the surface sampling chart. Do not disinfect gloves priar to sampling. Operator should perform this test inside the ISO Class 5 Isolator. Aseptic technique shauld be used to remove the lids from each plate. It is impartant to remember not ta disinfect gloves prior to sampling as this may interfere with the accurocy of results.*

*Using aseptic technique, remove the lid and gently roll each of the five fingers (as if ink fingerprinting) acrass the sample area, transferring any microorganisms present on the surface onto the agar. The four fingers and thumb for each hand should be pressed into their respective contact plates. When done correctly, a visual impression of each finger will be present. Lids should be carefully replaced when finished, again using aseptic technique, so as not to contaminate the samples.*

*After obtaining the sample, replace the lid and label with technician name and hand tested (R or L). Da not touch or in any way contaminate the agar to be tested.*

*A phormacist shall review and sign off on all Gloved Fingertip Testing.*

*It is best to select media with ingredients to neutralize any residual surface disinfectants that may be on the fingertips, in order to reduce the likelihood of a false result.*

*Record the manufacturer, lat number, expirotion date on the environmental log. Label the bottom of each plate with the operator's initials, date and locatian (right hand/left hand).*

*Incubate at 30 – 35 degrees C for 48 to 72 hours. Record results on the environmental log.*

*Logs are submitted to the PIC or the aseptic compounding director upon completion for review.*

*Maintenance Protocol – Perform to validate a new employee (Zero CFU's required). Repeat every six months immediately following the employees media fill challenge.*

***Gloved Fingertip Sampling: Month, Day & Year_____***

*Random*

| | |
|---|---|
| | |
| *Employee* | |
| | |
| *Isolator (A or B)* | |
| | |
| *Media Lot Number & Exp Date* | |
| | |
| *Incubation Temperature (30°-35°C)* | |
| | |
| *Check at Day 1 - Date* | |
| *Colony Forming Units (CFU's)* | *# CFU's* |
| *Right Hand (all 5 fingers)* | |
| *Left Hand (all 5 fingers)* | |
| *Both Hands* | |
| | |
| *Check at Day 2 - Date* | |
| *Colony Forming Units (CFU's)* | *# CFU's* |
| *Right Hand (all 5 fingers)* | |
| *Left Hand (all 5 fingers)* | |
| *Both Hands* | |
| | |
| *Check at Day 3- Date* | |
| *Colony Forming Units (CFU's)* | *# CFU's* |
| *Right Hand (all 5 fingers)* | |
| *Left Hand (all 5 fingers)* | |
| *Both Hands* | |
| | |
| *Comments:* | |
| *random post sterile manipulations* | |
| | |

*Pharmacists Signature:*_____ *Date:*_____

***Evaluation of Demonstration of Standard***

*EVALUATION CHECKLIST*

*Name:* _____ *Date:* _____

| *STANDARD* | | *STANDARD MET* | |
|---|---|---|---|
| ***Hand Hygiene*** | | ***YES*** | ***NO*** |
| *1.* | *Fingernails should be kept short, clean, and natural.* | ***YES*** | ***NO*** |
| *2.* | *Remove debris from underneath fingernails with a disposable nail cleaner and warm water.* | ***YES*** | ***NO*** |
| *3.* | *Wash honds and forearms to the elbow for at least 30 seconds with antimicrobial soap and woter. Hand washing should be vigorous and thorough, paying careful attention to frequently missed areas (i.e. tips of fingers, thumb, in between fingers)* | ***YES*** | ***NO*** |
| *4.* | *Rinse well in warm water at an adequate flow rate. Water should flow from fingertips to elbows and drain into the sink. Be sure to remove oll soap from skin.* | ***YES*** | ***NO*** |
| *5.* | *Carefully dry honds and arms with lint-free towel.* | ***YES*** | ***NO*** |
| *6.* | *Continue with garbing per protocol.* | ***YES*** | ***NO*** |
| *7.* | *Employee thoroughly understonds that proper hand hygiene is critical to contaminotion control and thot personnel are a major source of contaminotion.* | ***YES*** | ***NO*** |
| ***Additional Training Needed?*** | | ***YES*** | ***NO*** |

*Comments:*

_____

_____

_____

_____

*Evaluator:* _____

*Employee signature indicotes knowledge of the standards listed and a commitment to continue to uphold standords ot all times*

*Employee Signature:* _____ *Dote:* _____

*If necessary, attach training plan for areas in which re-training was completed.*

## High-Risk Media Fill Challenge

Employee Name: _____ Date: _____ Media Fill Log Lot #: _____

Challenge Vials

| Incubator Used: | Incubation Temperature: | Incubation Length: |
|---|---|---|
| | | |

Day 0 Day 7 Day 14

| Vial #: | Date/Time: | Description: | Evaluator: | Date/Time: | Description: | Evaluator: | Date/Time: | Description: | Evaluator: |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

## Control Vials

| Incubator Used: | Incubation Temperature: | Incubation Length: |
|---|---|---|
| | | |

Day 0 Day 7 Day 14

| Vial #: | Date/Time: | Description: | Evaluator: | Date/Time: | Description: | Evaluator: | Date/Time: | Description: | Evaluator: |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
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| | | | | | | | | | |

Results (circle one): PASS FAIL

Evaluating Pharmacist Signature: _____ Date: _____

Incubated Sample Temperature Log

Start Date:_____ End Date:_____

Allowable Temperature Range:_____

Sample Description (media, lot, etc.):_____

| Date: | Temperature: | Initials: |
|---|---|---|
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## Gloved Fingertip Sampling: Month, Day & Year_____

| Initial | | Initial | | Initial | |
|---|---|---|---|---|---|
| | | | | | |
| Employee | | Employee | | Employee | |
| | | | | | |
| Isolator (A or B) | | Isolator (A or B) | | Isolator (A or B) | |
| | | | | | |
| Media Lot Number & Exp Date | | Media Lot Number & Exp Date | | Media Lot Number & Exp Date | |
| | | | | | |
| Incubation Temperature (30°-35°C) | | Incubation Temperature (30°-35°C) | | Incubation Temperature (30°-35°C) | |
| | | | | | |
| Check at Day 1 - Date | | Check at Day 1 - Date | | Check at Day 1 - Date | |
| Colony Forming Units (CFU's) | # CFU's | Colony Forming Units (CFU's) | # CFU's | Colony Forming Units (CFU's) | # CFU's |
| Right Hand (all 5 fingers) | | Right Hand (all 5 fingers) | | Right Hand (all 5 fingers) | |
| Left Hand (all 5 fingers) | | Left Hand (all 5 fingers) | | Left Hand (all 5 fingers) | |
| Both Hands | | Both Hands | | Both Hands | |
| | | | | | |
| Check at Day 2 - Date | | Check at Day 2 - Date | | Check at Day 2 - Date | |
| Colony Forming Units (CFU's) | # CFU's | Colony Forming Units(CFU's) | # CFU's | Colony Forming Units (CFU's) | # CFU's |
| Right Hand (all 5 fingers) | | Right Hand (all 5 fingers) | | Right Hand (all 5 fingers) | |
| Left Hand (all 5 fingers) | | Left Hand (all 5 fingers) | | Left Hand (all 5 fingers) | |
| Both Hands | | Both Hands | | Both Hands | |
| | | | | | |
| Check at Day 3- Date | | Check at Day 3 - Date | | Check at Day 3 - Date | |
| Colony Forming Units (CFU's) | # CFU's | Colony Forming Units (CFU's) | # CFU's | Colony Forming Units (CFU's) | # CFU's |
| Right Hand (all 5 fingers) | | Right Hand (all 5 fingers) | | Right Hand (all 5 fingers) | |
| Left Hand (all 5 fingers) | | Left Hand (all 5 fingers) | | Left Hand (all 5 fingers) | |
| Both Hands | | Both Hands | | Both Hands | |
| | | | | | |
| Comments: | | Comments: | | Comments: | |
| | | | | | |
| | | | | | |

Pharmacists Signature:_____ Date:_____

*Wickliffe Pharmaceuticals, Inc.*
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## *Aseptic Technique Process and End-Preparation Evaluation*

| | *Name* | *Signature* | *Date* |
|---|---|---|---|
| *Pharmacist-In-Charge* | | | |
| *Employee Signature of Acceptance:* | | | |

***PURPOSE:*** *To provide and maintain the sterility of prepared preparations and to ensure final preparations are correct prior to dispensing.*

***INFORMATION:***
***Aseptic Technique***
*All aseptic compounds that are prepared at Wickliffe Pharmaceuticals, Inc. must be prepared using aseptic technique. Phormacy personnel who prepare these preparations must possess a thorough base knowledge, understanding, and level of proficiency ta assure odherence to the procedures and objectives of the IV admixture service. This knowledge, understanding, and level of proficiency will be determined by the employee selection process, employee-troining program, and ongoing evaluation of aseptic techniques, respectively. The pharmacist is responsible for ensuring compliance with the following procedures:*

*1. Sterile preparations should be prepared with oseptic technique in one of the two certified sterile ISO 5 Isolators thot are maintained in the ISO 7 anteroam.*

*2. All jewelry should be removed from hands, fingers, ond wrists when preparing sterile preparations, this include jewelry under gloves.*

*3. Personnel should wash their hands ond forearms with ontimicrobial skin cleanser prior to entering the clean room.*

*4. Personnel should weor appropriate attire.*

*5. Eating, drinking, and smoking is prohibited in the IV room.*

*6. Talking should be minimized during aseptic preparation.*

*7. Isolators should be disinfected at the beginning of each shift and cleaning may be deferred if not in use. Pharmacy technicians are responsible to conduct additional cleaning as deemed necessary. Logs are completed for each cleaning activity and ore to be checked by the pharmacist ond PIC.*

> *7.1. Equipment placed in or adjacent to the criticol area should be cleaned, disinfected and placed to avoid contaminotion or disruption of the unidirectional airflow.*

*8. All ingredients and supplies should be gathered before initiating the compounding process. Articles*

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## *Aseptic Technique Process and End-Preparation Evaluation*

*may be brought into the ISO 7 ante room only after they have been removed from outer cartons and wiped down with alcohol.*

*9. Ingredients and supplies may be transferred into the ISO 7 environment only via the use of the pass-thru (demarcation) area.*

*10. Containers and supplies should be cleaned if dust or dirt is visually present.*

*11. Containers should be checked for cracks, punctures and clarity before the compounding process begins.*

*12. Ingredients used to compound sterile preparations should be determined to be stable, campatible and appropriate for the preparation to be prepared, according to established formulas, manufacturers, USP guidelines or appropriate, scientific references.*

> *12.1 Each ingredient and container should be inspected for defects, expiration date, and integrity before use. Expired, inappropriately stored ar defective items should not be used in preparing sterile preparations. Expired items should be logged and sent to the chemical destruction area located in the quarantine area in the chemical storage room. Defective items should be promptly reparted to the Purchasing Director.*

*13. Nonessential material (e.g., labels, calculators, excess syringes or needles, pens, pencils, etc.) should not be placed inside the Class 100 ISO 5 environment.*

> *13.1. The surfaces of crimpers, vials, and container closures (e.g., vial stoppers) should be disinfected by swabbing with 70% isopropyl alcohol before being used.*
> *13.2. Moterials used in aseptic preparatian should be arranged in the critical area of the isolator in a manner that prevents interruption of the unidirectianal airflow between the high efficiency particulote air (HEPA) filter and critical sites of crimpers, vials, filters and containers.*

*14. Mathematical calculations should be performed by the pharmacist before initiating the compaunding process.*

*15. HEPA filters should not be contaminated with liquid, glass ampule particles or other means during compounding procedures.*

*16. Aseptic technique should be used to avoid touch contamination of sterile needles, syringe parts (e.g., plunger, syringe tip) and other critical sites.*

*17. When preparing a sterile compound, multiple powders/containers should be processed in a consistent direction (fram left to right or right to left) to avoid confusion.*

*18. The name of the pharmacist and technician who prepared the admixtures should be place an the log.*

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## *Aseptic Technique Process and End-Preparation Evaluation*

*19. All materials used in the compounding pracess are to remain unopened and placed on the processing table to be checked by a pharmacist.*

*20. Before, during and after the preparation of sterile preparations, the pharmacists should carefully check the identity and verify the amounts of the ingredients in sterile preparations against the original prescription, prescription order, or other appropriate documentation (e.g., computerized patient profile, label generated from a pharmacist-verified order) before the preparation is released or dispensed. The pharmacist should write his initials on the compounding log and pick-ticket to indicate that he or she has checked it.*

*21. For preparation involving the automated program The Compounder, formulas entered into The Compounder should be verified by a pharmacist before compounding begins and the established end preparation checks should be performed to verify accuracy of ingredient delivery.*

*21.1. Once compounding is completed, a Quality Assurance Check should be performed by the pharmacist. This check includes visually verifying the final preparation for appropriate fill volume and the presence of any particulates. Vials found to not meet the appropriate quality standards shall be documented on the compounding log. The number of vials discarded shall be documented on the log as such, along with the batch yield.*

*21.2 Pharmacists and technicians compounding should periodically observe the device during the mixing process to ensure that the device is operating properly (e.g., check to see that all stations are operating appropriately). IF there are doubts whether a preparation or component has been properly prepared or stored, then the preparation should not be dispensed.*

*22. The responsible pharmacist should verify that the preparation was compounded accurately with respect to the use of correct ingredients, quantities, containers, and reservoirs; different methods may be used for end-preparation verification (e.g., observation, calculation checks, and documentotion records).*

*23. The preparation label should include all necessary information for appropriate administration and the name of the persons who prepared and checked the preparation. The final preparation should also include any necessary auxiliary labels, storage requirements and expiration date.*

***Evaluation of Demonstration of Standard***

*EVALUATION CHECKLIST*

*Nome:* _____ *Date:* _____

*STANDARD* *STANDARD MET*

***Steam Sterilization*** _____

***YES*** ***NO***

1. *Understonds the oppropriate temperature, pressure, and time for steam sterilizotian(121 Celsius, 15 PSI, 20-60 minutes)*
2. *Knows how to appropriately laad the autoclave*
3. *Understands responsibilities regarding laading the autoclave, checking settings, and dacumenting; understands responsibilities regarding unloading the autoclave, checking settings, dacumenting, identifying/dating materiols, and removing any indicators (if opplicable)*

***Additional Training Needed?*** ***YES*** ***NO***

*Comments:*

_____
_____
_____
_____
_____
_____
_____
_____

*Evaluator:* _____

*Employee signature indicates knowledge of the standards listed and a commitment to continue to uphold standards at all times*

*Employee Signature:* _____ *Date:* _____

*If necessary, attach training plan for areas in which re-training was completed.*

# Handling of NIOSH and Hazardous Materials-Sterile

*EVALUATION CHECKLIST*

*Name:* _____ *Date:* _____

| Standard | Met | Did Not Meet |
|---|---|---|
| Garbs with correct PPE | | |
| Handles appropriately | | |
| Performs manipulations within the negative pressure CACI | | |
| Decontaminates according to procedure with the correct agent | | |
| Stores appropriately | | |
| Disposes of waste according to procedure | | |

***Additional Training Needed?*** ***YES*** ***NO***

*Comments:*

_____

_____

_____

_____

_____

_____

*Evaluator Signature:* _____ *Date:* _____

*Employee Signature:* _____ *Date:* _____

*Wickliffe Pharmaceuticals, Inc.*

*d/b/a Wickliffe Veterinary Pharmacy*

# *Aseptic Compounding Environment*

| | *Name* | *Signature* | *Date* |
|---|---|---|---|
| *Pharmacist-In-Charge* | | | |
| *Employee Signature of Acceptance:* | | | |

*USP chapter <797> sterile preparation campounding is performed in designoted areas only.*

*The air entering a cleanroom from outside is filtered to exclude dust, and the air inside is constantly recirculoted through high efficiency particulate air (HEPA) ond/or ultra low particulate air (ULPA) filters to remove internally generoted cantaminants. These filtration systems keep the oir changes appropriate at all times.*

*Staff members enter and leave through one air locked door. All cleanroom doors are wired into on antilock system preventing more than one to be opened at any given time. Only in the event of a fire, will the cleanroom doors be allowed to be opened simultaneously. This system allows minimal contaminotion by dust and other particles. Staff wear protective clothing such os hairnets, face masks, gloves, shaw covers and lab coats. All protective clothing is classified for use in ISO 7 and ISO 5 environments, depending on the area in which the staff will be compounding. Appropriate garb is donned in the cleanroom at all times. Upan entry in the garbing orea, staff is required to put an the oppropriate cleanroom attire. The use of appropriate cleonraom ottire minimizes the contomination by personnel in the cleanroom area.*

*Only trained persannel are allowed in the cleanroom. No persans moy pass into the designated garbing area unless they are one of the cleanroom staff. This minimizes interruption and contamination.*

*Equipment inside the cleanroom is designed to generate minimal air cantomination. Cleanroom furniture is olso designed to produce a minimum of particles ond to be eosy to clean.*

*The cleanroom is kept at o positive pressure sa thot if there are any leaks, air leoks aut of the chamber insteod of unfiltered air coming in.*

*The cleanroom HVAC systems controls the temperature and the humidity.*

*Sterile compounded preporations sholl be compounded in accordance with the aseptic processes and in an area separate and distinct from the area used for the compounding of non-sterile praducts. Chemicals are opened only in designated areas. Powder containment hoods are provided for the accurate and safe weighing of chemicals. They provide protection far the compounder as well as prevent*

*cross contamination ond environmental contamination. No more than one chemicol may be opened at any given time while under the compounding hood.*

*The areas used for compounding are maintained in clean, orderly, and sanitary conditions.*

*The areas for drug compounding shall be maintained in a good state of repair. The plumbing system shall be free of defects that could contribute to contamination of any compounded product. Adequate washing facilities shall be easily accessible to the compounding areas. Such facilities shall include, but not be limited to, hot and cold woter, soap or detergent, antibacterial hand sanitizer and single-use aseptic wipes.*

*The area for compounding provides adequate lighting and ventilation.*

*The area for compounding is free of infestation by insects, rodents, and other vermin. Trash shall be held and disposed of in a sanitary and timely manner.*

*Bulk drugs and other chemicals or materials used in the compounding of drugs must be stored as directed by the manufacturer, or according to USP monograph requirements, in a clean, dry area, under appropriate temperature conditions (controlled room temperature, refrigerator, or freezer). Shelving units are provided for the storage of all chemicals. Chemicals shall be stared in a manner such that they are protected from contamination. All containers shall be properly labeled.*

***Pre-Sterilization Compounding Procedures: Log Creation, Ingredient Selection, In-Process Checks, Inspection, and Release***

| | *Name* | *Signature* | *Date* |
|---|---|---|---|
| *Pharmacist-In-Charge* | | | |
| *Employee Signature of Acceptance:* | | | |

***Purpose***

*The purpose of this procedure is to define the process of creating a log/compounding record, selecting ingredients, weighing, performing in-process checks, and inspecting CSPs prior to sterilization. This procedure does not apply to post-compounding/final inspection checks. This procedure provides the general framework for pre-sterilization procedures.*

***Responsibility***

*The PIC, Staff Pharmacists and Compounding Technicians are responsible for following this procedure.*

***Procedure***

*Pre-sterilization compounding (weighing, mixing, etc.) shall take place in no worse thon an ISO 7 classified environment.*

*Log Creation and Ingredient/Material Selection*

*A Log/campounding recard shall be created for the specific CSP to be compounded. Creation of the log shall include proper selection of oll ingredients and materials listed in the log/compounding record. All ingredients shall be stoged and updated in the log/compounding record to include the accurate lot numbers and expiration dates. The log/compounding record shall be initiolly checked for accuracy by the creoting technician. A more detoiled description of the log/compounding record and required checks is contained in the log/compaunding record procedure.*

*Ingredients selected sholl bear the following to ensure proper release for use:*

- *Name*
- *Lot Number*
- *Expiration Date*
- *Receipt Date*
- *Releasing Pharmacist Initials and Date*

*Materials selected shall bear a lot number and expirotian date, where opplicoble.*

*Pharmacist Ingredient and Log Review*

*Prior to compounding, the supervising pharmacist shall review the log and ingredients and materials pulled to ensure accuracy. The log shall be reviewed for accuracy and amounts to be weighed or measured verified as correct.*

*The supervising pharmacist shall then determine if pre-sterilization compounding may begin.*

*A more detailed description of the log/compounding record and required checks is contained in the log/compounding record procedure.*

*Pre-Sterilization Compounding*

*Pre-sterilization compounding shall proceed as described in the log and may include weighing, mixing, homogenization, etc. The log shall contain directions for that specific CSP that are copied from the master formulation record (MFR).*

*Any deviations from the procedure described in the log shall be carefully assessed for any potential impact on the final CSP and approved by the supervising pharmacist prior to proceeding. Any deviations shall be noted on the log as such.*

*ALL steps of the compounding process shall be observed and verified by the supervising pharmacist. When possible, steps of the compounding process should be verified by the technicion performing compounding and the supervising pharmacist to provide additional confirmation of accuracy.*

*Ingredient Measurement*

*All ingredient measurements shall be done in a consistent and accurate manner.*

*Active ingredients shall be weighed on a balance with a minimum weighoble quantity less than the amount to be weighed. The procedure on analytical balances contains more detailed procedures for the weighing of ingredients.*

*Active ingredients in liquid form shall be weighed using specific gravity for increased occuracy.*

*Inactive ingredients should be weighed or measured using the appropriate bolance or calibroted measuring device as determined by the supervising pharmacist.*

*When possible, ingredient measurement should be verified by the technician performing compounding and the supervising pharmocist to provide additional confirmation of accurocy.*

*Any weight tickets or additional documentation to record weights or meosurements for an ingredient should contain:*

- *Name of the ingredient*
- *Lot number of the ingredient*
- *Supervising pharmacist initials, at minimum*

*In-process checks*

*In-process checks are designed to ensure that repeatable and desired results are achieved at each step of the compounding process. These checks may include the following, as appropriate for each CSP:*

- *Minimum dissolution time*
- *Color/clarity of solution*
- *Homogeneity of mixture*
- *pH*
- *Particle size*
- *Expected appearance*
- *Density*
- *Volume*

*Results of any in-process checks shall be documented on the compounding log. Any required in-process checks should be described in the directions for the specific CSP. The supervising pharmacist may perform additional in-process checks when deemed appropriate.*

*Inspection*

*Inspection of the CSP prior to sterilization shall be performed and documented on the log. Inspection shall only be performed after the compounding process has been completed and all in-process checks performed. Inspection may include:*

- *Color/clarity of salution*
- *Homogeneity of mixture*
- *pH*
- *Particle size*
- *Appearance/Characteristics*
- *Density*
- *Final volume*

*Results of pre-sterilization inspection shall be documented on the compounding log. Any required inspection checks should be described in the directions for the specific CSP. The supervising pharmacist may perform additional inspection when deemed appropriate.*

*Release*

*The supervising pharmacist shall review all available information (log, weights, in-process checks, and inspection) and release the CSP for sterilization/further compounding. If the supervising pharmacist rejects the CSP for any reason, the reason for rejection shall be documented on the log and the CSP promptly discarded.*

# 11

# 11A

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**Non-Refundable $1,000 Fee**

Rev (08/17/2022)

| Where is the facility located? | ☐ Nevada ■ Out-of-State |
|---|---|

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ■ New Wholesaler<br>☐ Ownership Change*<br>☐ Name Change*<br>☐ Location Change* (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>■ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Section 1: General Information**

Facility Name: Eclipse Meds, LLC

Physical Address: 2800 Shamrock Ave., Suite F

City: Fort Worth State: TX Zip: 76107

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: 888-609-4431 Website: www.eclipsemeds.com

Name of Designated Representative (DR): Joe Jimenez

Licensing Company Email: info@eclipsemeds.com DR Email: compliance@eclipsemeds.com

| Entities the Wholesaler will Serve (✓ all applicable) | Products to be Handled or Wholesaled (✓ all applicable) | Type of Wholesaling (✓ all applicable) |
|---|---|---|
| ■ Pharmacies | ■ Dangerous Drugs | ☐ Manufacturer |
| ☐ Practitioners | ☐ Controlled Substances | ☐ Repacker |
| ☐ Hospitals | ☐ [a]Medical devices, equipment, supplies, gases | ☐ Reverse Distributor |
| ☐ Wholesalers | ☐ Others: | ■ Warehouse |
| ☐ Veterinarians | | ☐ Retail pharmacy wholesale distributor |
| ☐ Others: | | ☐ Others: |

| Section 2: History of Company | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✓ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✓ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✓ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✓ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-5, you have marked "YES" to in section 2 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

4/5/2023
Date

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Fagron, Inc.
Address: 201 W. 5th St. City: Austin State: TX Zip: 78701

Name: Parmed Pharmaceuticals
Address: 5960 Shelby Dr., Suite 100 City: Memphis State: TN Zip: 38141

Name: Masters Drug Co, Inc
Address: 4200 Binion Way, Suite 100 City: Mason State: OH Zip: 45036

Name: Republic Pharmaceuticals
Address: 5840 Interface Dr., Suite 200 City: Ann Arbor State: MI Zip: 48103

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization:
Parent Company (if any):
Corporation/Organization Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name: Orel Valdespino Fernandez
Business Name: Eclipse Meds, LLC
Business Address: 2800 Shamrock Ave, Suite F
City: Fort Worth State: TX Zip: 76107
Telephone: 888-609-4431 Email: orel@eclipsemeds.com

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | ✓ | |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | ✓ |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Eclipse Meds, LLC

Facility Name

Joe Jimenez

Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

4/5/2023

Date

| | |
|---|---|
| **Board Use Only** | Date Received: _____ Amount: _____ |

# NABP ACCREDITED
## DRUG DISTRIBUTOR

Eclipse Meds, LLC

located at

2800 Shamrock Avenue, Suite F, Fort Worth, TX 76107

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.

**Lemrey "Al" Carter,** PharmD, MS, RPh
*Executive Director/Secretary*

11/21/2020 -11/20/2023
Period of Accreditation

2598

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697

John B. Scott
Secretary of State

# Office of the Secretary of State

## CERTIFICATE OF FILING
## OF

Eclipse Meds, LLC
802295053

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Amendment for the above named entity has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

Dated: 05/18/2022

Effective: 05/18/2022

John B. Scott
Secretary of State

✶ Please contact this office immediately if any information on this license is incorrect. 2600

✶ This license must be displayed at the address licensed.

✶ The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a $100.00 delinquency fee for each location and must be remitted before the license will be issued.

✶ A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at **www.dshs.texas.gov**.

✶ Please submit written notice if you close or sell your business.

✶ If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: **https://www.surveymonkey.com/r/RLUsurvey**. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

ECLIPSE MEDS LLC
2800 SHAMROCK AVE STE F
FORT WORTH TX 76107

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES**
**REGULATORY LICENSING UNIT**

# ECLIPSE MEDS LLC

2800 SHAMROCK AVE STE F
FORT WORTH, TX 76107

***Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:***

**WHOLESALE DISTRIBUTOR OF PRESCRIPTION DRUGS**

License # 1001792
Expires: October 19, 2023

**NON-TRANSFERABLE**

Commissioner

514760

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 10142487

Application/License No. _____

Eclipse Meds LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 2800 Shamrock Ave Suite F Fort Worth, TX 76107 (Address of Applicant/Principal), as PRINCIPAL, and Hudson Insurance Company (Surety Company), a corporation organized under the laws of the state of Delaware (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 1035 Greenwood Blvd, Suite 265 Lake Mary, FL 32746 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS ($25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 11/13/2022 12:00:00 AM (Effective Date).

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 2nd day of December, 2022.

APPLICANT/PRINCIPAL

COMPANY
Eclipse Meds LLC

Authorized Representative

SURETY Hudson Insurance Company

Surety Company's Representative

Ryan Tash, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

State of Texas County of Tarrant
Subscribed and sworn before me on 04/05/2023 (Date)

(Notary Signature)

Countersigned by:

Nevada Resident Agent

2603
10142487

HUDSON

# POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

Ryan Tash

**of the State of** CA

its true and lawful Attorney(s)-in-Fact, at New York, New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as Surety, bonds and undertakings given for any and all purposes, also to execute and deliver on its behalf as aforesaid renewals, extensions, agreements, waivers, consents or stipulations relating to such bonds or undertakings provided, however, that no single bond or undertaking shall obligate said Company for any portion of the penal sum thereof in excess of the sum of

Twenty Five Thousand Dollars ($25,000.00)

Such bonds and undertakings when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President thereunto duly d, on this 2nd day of June, 20 22 at New York, New York.

(Corporate seal)

**HUDSON INSURANCE COMPANY**

Attest.....
**Dina Daskalakis No. 01MU6067553**
Corporate Secretary

By.....
**Michael P. Cifone**
Senior Vice President

STATE OF NEW YORK
COUNTY OF NEW YORK. SS.

On the 2nd day of June, 20 22 before me personally came Michael P. Cifone to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of **HUDSON INSURANCE COMPANY**, the corporation described herein and which executed the above instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said Corporation, and that he signed his name thereto by like order.

(Notarial Seal)

ANN M. MURPHY
NOTARY PUBLIC
STATE OF NEW YORK

.....
**ANN M. MURPHY**
Notary Public, State of New York
No. 01MU6067553
Qualified in Nassau County
Commission Expires December 10, 2025

## CERTIFICATION

STATE OF NEW YORK
COUNTY OF NEW YORK SS.

The undersigned **Dina Daskalakis** hereby certifies:

That the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27th, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOVLED, that the signature of any such Officer of the Company and the Company's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seal when so used whether heretofore or hereafter, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

Witness the hand of the undersigned and the seal of said Corporation this 2nd day of December, 2022.

(Corporate seal)

By.....
**Dina Daskalakis,** Corporate Secretary

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

Y

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Eclipse Meds, LLC

Pharmacy/Wholesaler License # (if applicable) Tx License # 1001792

Physical Address 2800 Shamrock Ave, Suite F

City Fort Worth State TX Zip 76107

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 888-609-4431 Website ~~www.edtp~~ www.eclipsemeds.com

Licensing Company Email compliance@eclipsemeds.com

### Section 2: Personal Information

First Joe, Jr. Middle — Last Jimenez

Alias(es, nicknames, name changes, etc.) Joey

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☑ M ☐ F ☐ X

Mailing Address [redacted] Montana Dr.

City Midlothian State TX Zip 76065

Telephone [redacted] Email joey@eclipsemeds.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | N/A |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Mansfield High School | | 08/96 – 05/2000 | |
| Address | City | State | Zip |
| 3001 E. Broad St | Mansfield | TX | 76063 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 11/19 - Current | [redacted] Montana Dr | Midlothian | TX | 76065 |
| 06/06 - 11/19 | [redacted] Wolf Mountain Ln. | Fort Worth | TX | 76140 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| | | | | |
|---|---|---|---|---|
| Business Name: Eclipse Meds, LLC | | | | From - To (MM/YY – MM/YY): 02/2016 - Current |
| Business Address: 2800 Shamrock Ave, Suite F | City: FORT WORTH | | State: TX | Zip: 76107 |
| Phone: 888-609-4431 | Title: Warehouse Manager, Vice President | | | Number of Employed Hours: 12,480 + |
| Description of Duties: Inventory Control, Quality Assurance, Reports, Compliance, Input Sales Orders, Receive Inventory, Package & Prep Shipping Orders | | | | |
| Business Name: Total Pharmacy Supply | | | | From - To (MM/YY – MM/YY): |
| Business Address: 3400 Avenue E, ~~Arlington~~ | City: Arlington | | State: TX | Zip: 76011 |
| Phone: 817-861-4416 | Title: PRODUCT R+D | | | Number of Employed Hours: 1440 + |
| Description of Duties: Develop Product Line, Research Manufacturers, Overview Contracts, Negotiate Pricing, Train Staff, Customer Relations | | | | |
| Business Name: Ray's Pharmacy, Inc | | | | From - To (MM/YY – MM/YY): 05/96 – 12/12 |
| Business Address: 1831 E. Broad St | City: Mansfield | | State: TX | Zip: 76063 |
| Phone: 817-473-1145 | Title: Pharmacy Technician, Manager | | | Number of Employed Hours: 37,200 + |
| Description of Duties: Intake/Input Prescriptions, Compounding Lab Manager, Inventory, Quality Control | | | | |
| Business Name | | | | From - To (MM/YY – MM/YY): |
| Business Address | City | | State | Zip |
| Phone | Title | | | Number of Employed Hours |
| Description of Duties | | | | |
| Business Name | | | | From - To (MM/YY – MM/YY): |
| Business Address | City | | State | Zip |
| Phone | Title | | | Number of Employed Hours |
| Description of Duties | | | | |

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | X | |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | X |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | X |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | X |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | X |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | X |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | X |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | X |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | X |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 1. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 12/31/2015 | | TX | ARLINGTON | TARRANT |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | Arlington Police Dept. / Tarrant County Criminal Court | | |
| **Reason/Charge** | | | | |
| Driving While Intoxicated (DWI) - Class B Misdemeanor | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

4/5/2023
Date

ECLIPSE MEDS, LLC
2800 Shamrock Ave, Suite F Fort Worth, TX 76107 P: 888-609-4431

April 5, 2023

To whom it may concern,

The intent of this letter is to provide information to the Nevada State Board of Pharmacy about a misdemeanor charge issued to the Compliance Officer of Eclipse Meds, LLC.

On December 31, 2015, I, Joe Jimenez, Jr., was arrested by the Arlington Police Department under the suspicion of Driving While Intoxicated (DWI).

On July 20, 2016, I entered a plea of guilty to the Tarrant County Criminal Court (TCCC), Case No. 1445743, and was charged with a class B misdemeanor. I was fined and ordered Community Supervision Probation which expired without any issues on October 19, 2017.

Immediately, this information was relayed to the Texas State Board of Pharmacy (TSBP) in which I held a pharmacy technician license. While I have not practiced as a technician since 2012, this license was active at the time of penalty. The license number is 109199. I was not issued any disciplinary action by the TSBP.

I have enclosed a copy of the Probation Order which includes all pertinent information regarding the case in point and disciplinary actions placed upon me by the TCCC. If you need any further information, I am willing to provide as much help as needed to accommodate your agency as needed.

Sincerely,

Joe Jimenez, Jr.
Compliance Officer

DPS SID: 50814515 TC CID 0878199 | **CASE NO. 1445743** | TRN:9187621460 TRS:A001

| | | |
|---|---|---|
| **THE STATE OF TEXAS** | † | **COUNTY CRIMINAL COURT** |
| **VS.** | † | **NO. ONE** |
| **JOE JIMINEZ JR** | † | **TARRANT COUNTY, TEXAS** |
| **TRUE NAME: JOE JIMINEZ JR** | | |

## *PROBATION ORDER*

### COUNT ONE

On this day, this cause being called for trial, and came the State of Texas by **COLLIN ASHWORTH,** Assistant Criminal District Attorney and came the Defendant in person and by counsel, **LANNY BEGLEY FOR MIMI COFFEY,** and both parties announced ready for trial. The Defendant, having been duly arraigned, waived trial by jury, pleaded **GUILTY** to the information herein, and submitted this cause to the Court. And the information being read, the Court received the Defendant's plea thereto, and having heard the evidence submitted thereon, adjudged the Defendant guilty as charged in the information of **DRIVING WHILE INTOXICATED** and assessed his punishment at a fine of **$750.00** and **120** days confinement in Tarrant County jail, together with all costs in this behalf incurred.

**IT IS THEREFORE CONSIDERED, ORDERED AND ADJUDGED** by the Court that the Defendant is guilty of the offense as charged in the information, a class **B** misdemeanor, and that the said Defendant committed the offense on **12/31/2015** and that he be punished by a fine of **$750.00** and **120** days jail, and that the State of Texas do have and recover of the defendant all costs of the prosecution, for which execution will issue, and that the Defendant be remanded to jail to await further order of this Court. Imposition of this sentence is suspended, and the Defendant is placed on Community Supervision for **15** months on the following terms and conditions, to-wit:

(1) commit no offense against the laws of this or any other State or the United States; (2) avoid injurious or vicious habits; (3) avoid persons of disreputable or harmful character; (4) report to the Community Supervision Officer of Tarrant County, Texas, on or before **08/20/16,** and on or before the **20th** day of each month thereafter during Community Supervision; (5) permit the Supervision Officer to visit him at his home or elsewhere; (6) work faithfully at suitable employment as far as possible; (7) remain within the limits of Tarrant County, Texas, unless given permission by the Supervision Officer to leave therefrom; **(8)** pay fine in the amount of **$750.00** and court cost of **$395.10** at the rate of **$.00** per month; the first payment to be made on and like payment on the same day of each month thereafter until full payment is made; (9) support your dependents; **(10)** notify the Supervision Officer of Tarrant County, Texas, if your address or employment is changed, within five days from the date of change; **(11)** other conditions, IF ANY, as set forth in the supplement/amendment; **(12)** do not appear at any Community Supervision office or any required program with alcohol on your breath;

The Defendant is further ordered to pay to the Community Supervision and Corrections Department the sum of **$60.00,** covering cost of supervision; payment to be made on or before the **20th** day of each month.

The Clerk of this Court will furnish the Defendant a conformed copy of this order, taking his receipt thereof, as a written statement of the period and terms of his Community Supervision.

Entered this **20th day of July, 2016.**

/s/ **RAINEY WEBB**
**JUDGE PRESIDING**

| Clerk's Memorandum | | |
|---|---|---|
| Fine & Cost Due | | |
| Probation Expires | | 10/19/17 |
| Court Cost: | $ | 395.10 |

**THUMB PRINT**



Defendant's Receipt: Receipt acknowledged on day of entry thereof, one conformed copy of above order.

X _____
Defendant's Signature

**F I L E D**
**July 20, 2016 11:37 AM**
MARY LOUISE GARCIA
COUNTY CLERK, TARRANT CO., TEXAS
By: _____ Deputy

I, Joe Jimenez Jr., **certify that as the designated representative for** Eclipse Medz, LLC,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. JJ I am at least 21 years of age;
3. JJ I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. JJ I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. JJ I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. JJ I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. JJ I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Joe Jimenez Jr.
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/5/2023
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

JOE JIMENEZ
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/5/2023
Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Texas, ss. County of Tarrant

I, JOE JIMENEZ, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

4/5/2023
**Date**

Subscribed and Sworn to before me this 5th day of April, 2023

**Notary Public Signature**

KYLE WHITTEMORE NOTARY PUBLIC STATE OF TEXAS NOTARY ID 125227-8 MY COMM. EXP. 06-28-2025 (Seal)

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Eclipse Meds, LLC

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: 2800 Shamrock Ave, Suite F

City: Fort Worth State: TX Zip: 76107

Mailing Address (if different from physical address):

City: State: Zip:

Telephone: 888-609-4431 Website: www.eclipsemeds.com

Licensing Company Email: info@eclipsemeds.com

### Section 2: Personal Information

First: Orel Middle: Last: Valdespino Fernandez

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address: [redacted] Rose Crest Blvd

City: Forest Hill State: TX Zip: 76140

Telephone: [redacted] Email: orel@eclipsemeds.com

Are you a citizen of the United States? ☐ Yes ☒ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Hermanos Saiz | | 09/94 - 06/97 | |
| **Address** | **City** | **State** | **Zip** |
| 757V+JRC, Hermanos Saiz, San Juan y Martínez, Cuba | | | |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 05/22 - Current | [redacted] Rose Crest Blvd | Forest Hill | TX | 76140 |
| 07/18 - 05/22 | [redacted] Brikell Bay Dr, Apt 4102 | Miami | FL | 33131 |
| 03/11 - 07/18 | [redacted] NW 97 St | Miami | FL | 33147 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Quality Supplements | | | |
| **Business Address** | **City** | **State** | **Zip** |
| Avenida Main 1203 Santa Rosa | Bayamon | PR | 00960 |
| **Phone** | **Title** | | |
| | Operations Manager | | |
| **Description of Duties** | | | |
| Manage the hiring and training of employees, plan and improve processes, overlook quality assurance processes | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Aerisourse | | | |
| **Business Address** | **City** | **State** | **Zip** |
| 21 Diana Street Amelia Industrial | Guaynabo | PR | 00966 |
| **Phone** | **Title** | | |
| | Manager | | |
| **Description of Duties** | | | |
| Hiring, scheduling, oversee the daily processes and assist with any issues. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

_____ _____

Original Signature (electronic, copies or stamps not accepted) Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Orel Valdespino

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-16-2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of TX, ss. County of Tarrant

I, ~~Jordan Ecklund~~ Orel Valdespino, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

8-16-2023

**Date**

Subscribed and ~~Sworn to before~~ me this 16th day of August, 2023

**Notary Public Signature**

JORDAN RYAN ECKLUND
Notary Public
STATE OF TEXAS
My Comm. Exp. 12-07-26
Notary ID # 12823642-5

**(Seal)**

Eclipse Meds, LLC
2800 Shamrock Ave, Ste F
Fort Worth, TX 76107
Texas License #1001792




Phone: 888.609.4431
Fax: 817.439.9251
www.eclipsemeds.com
info@eclipsemeds.com

August 15th, 2023

Nevada State Board of Pharmacy

RE: List of Personnel for Eclipse Meds, LLC

To whom it may concern,

Please see the following list of personnel for Eclipse Meds, LLC:

- Orel Valdespino Fernandez – Owner/President/CEO
- Joe Jimenez – Designated Representative/Warehouse Manager

Sincerely,

Orel Valdespino
Owner & President

# 12

# 12A

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Wholesaler Application

**NON-REFUNDABLE $1,000.00 FEE**

Rev (04/19/2022)

**Where is the facility located?** ☑ Nevada ☐ Out-of-State

| Type of Application (check applicable box) | | Wholesaler Business Type (check applicable box) |
|---|---|---|
| ☑ New Wholesaler<br>☐ Ownership Change<br>☐ Name Change<br>☐ Location Change (in-state only) | * If making a change, provide current license number:<br>WH _____ | ☐ Publicly Traded (complete sections 1, 2, 3, 4, 8, 9)<br>☐ Non-Publicly Traded (complete sections 1, 2, 3, 5, 8, 9)<br>☐ Partnership (complete sections 1, 2, 3, 6, 8, 9)<br>☑ Sole Owner (complete sections 1, 2, 3, 7, 8, 9) |

**Is your facility a reverse distributor?** ☐ Yes ■ No

### Section 1: General Information

Facility Name: LifePro Medical Supplies

Physical Address: 7501 Trinity Peak Ave. Suite 110

City: Las Vegas State: NV Zip: 89128

Mailing Address (if different from physical address): _____

City: _____ State: _____ Zip: _____

Telephone: (725) 777-9588 Website: _____

Name of Designated Representative (DR): Andrea G. Aguilar

Licensing Company Email: lifepromedicalsupplies@gmail.com DR Email: andrea.g.aguilar777@gmail.com

| Entities the Wholesaler will Serve | Products to be Handled or Wholesaled |
|---|---|
| ☐ Pharmacies | ☐ Legend Pharmaceuticals, Supplies or Devices |
| ☐ Practitioners | ☐ Controlled Substances |
| ☐ Hospitals | ☐ Hypodermic Devices |
| ☐ Wholesalers | ☐ Veterinary Legend Pharmaceuticals |
| ☑ Others: Hospices | ☑ Others: Durable Medical Equipment |

### Section 2: History of Company

| | Yes | No |
|---|---|---|
| 1. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? | | ✔ |
| 2. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? | | ✔ |
| 3. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been subject of an administrative action or proceeding relating to the pharmaceutical industry? | | ✔ |
| 4. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? | | ✔ |
| 5. Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? | | ✔ |

**If you marked YES to any of the number questions (1-5) above, a signed statement of explanation must be attached. Copies of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: J Med Supplies Inc.
Address: 7300 Artesia Blvd. City: Buena Park State: CA Zip: 90621

Name: Schraders' Medical Supply
Address: 5507 Brooks St. City: Montclair State: CA Zip: 91763

Name: ProRack Gas Control Products
Address: 1300 E Wakeham Ave. City: Santa Ana State: CA Zip: 92705

Name:
Address: City: State: Zip:

**Section 4: Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation**

State of Incorporation:
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 6: Partnership**

Partnership Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name: Andrea G. Aguilar
Business Name: LifePro Medical Supplies
Business Address: 7501 Trinity Peak Ave. Suite 110
City: Las Vegas State: NV Zip: 89128
Telephone: (725) 777-9588 Email: lifepromedicalsupplies@gmail.com

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✔ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | ✔ |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **6 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Form is found at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner. Form is found at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered.** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Andrea Aguilar
Print Name of Authorized Person Submitting Application

Original signature of Authorized Person (copies or stamps not accepted)

04/15/23
Date

| Board Use Only | Date Received: 5-2-23 | Amount: 1000.00 CC |
|---|---|---|

LifePro
MEDICAL SUPPLIES

7501 Trinity Peak Ave. Suite 110
Las Vegas, NV 89128
+725.777.9588
www.lifepromedicalsupplies.com
lifepromedicalsupplies@gmail.com

Employee List:

1. Andrea Aguilar – CEO
2. Rosemarie Garcia – Office manager
3. James Aguilar – Driver/logistic supervisor

# NEVADA STATE BOARD OF PHARMACY

**985 Damonte Ranch Pkwy Suite 206**
**Reno, NV 89521**
**(775) 850-1440**
**Fax: (775) 850-1444**

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 100741339

Application/License No. _____

LIFE PRO MEDICAL SUPPLIES LLC (Applicant/Principal), doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 7501 TRINITY PEAK AVE STE. 110 LAS VEGAS, NV, 89128 (Address of Applicant/Principal), as PRINCIPAL, and AMERICAN CONTRACTORS INDEMNITY COMPANY (Surety Company), a corporation organized under the laws of the state of California (State of Incorporation) and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is 801 S. Figueroa Street, Suite 700, Los Angeles, CA 90017 (Address of Surety) as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 4/12/2023 (Effective Date).

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS
639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 17th day of April, 2023.

AMERICAN CONTRACTORS INDEMNITY CO. INCORPORATED SEPT. 25, 1990 CALIFORNIA

APPLICANT/PRINCIPAL

LIFE PRO MEDICAL SUPPLIES LLC

Authorized Representative

Andrea Aguilar

SURETY

AMERICAN CONTRACTORS INDEMNITY COMPANY

Surety Company's Representative

JOSHUA R. KAYSER, Attorney-in-fact

print name

SIGNED and SEALED in the presence of:

Witness

Witness

SIGNED and SEALED in the presence of:

Witness

Witness

Countersigned by:

N/A Retaliatory

Nevada Resident Agent

TOKIO MARINE HCC

# POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:
That American Contractors Indemnity Company of the State of California, a California corporation, does hereby appoint,

## JOSHUA R. KAYSER

its true and lawful Attorney-in-Fact, with full authority to execute on its behalf bond number 100741339, issued in the course of its business and to bind the Company thereby, in an amount not to exceed One hundred thousand and 00/100 ($100,000.00).

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the Board of Directors of AMERICAN CONTRACTORS INDEMNITY COMPANY at a meeting duly called and held on the 1st day of September, 2011.

*"Be it Resolved,* that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

*Attorney-in-Fact* may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

*Be it Resolved,* that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached."

The Attorney-in-Fact named above may be an agent or a broker of the Company. The granting of this Power of Attorney is specific to this bond and does not indicate whether the Attorney-in-Fact is or is not an appointed agent of the Company.

IN WITNESS WHEREOF, American Contractors Indemnity Company has caused its seal to be affixed hereto and executed by its President on this 18th day of April, 2022.

AMERICAN CONTRACTORS INDEMNITY CO. INCORPORATED SEPT. 25. 1990 CALIFORNIA

State of California
County of Los Angeles

AMERICAN CONTRACTORS INDEMNITY COMPANY

By: _____
Adam S. Pessin, President

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

On this 18th day of April, 2022, before me, Sonia O. Carrejo, a notary public, personally appeared Adam S. Pessin, President of American Contractors Indemnity Company, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of CALIFORNIA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (seal)

SONIA O. CARREJO
Notary Public - California
Los Angeles County
Commission # 2398710
My Comm. Expires Apr 23, 2026

I, Kio Lo, Assistant Secretary of American Contractors Indemnity Company, do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said Company as set forth above, are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this 17th day of April, 2023.

Bond No. 100741339

Agency No. 13266

AMERICAN CONTRACTORS INDEMNITY CO. INCORPORATED SEPT. 25. 1990 CALIFORNIA

_____
Kio Lo, Assistant Secretary

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/23/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATIONIS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER<br>NUTMEG INS AGENCY INC/PHS<br>76210775<br>The Hartford Business Service Center<br>3600 Wiseman Blvd<br>San Antonio, TX 78251 | CONTACT NAME:<br>PHONE (A/C, No, Ext): (888) 925-3137<br>FAX (A/C, No):<br>E-MAIL ADDRESS: |
| INSURED<br>LifePro Medical Supplies LLC<br>7501 TRINITY PEAK AVE # 110<br>LAS VEGAS NV 89128 | INSURER(S) AFFORDING COVERAGE — NAIC#<br>INSURER A : Trumbull Insurance Company — 27120<br>INSURER B :<br>INSURER C :<br>INSURER D :<br>INSURER E :<br>INSURER F : |

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED.NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/Y YYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | |
| | ☐ CLAIMS-MADE ☐ OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | |
| | | | | | | | MED EXP (Any one person) | |
| | | | | | | | PERSONAL & ADV INJURY | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | |
| | ☐ POLICY ☐ PRO-JECT ☐ LOC | | | | | | PRODUCTS - COMP/OP AGG | |
| | OTHER: | | | | | | | |
| | **AUTOMOBILE LIABILITY** | | | | | | COMBINED SINGLE LIMIT (Ea accident) | |
| | ☐ ANY AUTO | | | | | | BODILY INJURY (Per person) | |
| | ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | |
| | ☐ HIRED AUTOS ☐ NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | |
| | | | | | | | | |
| | ☐ **UMBRELLA LIAB** ☐ OCCUR | | | | | | EACH OCCURRENCE | |
| | ☐ **EXCESS LIAB** ☐ CLAIMS-MADE | | | | | | AGGREGATE | |
| | ☐ DED ☐ RETENTION $ | | | | | | | |
| A | **WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | 76 WEG AW3XTL | 02/21/2023 | 02/21/2024 | X PER STATUTE ☐ OTH-ER | |
| | Y/N ☐ | | | | | | E.L. EACH ACCIDENT | $1,000,000 |
| | | | | | | | E.L. DISEASE -EA EMPLOYEE | $1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $1,000,000 |
| | | | | | | | | |

*DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES* (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations.

**CERTIFICATE HOLDER**

For Informational Purposes
7501 TRINITY PEAK AVE # 110
LAS VEGAS NV 89128

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Susan L. Castaneda

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SECRETARY OF STATE

STATE OF NEVADA

# CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, FRANCISCO V. AGUILAR, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **life pro medical supplies LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 10/24/2022, and is in good standing in this state.

I further certify that the above DOMESTIC LIMITED-LIABILITY COMPANY (86) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/15/2023.

FRANCISCO V. AGUILAR
Secretary of State

Certificate Number: B202303153470460
You may verify this certificate online at http://www.nvsos.gov

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Initial List and State Business License Application

## Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

**life pro medical supplies LLC**

NAME OF ENTITY

**TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT**

***IMPORTANT:*** *Read instructions before completing and returning this form.*

Please indicate the entity type (check only one):

☐ Corporation

☐ This corporation is publicly traded, the Central Index Key number is:

| Filed in the Office of | Business Number |
|---|---|
| Barbara K. Cegavske | E27099752022-2 |
| Secretary of State | Filing Number |
| State Of Nevada | 20222709976 |
| | Filed On |
| | 10/24/2022 15:57:42 PM |
| | Number of Pages |
| | 2 |

☐ Nonprofit Corporation (see nonprofit sections below)

☑ Limited-Liability Company

☐ Limited Partnership

☐ Limited-Liability Partnership

☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)

☐ Business Trust

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

**CHECK ONLY IF APPLICABLE**

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

☐ 001 - Governmental Entity

☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

**For nonprofit entities formed under NRS chapter 80:** entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is $200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

**For nonprofit entities formed under NRS Chapter 81:** entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C $ 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit $200.00 for the state business license.

☐ Unit-owners' Association

☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. $501(c)

**For nonprofit entities formed under NRS Chapter 82 and 80:Charitable Solicitation Information - check applicable box**

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

# Initial List and State Business License Application - Continued

* **Officers, Managers, Members, General Partners, Managing Partners or Trustees:**

CORPORATION, INDICATE THE MANAGER:

| Name | Country |
|---|---|
| Andrea Garcia Aguilar | USA |

| Address | City | State | Zip/Postal Code |
|---|---|---|---|
| [redacted] Sun Stream Ct | Las Vegas | NV | 89103 |

**None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.**

**I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.**

| X Andrea Aguilar | Managing Member | 10/24/2022 |
|---|---|---|
| **Signature of Officer, Manager, Managing Member, General Partner, Managing Partner, Trustee, Member, Owner of Business, Partner or Authorized Signer** *FORM WILL BE RETURNED IF UNSIGNED* | Title | Date |

BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

2635

# Formation - Limited-Liability Company

Continued, Page 2

**8. Profession to be Practiced:** (NRS 89 only)

**9. Series and/or Restricted Limited-Liability Company:** (Optional)

Check box if a Series Limited-Liability Company ☐

Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☑

**10. Records Office:** (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

**11. Street Address of Principal Office:** (Foreign Limited-Liability Companies)

Address | City | State | Zip code

Country

**12. Name, Address and Signature of the Organizer:** (NRS 86. NRS 89 -Each Organizer must be a licensed professional.)

*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

**Name and Signature of Manager or Member:** (NRS 86.544 only)

See instructions

| Andrea Aguilar | United States |
|---|---|
| Name | Country |

| [redacted] Sun Stream Ct | Las Vegas | NV | 89103 |
|---|---|---|---|
| Address | City | State | Zip/Postal Code |

X **Andrea Aguilar**

(attach additional page if necessary)

## AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

**Please include any required or optional information in space below:**

(attach additional page(s) if necessary)

This form must be accompanied by appropriate fees.

Date: 2023-03-21

NOW INSURANCE

# CERTIFICATE OF INSURANCE

Your professional liability insurance is written on a claims made basis and provides coverage for those claims which are the result of medical incidents occurring subsequent to the prior acts date stated and which are first made against you while this insurance is in force. Please discuss with your program administrator.
Prior Acts Date: 2023-02-15

| **Purchasing Group** | **Certificate Number** | **Policy Period** |
|---|---|---|
| Professional Services Purchasing Group<br>11807 Westheimer Road, Suite 550 PMB 990, Houston, TX 77077 | AH-181624-021523 | from: 12:01 AM Standard Time on: 2023-02-15<br>to: 12:01 AM Standard Time on: 2024-02-15 |
| **Named Insured and Address** | **Business Address** | **Program Administrator** |
| Lifepro Medical Supplies Llc<br>7501 Trinity Peak Ave suite 110<br>Las Vegas, NV 89128, USA | 7501 Trinity Peak Ave suite 110<br>Las Vegas, NV 89128, USA | Greenhill Insurance Services<br>1707 Post Oak Blvd, #279,<br>Houston, TX 77056 |
| Medical Specialty:<br>Durable Medical Equipment - Sales & Rental | | **Insurance Provided by:**<br>Certain Underwriters at Lloyd's, London |

| | **COVERAGE PARTS** | **LIMITS OF LIABILITY** | |
|---|---|---|---|
| **A.** | **PROFESSIONAL LIABILITY** | *Deductible - $1,000* | |
| | Professional Liability (PL) | $1,000,000 each claim | $3,000,000 aggregate |
| | Good Samaritan Liability | included above | |
| | Personal Injury Liability | included above | |
| | Malplacement Liability | included above | |
| **B.** | **Coverage Extensions:** | Coverage part C. Workplace Liability does not apply if Coverage part D. General Liability is made part of this policy. | |
| | License Protection | $10,000 per proceeding | $10,000 aggregate |
| | Deposition Representation | | $10,000 aggregate |
| | First Aid | | $2,500 aggregate |
| | Medical Payments | | $2,500 aggregate |
| | Damage to Property of Others | $500 per incident | $10,000 aggregate |
| **C.** | **WORKPLACE LIABILITY** | Coverage part C. Workplace Liability does not apply if Coverage part D. General Liability is made part of this policy. | |
| | Workplace Liability | included in A. PL Limit shown above | |
| | Fire & Water Legal Liability | included in A. PL Limit above subject to | $150,000 sub-limit |
| | Personal Liability | | $150,000 aggregate |
| **D.** | **GENERAL LIABILITY** | Coverage part D. General Liability does not apply if Coverage part C. Workplace Liability is made part of this policy | |
| | General Liability (GL) | $1,000,000 each occurrence | $3,000,000 aggregate |
| | Fire & Water Legal Liability | included in the GL limit above subject to | $250,000 sub-limit |
| | Personal Liability | included in the GL limit | included in the GL limit |

Policy forms and endorsements attached at inception:

GENERAL LIABILITY COVERAGE

Keep this document in a safe place. It is evidence of your insurance coverage.

Master Policy #001-02242020-20

Authorized Representative

Philip G. Cabaud

Please Note: All inquiries regarding this Certificate of Insurance should be addressed to the following Correspondent:

**NOW Insurance**

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Andrea Aguilar

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address 7501 Trinity Peak Ave. Suite 110

City Las Vegas State NV Zip 89103

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (725) 777-9588 Website _____

Licensing Company Email lifepromedicalsupplies@gmail.com

### Section 2: Personal Information

First Andrea Middle Garcia Last Aguilar

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Sun Stream Ct.

City Las Vegas State NV Zip 89103

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| California State University Northridge | | 08/2008-05/2011 | |
| **Address** | **City** | **State** | **Zip** |
| 18111 Nordhoff St. | Northridge | CA | 91330 |
| Diploma/Degree obtained, if any | | | |
| Masters in Social Work | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| California State University Northridge | | 08/2000-05/2004 | |
| **Address** | **City** | **State** | **Zip** |
| 18111 Nordhoff St. | Northridge | CA | 91330 |
| Diploma/Degree obtained, if any | | | |
| Bachelor's Degree in Psychology and Child Development | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Los Angeles High School | | 08/1997-06/2000 | |
| **Address** | **City** | **State** | **Zip** |
| 4650 West Olympic Blvd. | Los Angeles | CA | 90049 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/2019-present | [redacted] Sun Stream Ct | Las Vegas | NV | 89103 |
| 04/2017-06/2019 | [redacted] Lindley Ave. Apt. 49 | Northridge | CA | 91326 |
| 03/2015-04/2017 | [redacted] Dupont St. Unit 27 | Chatsworth | CA | 91311 |
| 04/2014-03/2015 | [redacted] Cantara St. | Canoga Park | CA | 91304 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Divine Compassion Hospice | | | 08/2022-present |
| **Business Address** | **City** | **State** | **Zip** |
| 2860 E. Flamingo Rd. Suite D#108 | Las Vegas | NV | 89121 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| (702) 764-1998 | Medical Social Worker | | 500 hours |

Description of Duties
Complete initial psychosocial assessment on new incoming hospice patients. Maintain a caseload of hospice patients requiring monthly routine visits to assess on-going need of care. Assist with case management needs or resources.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Rhythm of Life Hospice | | | 06/2019-06/2021 |
| **Business Address** | **City** | **State** | **Zip** |
| 2451 S. Buffalo Dr. Suite 138 | Las Vegas | NV | 89117 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| (702) 776-8304 | Medical Social Worker | | 1000 hours |

Description of Duties
Complete initial psychosocial assessment on new incoming hospice patients. Maintain a caseload of hospice patients requiring monthly routine visits to assess on-going need of care. Assist with case management needs or resources.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Aeon Medical Equipment and Supplies | | | 03/2010-04/2013 |
| **Business Address** | **City** | **State** | **Zip** |
| 1925 McKinley Ave. Unit B | La Verne | CA | 91750 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| (909) 908-5989 | Intake Coordinator | | 6400 hours |

Description of Duties
Processed purchasing and billing of supplies with manufacturers/wholesalers/vendors. Attended to incoming referrals of physicians, home health and hospice agencies.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| JM Medical Supplies | | | 06/1999-01/2000 |
| **Business Address** | **City** | **State** | **Zip** |
| 8900 Benson Ave. Suite L | Montclair | CA | 91763 |
| **Phone** | **Title** | | **Number of Employed Hours** |
| (909) 608-1779 | Intake Coordinator | | 500 hours |

Description of Duties
Attends to incoming referrals of physicians, home health and hospice agencies. Determines insurance eligibility of the patients and schedule delivery of the equipment orders.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | **Number of Employed Hours** |
| | | | |

Description of Duties

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

04/27/23
Date

I, Andrea Aguilar, **certify that as the designated representative for**

LifePro Medical Supplies,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. AA I am at least 21 years of age;
3. AA I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. AA I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. AA I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. AA I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. AA I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Andrea Aguilar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/27/23

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Andrea G. Aguilar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/27/23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of NEVADA, ss. County of CLARK

I, Andrea G. Aguilar, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

04/27/23

**Date**

Subscribed and Sworn to before me this 27 day of April 2023

**Notary Public Signature**

Notary Public - State of Nevada
COUNTY OF CLARK
JOHN ACEVES
My Appointment Expires (Seal)
September 1, 2024
No. 08-7219-1

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Medical Products Provider and Wholesaler – Medical Devices, Equipment and Gases (MDEG) Administrator Application

Rev (06/21/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of MDEG LIFE PRO MEDICAL SUPPLIES LLC MDEG License # (if applicable) _____

Physical Address 7501 Trinity Peak Avenue Suite 154 110

City Las Vegas State Nevada Zip 89128

Mailing Address (if different from physical address) _____

City 725-777-9588 State _____ Zip _____

Telephone _____ Website www.lifepromedicalsupplies.com

Licensing Company Email lifepromedicalsupplies@gmail.com

**Section 2: Personal Information**

First ANDREA Middle GARCIA Last AGUILAR

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] SUN STREAM COURT

City LAS VEGAS State NV Zip 89103

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✓ |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| California State University Northridge | | 08/2008 to 05/2011 | |
| **Address** | **City** | **State** | **Zip** |
| 18111 Nordhoff St. | Northridge | CA | 91330 |
| **Diploma/Degree obtained, if any** | | | |
| Masters Degree in Social Work | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| California State University Northridge | | 08/2000 to 05/2004 | |
| **Address** | **City** | **State** | **Zip** |
| 18111 Nordhoff St. | Northridge | CA | 91330 |
| **Diploma/Degree obtained, if any** | | | |
| Bachelors Degree in Psychology and Child Development | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Los Angeles High School | | 08/1997 to 06/2000 | |
| **Address** | **City** | **State** | **Zip** |
| 4650 West Olympic Blvd. | Los Angeles | CA | 90049 |
| **Diploma/Degree obtained, if any** | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/2019 to present | [redacted] Sun Stream Ct. | Las Vegas | NV | 89103 |
| 04/2017 to 06/2019 | [redacted] Lindley Ave. Apt. 49 | Northridge | CA | 91326 |
| 03/2015 to 04/2017 | [redacted] Dupont St. Apt. 27 | Chatsworth | CA | 91326 |
| 04/2017 to 03/2015 | [redacted] Cantara St. | Canoga Park | CA | 91304 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: An MDEG Administrator must provide proof that he or she has least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Beginning with the most current, list your hours of employment related to the above. (NAC 639.694)**

| | | | | |
|---|---|---|---|---|
| Business Name: Divine Compassion Hospice | | | | From - To (MM/YY – MM/YY): 08/2022 to current |
| Business Address: 2860 E. Flamingo Rd. Suite D #108 | | City: Las Vegas | State: NV | Zip: 89121 |
| Phone: (702) 764-1998 | Title: Medical Social Worker | | | Number of Employed Hours: 800 hours |
| Description of Duties: Complete initial psychosocial assessment on income hospice patients. Maintain a caseload of hospice patients requiring monthly routine visits to assess on-going need for care. Assist with case management needs and obtaining resources. | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Rhythm of Life Hospice | | | | From - To (MM/YY – MM/YY): 06/2019 to 06/2021 |
| Business Address: 2451 South Buffalo Drive Suite 138 | | City: Las Vegas | State: NV | Zip: 89117 |
| Phone: (702) 776-8304 | Title: Medical Social Worker | | | Number of Employed Hours: 1000 hours |
| Description of Duties: Complete initial psychosocial assessment on income hospice patients. Maintain a caseload of hospice patients requiring monthly routine visits to assess on-going need for care. Assist with case management needs and obtaining resources. | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: Aeon Medical Equipment and Supplies | | | | From - To (MM/YY – MM/YY): 03/2010 to 04/2013 |
| Business Address: 1925 McKinley Ave. Unit B | | City: La Verne | State: CA | Zip: 91763 |
| Phone: (909) 908-5989 | Title: Intake Coordinator | | | Number of Employed Hours: 6400 hours |
| Description of Duties: Processed purchasing and billing of supplies with manufacturers/wholesalers/vendors. Attended to incoming referrals of physicians, home health and hospice agencies. | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: JM Medical Supplies | | | | From - To (MM/YY – MM/YY): 06/1999 to 01/2000 |
| Business Address: 8900 Benson Ave. Suite L | | City: Montclair | State: CA | Zip: 91763 |
| Phone: (909) 608-1779 | Title: | | | Number of Employed Hours: 500 hours |
| Description of Duties: Attends to incoming referrals of physicians, home health and hospice agencies. Determines insurance eligibility of the patients and schedule the delivery of equipment orders. | | | | |

| | | | | |
|---|---|---|---|---|
| Business Name: | | | | From - To (MM/YY – MM/YY): |
| Business Address: | | City: | State: | Zip: |
| Phone: | Title: | | | Number of Employed Hours: |
| Description of Duties: | | | | |

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | | ✓ |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Include all public or private actions against a professional license, not limited to a suspension, revocation, surrender or other discipline. | | ✓ |

**Please use and make copies of this page (if necessary) to provide information as requested below regarding any questions, 1-3, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

03/15/23
Date

I, ANDREA AGUILAR, **certify that as the MDEG Administrator for**

LIFE PRO MEDICAL SUPPLIES LLC,

**that I (initial that you have read and meet the following requirements):**

1. AA Have a high school diploma or its equivalent;
2. AA Have
   a. At least 1,500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler; or
   b. An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care;
3. AA Will be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week; and
4. AA Will ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

ANDREA AGUILAR
Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

March 15, 2023
Date

| Board Use Only | Date Received: 3-23-23 |
|---|---|

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/13/2022)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler LifePro Medical Supplies

Pharmacy/MDEG/Wholesaler License # (if applicable) _____

Physical Address 7501 Trinity Peak Ave. Suite 110

City Las Vegas State NV Zip 89103

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (725) 777-9588 Website _____

Licensing Company Email lifepromedicalsupplies@gmail.com

**Section 2: Personal Information**

First Andrea Middle Garcia Last Aguilar

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☐ M ☑ F ☐ X

Mailing Address [redacted] Sun Stream Ct.

City Las Vegas State NV Zip 89103

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| California State University Northridge | | 08/2008-05/2011 | |
| **Address** | **City** | **State** | **Zip** |
| 18111 Nordhoff St. | Northridge | CA | 91330 |
| Diploma/Degree obtained, if any | | | |
| Masters in Social Work | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| California State University Northridge | | 08/2000-05/2004 | |
| **Address** | **City** | **State** | **Zip** |
| 18111 Nordhoff St. | Northridge | CA | 91330 |
| Diploma/Degree obtained, if any | | | |
| Bachelors degree in Psychology and Child Development | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Los Angeles High School | | 08/1997-06/2000 | |
| **Address** | **City** | **State** | **Zip** |
| 4650 W. Olympic Blvd. | Los Angeles | CA | 90049 |
| Diploma/Degree obtained, if any | | | |
| High School diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/209-present | [redacted] Sun Stream Ct. | Las Vegas | NV | 89103 |
| 04/2017-06/2019 | [redacted] Lindley Ave. Apt. 49 | Northridge | CA | 91326 |
| 03/2015-04/2017 | [redacted] Dupont St. Apt. 27 | Chatsworth | CA | 91311 |
| 04/2014-03/2015 | [redacted] Cantara St. | Canoga Park | CA | 91304 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| IMS Behavioral Health | | | 06/2019 to present |
| **Business Address** | **City** | **State** | **Zip** |
| 2860 E. Flamingo Rd. Suite D | Las Vegas | NV | 89121 |
| **Phone** | **Title** | | |
| (702) 202-0291 | Clinical Supervisor | | |

Description of Duties
Oversees the behavioral health care services for participants. Conducts initial psychosocial assessments for potential patients. Provides individual, group and biofeedback therapy.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Divine Compassion Hospice | | | 08/2022 to present |
| **Business Address** | **City** | **State** | **Zip** |
| 9133 W. Russell Rd. | Las Vegas | NV | 89148 |
| **Phone** | **Title** | | |
| (702) 586-6100 | Medical Social Worker | | |

Description of Duties
Complete initial psychosocial assessment on new incoming hospice patients. Maintain a caseload of hospice patients requiring monthly routine visits to assess on-going need of care. Assist with case management needs or resources.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Anthem Blue Cross/Blue Shield | | | 06/2021 to 03/2022 |
| **Business Address** | **City** | **State** | **Zip** |
| 9133 W. Russell Rd. | Las Vegas | NV | 89148 |
| **Phone** | **Title** | | |
| (702) 586-6100 | Behavioral Health Care Manager II | | |

Description of Duties
Maintain a caseload of Anthem Blue Cross/Blue Shield members with behavioral health concerns. Conducts assessments to identify the member's needs. Makes and receives calls on a regular basis to assist with member's needed resources.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Rhythm of Life Hospice Care | | | 06/2019 to 06/2021 |
| **Business Address** | **City** | **State** | **Zip** |
| 2451 S. Buffalo Dr. Suite 138 | Las Vegas | NV | 89117 |
| **Phone** | **Title** | | |
| (702) 776-8304 | Medical Social Worker | | |

Description of Duties
Complete initial psychosocial assessment on new incoming hospice patients. Maintain a caseload of hospice patients requiring monthly routine visits to assess on-going need of care. Assist with case management needs or resources.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |

Description of Duties

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| Case # | | Governing, licensing, Arresting Presiding Body/Agency/Court | | |
| | | | | |
| Reason/Charge | | | | |
| | | | | |
| Plaintiff/Defendant/Claimant/Respondent | | | Lawsuit/Arbitration/Bankruptcy | |
| | | | | |
| Name of Business/Industry/Entity | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

04/27/23
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Andrea G. Aguilar

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/27/23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of NEVADA, ss. County of CLARK

I, Andrea G. Aguilar, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

04/27/23

**Date**

Subscribed and Sworn to before me this 27 day of April 2023

**Notary Public Signature**

Notary Public - State of Nevada
COUNTY OF CLARK
JOHN ACEVES
My Appointment Expires
September 1, 2024
No. 08-7219-1
(Seal)

# 13

# 14

# 15

# 13A

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

## APPLICATION FOR NEVADA WAREHOUSE LICENSE

$500.00 Fee made payable to: Nevada State Board of Pharmacy

**(non-refundable and non-transferable checks only)**

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☑ New Warehouse ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WA _____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6,6a
☑ Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b ☐ Sole Owner – Page 1,2,3,7,7a
Please check box for type of ownership and complete correct part of the application.

**GENERAL INFORMATION**

Facility Name: Metro Logics, Inc.

Physical Address: [redacted]

Mailing Address: [redacted]

City: Olive Branch State: MS Zip Code: 38654

Telephone: [redacted] Fax: [redacted]

Toll Free Number: N/A

E-mail: monte.massengille@metro-logics.com Website: www.metro-logics.com

Facility Manager: Kevin Yarbrough

Professional qualifications and experience of facility manager: Over 9 years as General Manager of 3PL pharmaceutical and medical device warehouse, Performed as Designated Representative past 4 years, cGMP warehouses

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Manufacturer ☐ Chain Warehouse ☐ Wholesalers
☑ Other: Federal Government

Type of Products to be handled or wholesaled be firm:

☑ Legend Pharmaceuticals, Supplies or Devices
☐ Poisons or Chemicals
☑ Controlled Substances (include copy of DEA) *
☐ Other: _____
☑ Hypodermic Devices
☐ Veterinary Legend Drugs

* Attached please find DEA Registrations for UT and MS

APPLICATION FOR NEVADA WAREHOUSE LICENSE

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☑ No ☐

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) Strategic National Stockpile (SNS) [redacted]
Name Address
(All products stored in warehouse are owned by the SNS.)
Business

2) ~~Name~~ Address
Business

3) Name Address
Business

4) Name Address
Business

1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☑

2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☑

3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑

APPLICATION FOR NEVADA WAREHOUSE LICENSE

This page must be submitted for all types of ownership.

4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☑

5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☑

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized warehouse may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Monte A. Massongill
Original Signature of Person Authorized to Submit Application, no copies or stamps

Monte A. Massongill
Print Name of Authorized Person

09/23/2023
Date

| Board Use Only | Received: 9/27/23 | Amount: |
|---|---|---|

**APPLICATION FOR NEVADA WAREHOUSE LICENSE**

## OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City:_____ State:_____ Zip: _____

Telephone:_____ Fax:_____

Contact Person: _____

Ownership Information – Complete Section 1 or 2

**Do not use N/A in this section – Section 1 or 2 must be completed.**

**Section 1:** List the corporations four largest shareholders:
(Name and percentage of ownership)

1._____ %: _____

2._____ %: _____

3._____ %: _____

4._____ %: _____

**Section 2:** If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

*Date of Incorporation: _____

*Registration number issued: _____

*Stock Exchange: _____

**Include with the application for a publicly traded corporation**

List of officers and directors.

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

APPLICATION FOR NEVADA WAREHOUSE LICENSE

**OWNERSHIP IS A NON-PUBLICY TRADED CORPORATION**

State of Incorporation: Tennessee

Parent Company if any: Esmark Corp.

Corporation Name: Metro Logics, Inc.

Mailing Address: [redacted]

City: Olive Branch State: MS Zip: 38654

Telephone: [redacted] Fax: [redacted]

Contact Person: Monte A. Massongill, VP, Metro Logics, Inc.

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) (See schedule 5.1, Addendum to page 5 (Non-Publicly Traded Corporation), Metro Logics, Inc. Warehouse Application)
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

* **NOTE: All persons who are stockholders must accurately complete a personal history record form.** Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses.*

2) Provide the number of shares issued by the corporation. 1,000

3) What was the price paid per share? (See schedule 5.1)

4) What date did the corporation actually receive the cash assets? (See schedule 5.1)

5) Provide a copy of the corporation's stock register evidencing the above information (See schedule 5.1)

* (See page 5b)

## Application for Nevada Warehouse License

**Include with the application for a non-publicly traded corporation**

List of officers and directors. (See attached list.)

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

See attached Certificate of Existence/Authorization (certificate of Good standing) for Metro Logics, Inc. issued by the Secretary of State of the state of Tennessee on August 21, 2023.

# Schedule 5.1

## Addendum to Page 5 (Non-Publicly Traded Corporation)

## Metro Logics, Inc. Warehouse Application

## Nevada State Board of Pharmacy

Metro Logics, Inc., a Tennessee corporation ("Metro Logics") was formed and qualified to do business in Tennesse on July 22, 2004, as a wholly owned subsidiary of Esmark Corp., also a Tennessee corporation ("Esmark"). When Esmark formed Metro Logics it transferred assets valued at $4,611,973 to the newly formed Metro Logics in return for 1,000 shares of Metro Logics's common stock, which represents 100% of all the issued and outstanding shares of Metro Logics's common stock. The value of the assets transferred to Metro Logics represents a price paid per share of $4,611.97. The asset transfer from Esmark to Metro Logics was completed on August 1, 2004.

Metro Logics has operated as a wholly owned subsidiary of Esmark since July 22, 2004, the date on which Metro Logics was formed and qualified to do business in Tennessee. On July 5, 2022, Mattco Partners L.P., a Mississippi limited partnership ("Mattco Partners"), which at that time owned all 200 of the issued and outstanding shares of Esmark's common stock, closed on a transaction with PB Holdco, Inc., a Tennessee corporation ("PB Holdco"), pursuant to which PB Holdco acquired all 200 shares of Esmark's common stock owned by Mattco Partners. Attached is a copy of the Stock Power authorizing the transfer to PB Holdco of all 200 Shares of Esmark's issued and outstanding Capital Stock represented by Esmark Corp. Stock Certificate No. 7 then owned by Mattco Partners.

PB Holdco (now the ultimate parent company of Esmark Corp. and its subsidiary, Metro Logics, Inc.) is 50% owned/controlled by Samuel B. Potts and 50% owned/controlled by James Isaac Byrd. See the "Business Ownership and Officer Organization Chart for PB Holdco Inc./Esmark Corp./ Metro Logics, Inc." attached hereto. Also see the completed Personal History Record Forms for Samuel B. Potts and James Isaac Byrd submitted as part of Metro Logics's Nevada State Board of Pharmacy Warehouse Application, which contain a complete personal history for Messrs. Potts and Byrd as the ultimate controlling shareholders of PB Holdco, Inc.

Certificate No. 1 For _____ Shares Issued to Esmark Corp.

Dated July 23, 2004 Receipt acknowledged _____

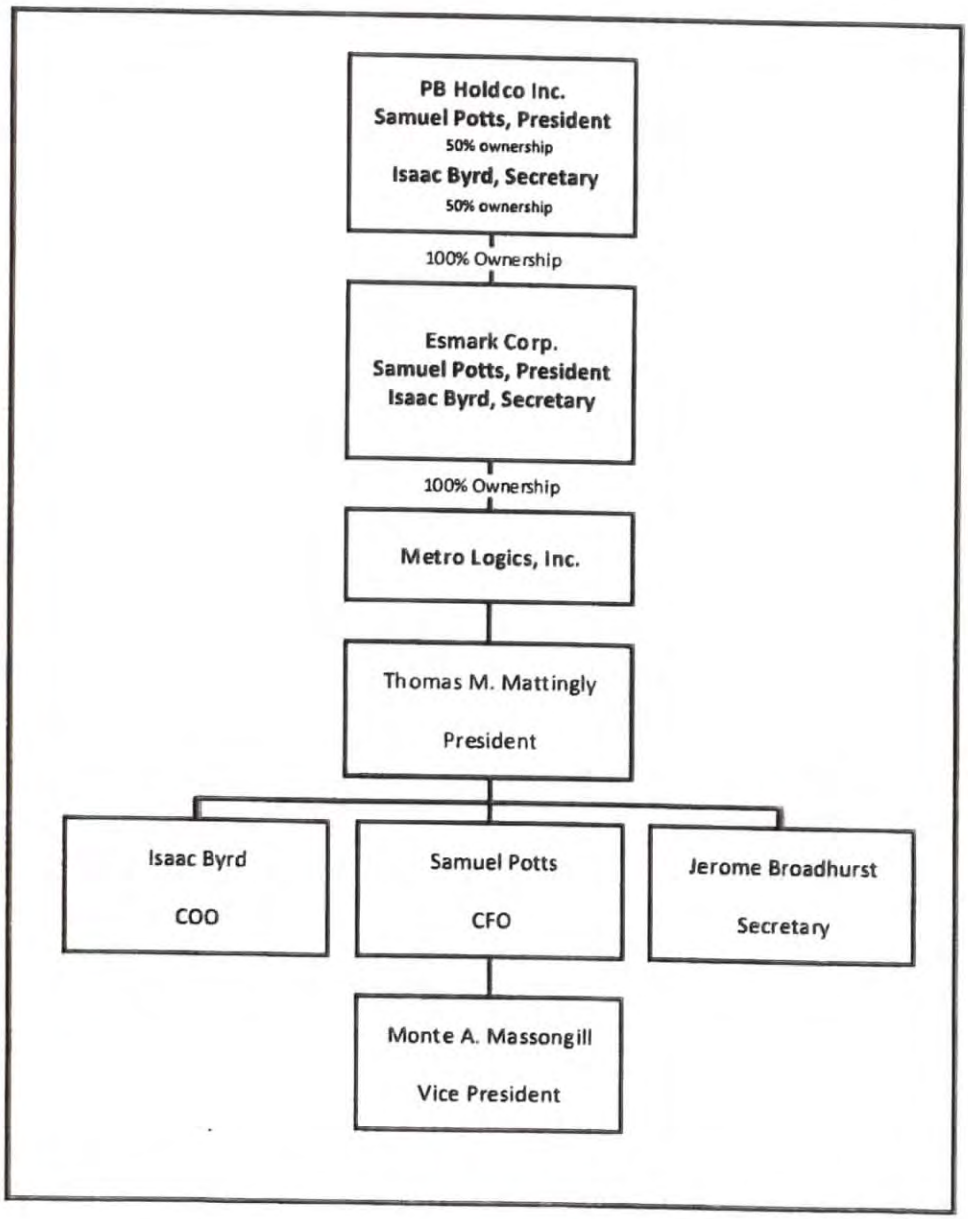
Transferred from

| No. Original Certificate | No. Original Shares | No. Of Shares Transferred |
|---|---|---|
| 1 | 1,000 | |

| Metro Logics, Inc. Cert No. | Cancel | Issued To | Issue Date | No. of Shares | Trans To Cert | Transfer Dt | Shares Trans | Notes |
|---|---|---|---|---|---|---|---|---|
| 1 | | Esmark Corp. | 7/23/2004 | 1000 | | | | |

August 23, 2023

## *Business Ownership and Officer Organization Chart*
## *PB Holdco Inc. / Esmark Corp. / Metro Logics, Inc.*



September 25, 2023

# Metro Logics, Inc. Officers

| Officer Full Name | Title |
|---|---|
| Thomas Mitchell Mattingly | President |
| Samuel Burton Potts | Chief Financial Officer |
| James Isaac Byrd | Chief Operations Officer |
| Monte Andrew Massongill | Vice President |
| Jerome Anthony Broadhurst | Secretary |

SECRETARY OF STATE

STATE OF NEVADA

# NEVADA STATE BUSINESS LICENSE

**Metro Logics, Inc.**

**Nevada Business Identification # NV20232811248**
**Expiration Date: 06/30/2024**

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.
Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.
**License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/12/2023.

Certificate Number: B202306123718635
You may verify this certificate online at http://www.nvsos.gov

FRANCISCO V. AGUILAR
Secretary of State

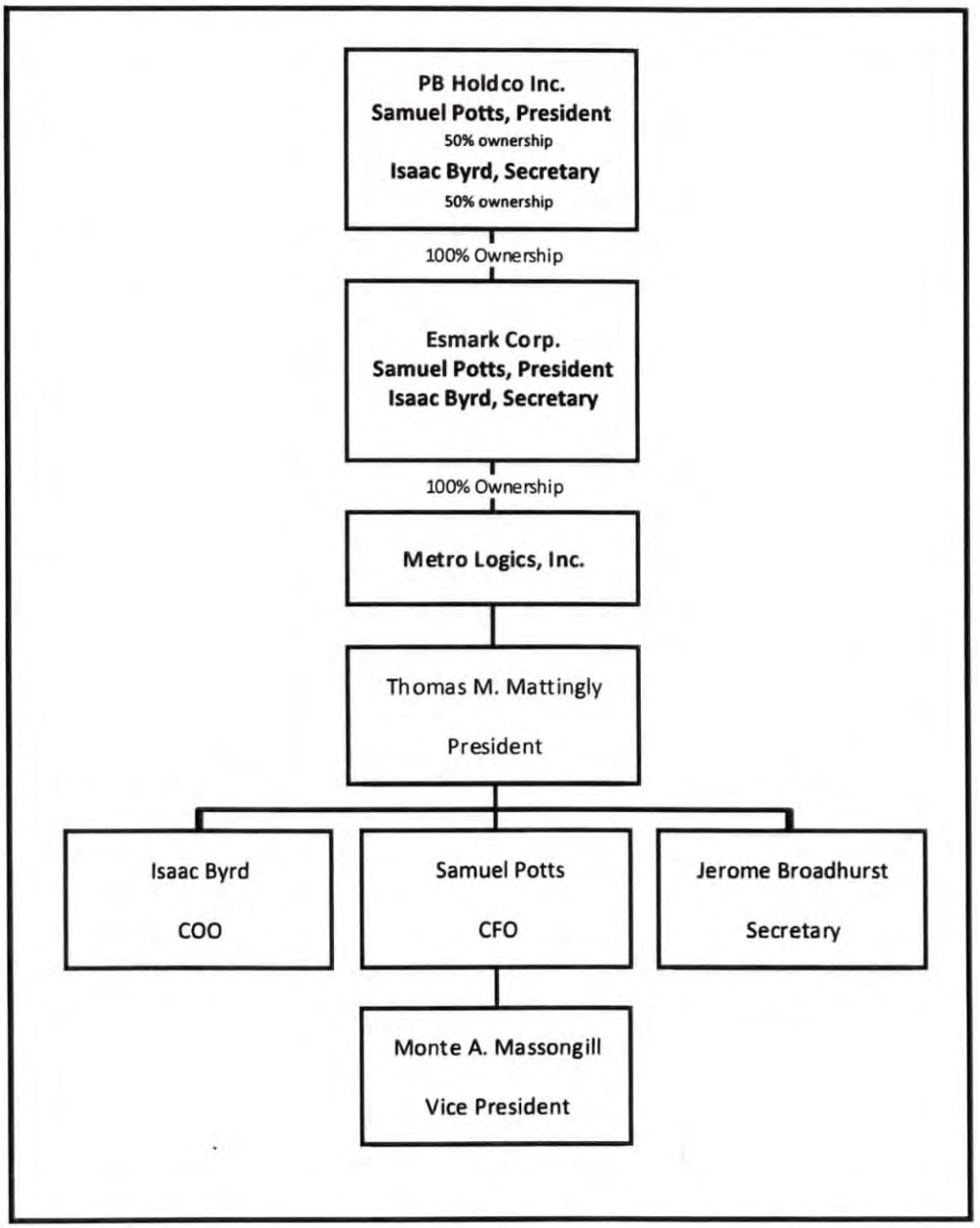
September 25, 2023

# Metro Logics, Inc. Officers

| Officer Full Name | Title |
|---|---|
| Thomas Mitchell Mattingly | President |
| Samuel Burton Potts | Chief Financial Officer |
| James Isaac Byrd | Chief Operations Officer |
| Monte Andrew Massongill | Vice President |
| Jerome Anthony Broadhurst | Secretary |

August 23, 2023

# *Business Ownership and Officer Organization Chart*
# *PB Holdco Inc. / Esmark Corp. / Metro Logics, Inc.*



Tre Hargett
Secretary of State

**Division of Business Services**
**Department of State**
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

**MONTE A. MASSONGILL**
MONTE MASSONGILL
[redacted]

August 21, 2023

**Request Type: Certificate of Existence/Authorization**
Request #: 0543537

Issuance Date: 08/21/2023
Copies Requested: 1

**Document Receipt**

Receipt # : 008318953 — Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3856821083 — $20.00

**Regarding:** **METRO LOGICS, INC.**
Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 07/22/2004
Status: Active
Duration Term: Perpetual
Business County:

Control # : 474068
Date Formed: 07/22/2004
Formation Locale: TENNESSEE
Inactive Date:

## CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**METRO LOGICS, INC.**

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

**Verification #: 062403221**

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RC0290142 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | DISTRIBUTOR | 01-06-2023 |

METRO LOGICS, INC
[redacted]

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RC0290142 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | DISTRIBUTOR | 01-06-2023 |

METRO LOGICS, INC
[redacted]

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Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RM0621587 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,4 | EXPORTER | 01-13-2023 |

METRO LOGICS, INC.
METRO LOGICS, INC.
[redacted]

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

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UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RM0621587 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,4 | EXPORTER | 01-13-2023 |

METRO LOGICS, INC.
METRO LOGICS, INC.
[redacted]

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RM0408357 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 4,5 | DISTRIBUTOR | 01-05-2023 |

METRO LOGICS, INC.
[redacted]

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RM0408357 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 4,5 | DISTRIBUTOR | 01-05-2023 |

METRO LOGICS, INC.
[redacted]

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RM0609290 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,4 | EXPORTER | 01-11-2023 |

METRO LOGICS, INC.
METRO LOGICS, INC.
[redacted]

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RM0609290 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,4 | EXPORTER | 01-11-2023 |

METRO LOGICS, INC.
METRO LOGICS, INC.
[redacted]

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Form DEA-223 (9/2016)

September 26, 2023

Nevada State Board of Pharmacy
985 Damonte Ranch Parkway,
Suite 206
Reno, Nevada 89521

Greetings Mr. Mark Sedar and Ms. Maria Herrera,

Please find attached Metro Logics, Inc.'s Warehouse Application as we prepare to open our new 3PL in North Las Vegas. If you need any additional information or clarification, please do not hesitate to contact us as we will be happy to provide all that's needed!

As noted in previous communications, Metro Logics, Inc., is a government contractor providing 3PL services to the Federal Government/Strategic National Stockpile ("SNS"). Under its contracts with the SNS, Metro Logics provides storage services for SNS-owned pharmaceuticals and medical devices. The core functions performed by Metro Logics include: Receiving, Storing, and Shipping Preparation. The SNS controls the receipt, movement, distribution, and transportation of all products that we store. We are not involved in any manufacturing, labeling, distribution, selling or servicing of pharmaceutical or medical device products. We do not operate under contract with any manufacturer of medical devices or pharmaceuticals, but our company only operates under contract with the Federal Government's SNS to provide 3PL warehousing services.

Our best regards sincerely,

Monte A. Massongill

Monte A. Massongill
Vice president
Metro Logics, Inc.
[redacted]

(See attached Addendum to Personal History Record Form for Samuel B. Potts Re: metro Logics, Inc. Warehouse Application submitted to the Nevada State Board of Pharmacy.)

# Addendum to Personal History Record Form

## For: Samuel B. Potts

## Re:

## Metro Logics, Inc. Warehouse Application

## Submitted to the Nevada State Board of Pharmacy

## Prior Litigation involving First M&F Corporation and Samuel B. Potts

In February 2013, First M&F Corporation (a publicly owned bank holding company, "FMFC") announced that its Board of Directors had entered into a merger agreement with Renasant Corporation, a publicly owned bank holding company, and Renasant Bank (collectively "Renasant"), which agreement allowed Renasant to take over FMFC. At that time, Samuel B. Potts ("S. Potts") was a member of the Board of Directors of FMFC (the, "FMFC Board").

On March 5, 2013, a class action lawsuit styled Zeng v Potts, et al., in the U.S. District Court (the "Federal Court") for the Northern District of Mississippi, Greenville Division (Case No. 4:13-CV-40MPM-JMV, the "*Zeng Action*"). Also a shareholder derivative lawsuit was filed on April 5, 2013, in a State of Mississippi Court in Attala County, styled Silverii v Potts, et al., (the "*Silverii Action*")(together these cases are the "Actions"). The Actions challenged the merger of FMFC into Renasant. S. Potts was named as a defendant in the Actions because he was then a member of the FMFC Board.

On June 5, 2013, counsel for all parties to the Actions reached an agreement to settle the Actions, and that settlement agreement was approved by the Federal Court on December 19, 2013, when it entered a Final Judgment and Order of Dismissal with Prejudice in the *Zeng Action* (the "Order of Dismissal"). The Order of Dismissal in the *Zeng Action* recognized the dismissal of the *Silverii Action* in the Mississippi State Court, which dismissal was effected when the state court entered an Agreed Order in the *Silverii Action* on June 7, 2013.

For a full description of the settlement of the Actions, see attached hereto a copy of the Final Judgment and Order of Dismissal with Prejudice in the Federal Action, which was entered by the Federal Court on December 19, 2013.

**IN THE UNITED STATES DISTRICT COURT**
**NORTHERN DISTRICT OF MISSISSIPPI**
**GREENVILLE DIVISION**

| | | |
|---|---|---|
| SHERMAN H. ZENG, Individually and on Behalf of All Others Similarly Situated, | § | |
| | § | CIVIL ACTION NO. |
| Plaintiff, | § | |
| | § | 4:13-CV-00040-MPM-JMV |
| v. | § | |
| | § | |
| HUGH S. POTTS, JR., JEFFREY B. LACEY, MICHAEL L. NELSON, SCOTT M. WIGGERS, EDDIE J. BRIGGS, HOLLIS C. CHEEK, JON A. CROCKER, JAMES D. FRERER, K. MICHAEL HEIDELBERG, JOHN CLARK LOVE, III, OTHO E. PETTIT, JR., SAMUEL B. POTTS, JULIE B. TAYLOR, LAWRENCE D. TERRELL, LAWRENCE D. "DENNY" TERRELL, JR., JAMES I. TIMS, RENASANT CORPORATION, RENASANT BANK, FIRST M&F CORPORATION, and MERCHANTS AND FARMERS BANK, | § | |
| | § | |
| Defendants | § | |

**FINAL JUDGMENT AND ORDER OF DISMISSAL WITH PREJUDICE**

This matter came before the Court for hearing pursuant to the Order of this Court, on the application of the Parties for approval of the settlement set forth in the Stipulation of Settlement, dated October 3, 2013 (the "Stipulation"), a copy of which is attached hereto as Exhibit 1. Due and adequate notice having been given to the Class (as defined below) as required in said Order and the Federal Rules of Civil Procedure, and the Court having considered all papers filed and proceedings had herein, and good cause appearing,

**IT IS HEREBY ORDERED, ADJUDGED, AND DECREED** that:

1. This Final Judgment and Order of Dismissal with Prejudice ("Final Judgment and Order") incorporates by reference the definitions in the Stipulation, and all terms used herein shall have the same meanings as set forth in the Stipulation.

2. This Court has jurisdiction over the subject matter of the putative class action styled *Zeng v. Potts, et al.*, No. 4:13-CV-MPM-JMV (the "*Zeng* Action") and over all Parties to the litigation, including all members of the Class.

3. For settlement purposes only, the Court finds that the requirements of Federal Rules of Civil Procedure 23(a), 23(b)(1), and 23(b)(2) have been satisfied and hereby certifies a mandatory non-opt out class action on behalf of a class consisting of all First M&F Corporation ("FMFC") common shareholders, including all persons or entities that were record holders or beneficial holders of FMFC common stock, from October 15, 2012 through September 1, 2013, including any and all of their respective successors in interest, predecessors, representatives, trustees, executors, administrators, heirs, assigns or transferees, immediate and remote, and any person or entity acting for or on behalf of, or claiming under, any and each of them (the "Class"). Excluded from the Class are Defendants, members of the immediate family of any Defendant, and any entity in which a Defendant has or had a controlling interest.

4. With respect to the Class, this Court finds and concludes that: (a) the Class members are so numerous that joinder of all members is impracticable; (b) there are questions of law or fact common to the Class; (c) Plaintiffs' claims are typical of the claims of the Class; (d) Plaintiffs, Lead Counsel, and Liaison Counsel will fairly and adequately protect the interests of the Class; (e) prosecuting separate actions by individual members of the Class would create a risk of inconsistent or varying adjudications with respect to individual members of the Class that would establish incompatible standards of conduct for Defendants; (f) prosecuting separate actions by individual members of the Class would create a risk of adjudications with respect to individual members of the Class that, as a practical matter, would be dispositive of the interests of the other members not parties to the individual adjudications or would substantially impair or impede their ability to protect their interests; and (g) Defendants have acted or refused to act on grounds that apply generally to the Class, so that final injunctive relief would be appropriate respecting the Class as a whole.

5. This Court hereby approves the Settlement set forth in the Stipulation and finds that said Settlement is in all respects fair, reasonable, and adequate to the Class, and the Parties are hereby directed to perform its terms.

6. This Court hereby completely discharges and dismisses with prejudice the *Zeng* Action without costs to any Party (except as otherwise provided herein).

7. The following claims are fully, finally, and forever released, discharged, and settled: all known and unknown claims, demands, rights, liabilities, damages, costs, expenses, actions, suits, and controversies of every nature and description whatsoever against the Released Parties (defined below) that have been or could have been asserted by Plaintiffs or any member of the Class in their capacity as shareholders, or by any company on whose behalf claims have

been or could be asserted derivatively, including class, individual, derivative, or other claims, in state or federal court, based upon, arising from, or related to the claims or allegations in the Actions, including but not limited to claims or allegations based upon, arising from, or related to the negotiation, consideration, approval, drafting, execution, consummation, and any other matter related to or arising out of the Merger and/or any disclosures relating to the Merger (collectively, the "Settled Claims"). The "Released Parties" refers to Hugh S. Potts, Jr., Eddie J. Briggs, K. Michael Heidelberg, Jeffrey B. Lacey, John Clark Love, III, Lawrence D. Terrell, James I. Tims, Samuel B. Potts, Scott M. Wiggers, Hollis C. Cheek, Jon A. Crocker, James D. Frerer, Otho E. Pettit, Jr., Julie B. Taylor, Lawrence D. Terrell, Jr., Michael L. Nelson, Renasant Corporation, Renasant Bank, Merchants and Farmers Bank, FMFC, and their respective predecessors, successors-in-interest, parents, subsidiaries, affiliates, consultants, representatives, agents, trustees, executors, heirs, spouses, marital communities, assigns or transferees, and any person or entity acting for or on behalf of any and each of them (including, without limitation, any present or former investment bankers or financial advisors, accountants, insurers, reinsurers or attorneys and any past, present or future officers, directors and employees of any of them). The Settled Claims, however, shall not include the right of Plaintiffs or any member of the Class to enforce in this Court the terms of the Stipulation and the MOU. The Settled Claims shall also not include claims under the federal securities laws against Renasant Corporation that are not based upon, arising from, or related to the claims or allegations in the Actions, the Merger, Merger Agreement and the transactions contemplated therein.

8. The release of the Settled Claims extends to claims that the parties granting the release (the "Releasing Parties") do not know or suspect to exist at the time of the release, which if known might have affected the Releasing Parties' decision to enter into the release. The

Releasing Parties shall be deemed to relinquish, to the extent applicable and to the full extent permitted by law, the provisions, rights, and benefits of Section 1542 of the California Civil Code, which provides that "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor." The Releasing Parties shall also be deemed to waive any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States, or principle of common law, which is similar, comparable, or equivalent to California Civil Code Section 1542.

9. Defendants and the Released Parties release Plaintiffs, Plaintiffs' Counsel, and members of the Class and their counsel, from all claims arising out of the institution, prosecution, settlement, or resolution of the Actions; provided however, that the Defendants and Released Parties shall retain the right to enforce in this Court the terms of the Stipulation or MOU.

10. The notice of the settlement given to the Class, including the individual notice to all members of the Class who could be identified through reasonable effort, was appropriate and adequate. The notice given provided the best notice practicable under the circumstances to all persons entitled to such notice of these proceedings and of the matters set forth therein, including the proposed Settlement set forth in the Stipulation. The notice given fully satisfied the requirements of Federal Rule of Civil Procedure 23(e), the Private Securities Litigation Reform Act, and due process, and constituted due and sufficient notice to all persons entitled thereto.

11. Defendants have denied, and continue to deny, that any of them have committed or aided and abetted any violations of law or breaches of duty to the Plaintiffs, the Class, FMFC, Merchants and Farmers Bank, or anyone else, and that any additional disclosures (including the

Supplemental Disclosures) were or are required under any applicable rule, regulation, statute, or law, and Defendants maintain that they diligently and scrupulously complied with their fiduciary duties.

12. Defendants entered into the Settlement solely because it will eliminate the uncertainty, distraction, burden, and expense of further litigation, and put to rest and terminate all the claims that were or could have been asserted against Defendants in the Actions, which will benefit the shareholders.

13. Plaintiffs and their counsel believe that Defendants have asserted and would continue to assert significant legal and factual defenses to Plaintiffs' claims made in the Actions, and as a result, that the terms of the Stipulation and the terms of the Merger are fair, reasonable, adequate, and in the best interest of Plaintiffs, all members of the Class, and FMFC.

14. The provisions contained in the Stipulation and all negotiations of the Settlement shall not be deemed a presumption, concession, or admission by any Defendant of any fault, liability, or wrongdoing as to any facts or claims that have been or might be alleged or asserted in the Actions or any other action or proceeding that has been, will be, or could be brought, and shall not be interpreted, construed, deemed, invoked, offered, received in evidence, or otherwise used by any person in the Actions or any other action or proceeding, whether civil, criminal or administrative, for any purpose other than as expressly provided in the Stipulation. If the Settlement does not become final for any reason, the Parties shall revert to their respective litigation positions as if the Settlement, the Stipulation, and the MOU never existed.

15. If any action is filed in state or federal court asserting claims that are related to the Settled Claims prior to final court approval of the proposed Settlement and the exhaustion of any right to appeal or seek other review or any time thereafter, Plaintiffs shall cooperate with

Defendants in obtaining the dismissal or withdrawal of such related litigation, including, where appropriate, joining in any motion to dismiss such litigation.

16. In the event the Settlement does not become final for any reason, Defendants reserve the right to oppose certification of any class in future proceedings.

17. All Defendants shall have the right to withdraw from the Settlement in the event that (a) any court enjoins or otherwise precludes the Merger or (b) any claim related to the subject matter of the Actions, the Merger, or the Settled Claims is commenced or prosecuted against any of the Released Parties in any court prior to final approval of the Settlement and the exhaustion of any right to appeal or seek review of that approval, and (following a motion by any Defendant) any such claim is not dismissed with prejudice.

18. The Settlement, Stipulation, and MOU shall be null and void and of no force and effect, unless otherwise agreed to by the Parties pursuant to the terms of the Stipulation, if the final dismissal with prejudice of the Actions, including the exhaustion of any right to appeal or seek other review, fails to occur. The Court's (or any appellate court's) failure to approve the fees and expenses for Plaintiffs' Counsel shall not be a basis to nullify or void the Settlement, Stipulation, or MOU. In the event of nullification of the Settlement, Stipulation, and MOU, the Parties shall be deemed to be in the position they were in prior to the execution of the MOU, and the statements made in the Settlement, Stipulation, and MOU, and in connection with the negotiation of the MOU, the Stipulation, or the Settlement shall not be deemed to prejudice in any way the positions of the Parties or to constitute an admission of fact or wrongdoing by any of the Parties. If the Settlement, Stipulation, and MOU are nullified, neither the existence of the Settlement, the Stipulation, or the MOU, nor any of their contents, nor any statements made in connection with the negotiation of the MOU, the Stipulation, the Settlement, nor any other

settlement communications shall be admissible in evidence or referred to for any purpose in the Actions or any other litigation or judicial proceeding, except in connection with any proceeding to enforce the terms of the MOU, the Stipulation, or the Settlement.

19. Plaintiffs and all members of the Class are forever barred and enjoined from commencing, prosecuting, instigating, or in any way participating in the commencement or prosecution of any action asserting any Settled Claims, either directly, representatively, derivatively, or in any other capacity, against any Released Party.

20. All Parties and their counsel complied with the provisions of Federal Rule of Civil Procedure 11 and Mississippi Rule of Civil Procedure 11.

21. The Settlement and payment of attorneys' fees are conditioned on the Merger having become effective under Mississippi law.

22. Without affecting the finality of this Final Judgment and Order in any way, this Court hereby retains continuing jurisdiction over: (a) implementation of this Settlement; and (b) all Parties hereto for the purpose of construing, enforcing, and administering the Stipulation.

23. Pursuant to Federal Rule of Civil Procedure 42(h), the Court hereby awards Lead Counsel and Liaison Counsel (as defined in the Stipulation) fees and expenses of $435,000.00 to be paid in accordance with Section 14 of the Stipulation. Any reversal or modification of the attorneys' fees awarded in this Final Judgment and Order shall not affect the validity of the Settlement, including the dismissal with prejudice of the *Zeng* Action and the release of the Settled Claims, and the award of attorneys' fees may be considered separately from the rest of this Final Judgment and Order. In the event that this award of attorneys' fees is reversed or modified on appeal or otherwise, or any specified condition to the Settlement is not satisfied, Plaintiffs' Counsel shall refund to Defendants the advanced amount and all interest accrued or

accumulated thereon within ten (10) business days from entry of an order providing for such reversal or modification. Except as provided in the Stipulation, the Released Parties shall bear no other expenses, costs, damages, or fees alleged or incurred by the named Plaintiffs in the Actions, by any member of the Class, or by any of their attorneys, experts, advisors, agents, or representatives.

IT IS SO ORDERED.

Signed this 19th day of December, 2013

CHIEF JUDGE MICHAEL P. MILLS
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF MISSISSIPPI

# EXHIBIT 1: STIPULATION OF SETTLEMENT

**IN THE UNITED STATES DISTRICT COURT**
**NORTHERN DISTRICT OF MISSISSIPPI**
**GREENVILLE DIVISION**

| | | |
|---|---|---|
| SHERMAN H. ZENG, Individually and on Behalf of All Others Similarly Situated, | § | |
| | § | CIVIL ACTION NO. |
| Plaintiff, | § | |
| | § | 4:13-CV-00040-MPM-JMV |
| v. | § | |
| | § | |
| HUGH S. POTTS, JR., JEFFREY B. LACEY, MICHAEL L. NELSON, SCOTT M. WIGGERS, EDDIE J. BRIGGS, HOLLIS C. CHEEK, JON A. CROCKER, JAMES D. FRERER, K. MICHAEL HEIDELBERG, JOHN CLARK LOVE, III, OTHO E. PETTIT, JR., SAMUEL B. POTTS, JULIE B. TAYLOR, LAWRENCE D. TERRELL, LAWRENCE D. "DENNY" TERRELL, JR., JAMES I. TIMS, RENASANT CORPORATION, RENASANT BANK, FIRST M&F CORPORATION, and MERCHANTS AND FARMERS BANK, | § | |
| | § | |
| Defendants | § | |

## STIPULATION OF SETTLEMENT

This Stipulation of Settlement (the "Stipulation") is made and entered into by and among the Parties (as defined below) to the above-captioned litigation. The Stipulation is intended by the Parties to fully and finally resolve, discharge, and settle the Settled Claims (as defined below), upon and subject to the terms and conditions herein, and, upon final Court approval, to fully and finally dismiss the above-captioned litigation with prejudice.

## I. BACKGROUND OF THE LITIGATION

Currently pending before the Court is a putative class action styled *Zeng v. Potts, et al.*, No. 4:13-CV-40-MPM-JMV (the "*Zeng* Action"). A putative derivative lawsuit was also filed in Attalla County styled *Silverii v. Potts, et al.*, No. 13-0049 (Miss. Cir. Ct. 5th Jud. Dist. Attala Cnty.) (the "*Silverii* action") (together, the "Actions").

The Actions challenged the merger of First M&F Corporation ("FMFC") and Merchants and Farmers Bank into Renasant Corporation and Renasant Bank through a merger agreement dated February 6, 2013, whereby FMFC shareholders received 0.6425 shares of Renasant Corporation stock for each share of FMFC stock they owned (the "Merger"). The Actions name as defendants: Hugh S. Potts, Jr., Eddie J. Briggs, K. Michael Heidelberg, Jeffrey B. Lacey, John Clark Love, III, Lawrence D. Terrell, James I. Tims, Samuel B. Potts, Scott M. Wiggers, Hollis C. Cheek, Jon A. Crocker, James D. Frerer, Otho E. Pettit, Jr., Julie B. Taylor, Lawrence D. Terrell, Jr., Michael L. Nelson, Renasant Corporation, Renasant Bank, Merchants and Farmers Bank, and FMFC (collectively, the "Defendants").

The Merger was publically announced on February 7, 2013 in a press release and Form 8-K filed with the Securities and Exchange Commission ("SEC"). On June 25, 2013, shareholders of FMFC and Renasant Corporation approved the Merger Agreement, and the Merger was consummated on September 1, 2013 at 12:01 a.m.

Sherman H. Zeng and Stanley J. Silverii (collectively, "Plaintiffs," and together with Defendants, the "Parties") were appointed as Lead Plaintiffs in the *Zeng* Action. In addition, Robbins Geller Rudman & Dowd LLP was appointed as Lead Counsel and Pigott & Johnson, P.A. was appointed as Liaison Counsel in the *Zeng* Action (collectively, along with Levi & Korsinsky, LLP and the Pratt Law Firm, PLLC, constituting "Plaintiffs' Counsel").

## II. THE SETTLEMENT OF THE ACTIONS

Counsel for Defendants and Plaintiffs engaged in extensive arm's-length negotiations concerning a settlement of the Actions. On June 5, 2013, counsel for all parties to the Actions reached an agreement regarding settlement of the Actions and entered into a Memorandum of Understanding (the "MOU"). The MOU provides for the settlement of the Actions between and among Plaintiffs—on behalf of themselves and the putative Class (defined below) and derivatively on behalf of FMFC—and Defendants, on the terms and subject to the conditions set forth in the MOU and this Stipulation, which is intended to be a full and final resolution of the Settled Claims (the "Settlement").

In accordance with the terms of the MOU, on June 7, 2013, the parties in the *Silverii* action filed an Agreed Order of Dismissal With Prejudice. Also on June 7, 2013, the court in the *Silverii* Action signed that Agreed Order and dismissed the claims in the *Silverii* Action with prejudice. On June 6, 2013, Plaintiffs in the *Zeng* Action filed an Agreed Withdrawal of Plaintiff's Pending Motion for a Preliminary Injunction and Motion to Cancel Corresponding June 14, 2013 Hearing. On June 12, 2013, the Court dismissed the motion for a preliminary injunction as moot and canceled the hearing on that motion.

Defendants have expressly denied, and continue to deny, all allegations of wrongdoing, fault, liability, or damage to Plaintiffs, the Class, FMFC, or Merchants and Farmers Bank; deny that they breached any fiduciary duties or aided and abetted any such breaches, or engaged in any wrongdoing or violation of law; deny that they acted improperly in any way; and maintain that they have committed no disclosure violations or any other breach of duty whatsoever in connection with the Merger or any public disclosures. Defendants, to avoid the costs, disruption, and distraction of further litigation, and without admitting the validity of any allegations made in

the Actions, or any liability with respect thereto, have concluded that it is desirable that the claims against them be settled and dismissed on the terms reflected in this Stipulation.

Plaintiffs' Counsel has determined that Defendants have and would continue to assert significant factual and legal defenses to the claims in the Actions and that settlement of the Actions on the terms reflected in the MOU and this Stipulation is fair, reasonable, adequate, and in the best interests of Plaintiffs, the putative Class, and FMFC.

## III. AGREEMENT OF SETTLEMENT AND STIPULATION

NOW, THEREFORE, as a result of the foregoing and the negotiations among counsel for the Parties, the Parties have agreed as follows:

1. In connection with the Settlement of the Actions and as a result of the agreements contained in the MOU, Defendants made additional disclosures regarding the Merger in a Form 8-K filed with the SEC on June 11, 2013 (the "Supplemental Disclosures"). The Form 8-K containing the Supplemental Disclosures is attached hereto as Exhibit A. Without admitting any wrongdoing, Defendants acknowledge that the filing and prosecution of the Actions and discussions with Plaintiffs' Counsel were principal causes of their decision to make the Supplemental Disclosures.

2. Prior to entering into the MOU, Plaintiffs conducted discovery that consisted of the review and analysis of approximately 2,000 pages of non-public documents and the deposition of FMFC's Chief Executive Officer. As agreed upon by the Parties in the MOU, Defendants have provided Plaintiffs and their counsel with confirmatory discovery in the form of a deposition of a representative of Keefe, Bruyette & Woods, Inc., knowledgeable about the Merger to confirm the fairness and adequacy of the Settlement, including the Supplemental Disclosures (the "Confirmatory Discovery"). After obtaining and reviewing the Confirmatory Discovery, Plaintiffs, Lead Counsel, and Liaison Counsel have concluded, and Plaintiffs hereby

stipulate on behalf of the Class, that the Settlement memorialized herein is fair, adequate, reasonable, and in the best interests of Plaintiffs, the Class, and FMFC.

3. The Parties have agreed to use their best efforts to promptly agree upon, execute, and present to the Court this Stipulation and such other documents as may be necessary and appropriate to obtain Court approval of the Settlement and the dismissal with prejudice of the claims in the *Zeng* Action in the manner contemplated in the MOU, including, without limitation, the [Proposed] Preliminary Approval Order attached hereto as Exhibit B; the Notice of Pendency of Class Action, Proposed Class Action Settlement, Settlement Hearing and Right to Appear attached hereto as Exhibit B-1; and the [Proposed] Final Judgment and Order of Dismissal with Prejudice attached hereto as Exhibit C.

4. Pending final Court approval of the Settlement, all proceedings in the *Zeng* Action, except for settlement-related proceedings, are and shall be stayed until the settlement-related proceedings are concluded.

5. The Parties hereby stipulate to, and jointly request that the Court enter, a final order and judgment providing:

(a) for the conditional certification, for settlement purposes only, of the *Zeng* Action as a mandatory non-opt out class action pursuant to Federal Rules of Civil Procedure 23(b)(1) and 23(b)(2) on behalf of a Class consisting of all FMFC common shareholders, including all persons or entities that were record holders or beneficial holders of FMFC common stock, from October 15, 2012 through September 1, 2013, including any and all of their respective successors in interest, predecessors, representatives, trustees, executors, administrators, heirs, assigns or transferees, immediate and remote, and any person or entity acting for or on behalf of, or claiming under, any and each of them (the "Class"). Excluded from

the Class are Defendants, members of the immediate family of any Defendant, and any entity in which a Defendant has or had a controlling interest;

(b) for the complete discharge, dismissal with prejudice on the merits, release, and settlement, to the fullest extent permitted by law, of all known and unknown claims, demands, rights, liabilities, damages, costs, expenses, actions, suits, and controversies of every nature and description whatsoever against the Released Parties (defined below) that have been or could have been asserted by Plaintiffs or any member of the Class in their capacity as shareholders, or by any company on whose behalf claims have been or could be asserted derivatively, including class, individual, derivative, or other claims, in state or federal court, based upon, arising from, or related to the claims or allegations in the Actions, including but not limited to claims or allegations based upon, arising from, or related to the negotiation, consideration, approval, drafting, execution, consummation, and any other matter related to or arising out of the Merger and/or any disclosures relating to the Merger (collectively, the "Settled Claims"). The "Released Parties" refers to Defendants and their respective predecessors, successors-in-interest, parents, subsidiaries, affiliates, consultants, representatives, agents, trustees, executors, heirs, spouses, marital communities, assigns or transferees, and any person or entity acting for or on behalf of any and each of them (including, without limitation, any present or former investment bankers or financial advisors, accountants, insurers, reinsurers or attorneys and any past, present or future officers, directors and employees of any of them). The Settled Claims, however, shall not include the right of Plaintiffs or any members of the Class to enforce in this Court the terms of this Stipulation and the MOU. The Settled Claims shall also not include claims under the federal securities laws against Renasant Corporation that are not based

upon, arising from, or related to the claims or allegations in the Actions, the Merger, Merger Agreement and the transactions contemplated therein;

(c) that Defendants and the Released Parties release Plaintiffs, Plaintiffs' Counsel, and members of the Class and their counsel from all claims arising out of the institution, prosecution, settlement, or resolution of the Actions; provided however, that the Defendants and Released Parties shall retain the right to enforce in this Court the terms of this Stipulation and the MOU;

(d) that: (i) the release contemplated by this Stipulation shall extend to claims that the parties granting the release (the "Releasing Parties") do not know or suspect to exist at the time of the release, which if known might have affected the Releasing Parties' decision to enter into the release; (ii) the Releasing Parties shall be deemed to relinquish, to the extent applicable and to the full extent permitted by law, the provisions, rights, and benefits of Section 1542 of the California Civil Code, which provides that "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor"; and (iii) the Releasing Parties shall be deemed to waive any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States, or principle of common law, which is similar, comparable, or equivalent to California Civil Code Section 1542;

(e) that Defendants have denied, and continue to deny, that any of them have committed or aided and abetted any violations of law or breaches of duty to the Plaintiffs, the Class, FMFC, Merchants and Farmers Bank, or anyone else, and that any additional disclosures (including the Supplemental Disclosures) were or are required under any applicable rule,

regulation, statute, or law, and that Defendants maintain that they diligently and scrupulously complied with their fiduciary duties;

(f) that Defendants entered into the Settlement solely because it will eliminate the uncertainty, distraction, burden, and expense of further litigation, and put to rest and terminate all the claims that were or could have been asserted against Defendants in the Actions, which will benefit the shareholders;

(g) that Plaintiffs and their counsel believe that Defendants have asserted and would continue to assert significant legal and factual defenses to Plaintiffs' claims made in the Actions, and as a result, that the terms of this Stipulation and the terms of the Merger are fair, reasonable, adequate, and in the best interest of Plaintiffs, all members of the Class, and FMFC;

(h) that, in the event the Settlement does not become final for any reason, Defendants reserve the right to oppose certification of any class in future proceedings;

(i) that all Defendants shall have the right to withdraw from the Settlement in the event that (a) any court enjoins or otherwise precludes the Merger or (b) any claim related to the subject matter of the Actions, the Merger, or the Settled Claims is commenced or prosecuted against any of the Released Parties in any court prior to final approval of the Settlement and the exhaustion of any right to appeal or seek review of that approval, and (following a motion by any Defendant) any such claim is not dismissed with prejudice;

(j) that, subject to the Order of the Court, upon final determination that the Settlement should be approved, Plaintiffs and all members of the Class are forever barred and enjoined from commencing, prosecuting, instigating, or in any way participating in the commencement or prosecution of any action asserting any Settled Claims, either directly, representatively, derivatively, or in any other capacity, against any Released Party;

(k) that all Parties and their counsel complied with the provisions of Federal Rule of Civil Procedure 11 and Mississippi Rule of Civil Procedure 11;

(l) for entry of a final and binding judgment dismissing the *Zeng* Action with prejudice and, except as set forth in Paragraphs 14 and 17 herein, without costs to any of the Parties; and

(m) that the Settlement and the payment of attorneys' fees awarded by the Court pursuant to the settlement are expressly conditioned on the Merger having become effective under Mississippi law.

6. This Stipulation, as well as the MOU, shall be null and void and of no force and effect, unless otherwise agreed to by the Parties pursuant to the terms hereof, if: (a) the Settlement and the terms of this Stipulation (not including any agreement as to Plaintiffs' Counsel's fees and expenses) does not obtain final Court approval for any reason; or (b) the final dismissal with prejudice of the Actions, including the exhaustion of any right to appeal or seek other review, fails to occur. The Court's (or any appellate court's) failure to approve the fees and expenses for Plaintiffs' Counsel shall not be a basis to nullify or void the agreements to settle the Actions or to release the Settled Claims described herein. Additionally, all Defendants may, but are not obligated to, declare this Stipulation null and void in the event that any Settled Claims are prosecuted against any of the Released Parties prior to final court approval of the Settlement and exhaustion of any right to seek appeal or other relief and such claims are not dismissed with prejudice or stayed in contemplation of dismissal of the Actions. In the event of nullification of this Stipulation, the Parties shall be deemed to be in the position they were in prior to the execution of the MOU, and the statements made herein, in the MOU, and in connection with the negotiation of the MOU, the Stipulation, or the Settlement shall not be

deemed to prejudice in any way the positions of the Parties or to constitute an admission of fact or wrongdoing by any of the Parties. If the Stipulation is nullified, neither the existence of this Stipulation, nor its contents, nor any statements made in connection with the negotiation of the MOU or this Stipulation, nor any other settlement communications shall be admissible in evidence or referred to for any purpose in the Actions or any other litigation or judicial proceeding, except in connection with any proceeding to enforce the terms of the MOU or this Stipulation.

7. If any action is filed in state or federal court asserting claims that are related to the Settled Claims prior to final court approval of the proposed Settlement and the exhaustion of any right to appeal or seek other review or any time thereafter, Plaintiffs shall cooperate with Defendants in obtaining the dismissal or withdrawal of such related litigation, including, where appropriate, joining in any motion to dismiss such litigation.

8. Plaintiffs and their counsel agree that within ten (10) days of receipt of a written request by any producing party following final court approval of the Settlement, they will return to the producing party all discovery material obtained from the producing party, including all documents produced by and/or deposition testimony given by, any of the Defendants (including, without limitation, their employees, affiliates, agents, representatives, attorneys, and third party advisors) and any materials containing or reflecting such discovery material (the "Discovery Material"), or certify in writing that such Discovery Material has been destroyed. Counsel for Plaintiffs, however, shall be entitled to retain all filings, court papers, and attorney work product containing or reflecting Discovery Material, subject to the requirement that they shall not disclose any Discovery Material contained or referenced in such documents to any person except

pursuant to court order or agreement with Defendants. The Parties agree to submit to this Court any dispute concerning the return or destruction of Discovery Material.

9. This Stipulation has been executed by counsel for the Parties to the Actions, each of whom represents and warrants that they have the authority from their client(s) to enter into this Stipulation and bind their client(s) thereto, that Plaintiffs are the only holders and owners of their claims asserted in the Actions or their other causes of action related to the Settled Claims, and that none of Plaintiffs' claims or causes of action referred to in any complaint in the Actions or this Stipulation have been assigned, encumbered, or in any manner transferred in whole or in part.

10. This Stipulation, the MOU, and the Settlement shall be governed by and construed in accordance with the laws of the State of Mississippi without regard to Mississippi's principles governing choice of law. As to any dispute arising out of or relating in any way to this Stipulation, the MOU, or the Settlement, the Parties agree that: (a) the dispute shall not be litigated or otherwise pursued in any forum or venue other than the United States District Court for the Northern District of Mississippi; (b) they expressly waive any right to demand a jury trial; (c) they irrevocably submit to the personal jurisdiction of this Court, as well as any court to which an appeal may be taken from this Court, and will not contest such jurisdiction; and (d) they waive and will not assert any defense that this Court is an inconvenient forum. The prevailing parties in any proceeding to enforce the terms of this Stipulation, the Settlement, or the MOU shall be entitled to the payment of their reasonable legal fees and costs.

11. This Stipulation and agreements made herein may be modified or amended only by a writing, signed by all of the signatories hereto, that refers specifically to this Stipulation.

12. The provisions contained in this Stipulation and all negotiations of the Settlement shall not be deemed a presumption, concession, or admission by any Defendant of any fault, liability, or wrongdoing as to any facts or claims that have been or might be alleged or asserted in the Actions or any other action or proceeding that has been, will be, or could be brought, and shall not be interpreted, construed, deemed, invoked, offered, received in evidence, or otherwise used by any person in the Actions or any other action or proceeding, whether civil, criminal or administrative, for any purpose other than as expressly provided herein. If the Settlement does not receive final court approval, the Parties shall revert to their respective litigation positions as if this Stipulation and the MOU never existed.

13. This Stipulation shall be binding upon and inure to the benefit of the Parties and their respective agents, executors, heirs, successors, and assigns; provided that the Parties shall not assign or delegate their rights or responsibilities under this Stipulation without prior written consent of the other Parties. The Released Parties who are not signatories hereto shall be third party beneficiaries under this Stipulation entitled to enforce this Stipulation in accordance with its terms.

14. Subject to the terms and conditions of this Stipulation and the MOU, and subject to final approval of the Settlement of both Actions, the dismissal with prejudice of both Actions, and the approval of such fees by the Court, FMFC (or its successor), on behalf of itself and for the benefit of the other Defendants in the Actions, shall pay up to $435,000 to Plaintiffs' Counsel for their fees and expenses in the Actions. This proposed fee amount of $435,000, which is unopposed by Defendants, shall constitute a cap on fees and expenses to be paid to Plaintiffs' Counsel without regard to the fees awarded by the Court. The awarding of this fee or any fee is not a precondition to the dismissal with prejudice of the Actions and release of the Settled

Claims in accordance with this Settlement. Any failure by the Court to approve the amount of any fees or expenses shall not affect the validity of the Settlement, and the award of attorneys' fees may be considered separately from the rest of the proposed Settlement. FMFC or its successor shall pay the fees and expenses award to Robbins Geller Rudman & Dowd LLP, as receiving agent for Plaintiffs' Counsel, within ten (10) business days of entry of the order of the Court in the *Zeng* Action providing final approval of the Settlement or the dismissal with prejudice of both Actions, whichever date is later. In the event that such order or dismissal is reversed or modified on appeal or otherwise, or any specified condition to the Settlement is not satisfied, Plaintiffs' Counsel shall refund to Defendants the advanced amount and all interest accrued or accumulated thereon within ten (10) business days of entry of an order providing for such reversal or modification. Except as provided herein, the Released Parties shall bear no other expenses, costs, damages, or fees alleged or incurred by the named Plaintiffs in the Actions, by any member of the Class, or by any of their attorneys, experts, advisors, agents, or representatives.

15. Plaintiffs and their counsel reserve their rights to seek an award of attorneys' fees and costs if the Merger is not consummated or if the Settlement is not approved by the Court. Defendants reserve their rights to oppose any such fee application.

16. The Parties intend the Settlement to be a final and complete resolution of all claims or disputes asserted or which could have been asserted by Plaintiffs, the Class, or shareholders derivatively on behalf of FMFC or Merchants and Farmers Bank against the Released Parties with respect to the Settled Claims. The Parties agree that the terms of this Stipulation were negotiated at arm's-length and in good faith by the Parties, and reflect a settlement that was reached voluntarily after consultation with legal counsel. Plaintiffs, on

behalf of the Class, confirm and agree that, in arriving at their decision to enter into this Stipulation releasing the Settled Claims, they have not relied upon any representations, warranties, or statements of any nature whatsoever, whether written or oral, by any Released Parties or their counsel except as expressly identified herein. The Parties agree to take such actions as are reasonably necessary to accomplish the Settlement intended by this Stipulation.

17. Defendants shall be responsible for providing notice of the Settlement to the members of the Class. Defendants shall pay all costs and expenses incurred in providing notice of the Settlement to the members of the Class, with the understanding that notice shall be effected by mail and/or public dissemination as authorized by the Court in the *Zeng* Action.

18. The "Effective Date" of the Settlement of the Actions shall be the date on which the Order of the Court approving the settlement of the *Zeng* Action and the dismissal with prejudice of the *Silverii* action have both become final and no longer subject to further appeal or review, whether by exhaustion of any possible appeal or writ of certiorari, lapse of time, or otherwise.

19. This Stipulation may be executed in any number of actual or telecopied counterparts and by each of the different Parties on several counterparts, each of which when so executed and delivered will be an original. The executed signature page(s) from each actual or telecopied counterpart may be joined together and attached and will constitute one and the same instrument.

20. Should any part of this Stipulation be rendered or declared invalid by a court of competent jurisdiction, the invalidation of such part or portion of this Stipulation should not invalidate the remaining portions thereof, and they shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties have executed this Stipulation as of the date set forth below.

Dated: October 3, 2013

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***Counsel for Renasant Corporation and Renasant Bank***

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

**Section 1: Pharmacy/ MDEG/Wholesaler Information**

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site Metro Logics, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable) _____

Physical Address [redacted]

City North Las Vegas State NV Zip 89115

Mailing Address (if different from physical address) [redacted]

City Olive Branch State MS Zip 38654

Telephone [redacted] Website www.metro-logics.com

Licensing Company Email _____

**Section 2: Personal Information**

First James Middle Isaac Last Byrd

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Memphis State TN Zip 38112

Telephone [redacted] Email [redacted]

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Mississippi | | 08/04 - 05/05 | |
| **Address** | **City** | **State** | **Zip** |
| P.O. Box 1848 | University | MS | 38677 |
| Diploma/Degree obtained, if any: Masters of Accountancy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Mississippi | | 08/00 - 05/04 | |
| **Address** | **City** | **State** | **Zip** |
| P.O. Box 1848 | University | MS | 38677 |
| Diploma/Degree obtained, if any: Bachelors of Accountancy | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Grace Christian School | | 08/96 - 05/00 | |
| **Address** | **City** | **State** | **Zip** |
| 173 McLeod Road | Louisville | MS | 39339 |
| Diploma/Degree obtained, if any: High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| Diploma/Degree obtained, if any | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 03/14 - Present | [redacted] Center Drive | Memphis | TN | 38112 |
| 05/09 - 03/14 | [redacted] Wallace Road | Memphis | TN | 38117 |
| | | | | |
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**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Metro Logics, Inc. | | | 07/22 - Present |
| [redacted] | City: Olive Branch | State: MS | Zip: 38112 |
| Phone: [redacted] | Title: Chief Operating Officer | | |
| Description of Duties: Oversee warehouse operations and construction projects. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Esmark Corporation | | | 07/22-Present |
| [redacted] | City: Olive Branch | State: MS | Zip: 38654 |
| Phone: [redacted] | Title: Director | | |
| Description of Duties: Responsible for corporate governance | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| PB Holdco, Inc. | | | 06/22-present |
| Business Address: [redacted] | City: Tupelo | State: MS | Zip: 38804 |
| Phone: [redacted] | Title: Director | | |
| Description of Duties: Responsible for corporate governance | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Linehacker LLC | | | 01/16 - Present |
| Business Address: [redacted] | City: Memphis | State: TN | Zip: 38112 |
| Phone: [redacted] | Title: Member | | |
| Description of Duties: Member in LLC formed to hold investment farm and timber land | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| 540BP LLC | | | 10/17 - Present |
| Business Address: 540 Buchanan Peninsula Road | City: Cherokee | State: AL | Zip: 35616 |
| [redacted] | Title: Member | | |
| Description of Duties: Member in LLC formed to hold investment/ recreational lakehouse property | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Dominion Holdings, Inc. | | | 03/13 - Present |
| **Business Address** | **City** | **State** | **Zip** |
| 109 St. Charles Avenue | Louisville | MS | 39339 |
| **Phone** | **Title** | | |
| 601-720-3637 | Member | | |
| **Description of Duties** | | | |
| LLC formed for the purpose of investing in a franchise restaurant | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Path Company | | | 10/20 - 10/22 |
| **Business Address** | **City** | **State** | **Zip** |
| 5860 Ridgeway Center Parkway, Suite 200 | Memphis | TN | 38120 |
| **Phone** | **Title** | | |
| 901-250-2474 | Chief Financial Officer | | |
| **Description of Duties** | | | |
| Oversaw all financial and accounting functions | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Southeastern Asset Management | | | 10/10 - 10/20 |
| **Business Address** | **City** | **State** | **Zip** |
| 6410 Poplar Avenue, Suite 900 | Memphis | TN | 38119 |
| **Phone** | **Title** | | |
| 901-761-2474 | Head of Portfolio Compliance | | |
| **Description of Duties** | | | |
| Oversaw client on-boarding and general operations and monitored compliance with separate account guidelines | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| **Business Address** | **City** | **State** | **Zip** |
| | | | |
| **Phone** | **Title** | | |
| | | | |
| **Description of Duties** | | | |
| | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✓ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✓ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

| Reason/Charge |
|---|
| |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted) Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

James Byrd

Print Name (First, Last)

James Byrd

Original Signature (electronic, copies or stamps not accepted)

08/28/2023

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Mississippi, ss. County of Desoto

I, James Byrd, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

James Byrd

**Original Signature**

8/28/23

**Date**

Subscribed and Sworn to before me this 28th day of August 2023

Monte A. Massongill

**Notary Public Signature**

MONTE A MASSONGILL
NOTARY PUBLIC
ID No. 199127
Commission Expires
May 10, 2024
(Seal)
STATE OF MISSISSIPPI
DE SOTO COUNTY

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Personal History Application

Rev (05/18/2023)

Y

### Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler/Dispensing Site: Metro Logics, Inc.

Pharmacy/MDEG/Wholesaler/Dispensing Practitioner License # (if applicable):

Physical Address: [redacted]

City: North Las Vegas State: NV Zip: 89115

Mailing Address (if different from physical address): [redacted]

City: Olive Branch State: MS Zip: 38654

Telephone: 662-895-9191 Website: www.metro-logics.com

Licensing Company Email:

### Section 2: Personal Information

First: Samuel Middle: Burton Last: Potts

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Tupelo State: MS Zip: 38804

Telephone: [redacted] Email: [redacted]

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Mississippi College | | 01/04-12/06 | |
| Address | City | State | Zip |
| 200 Capitol Street | Clinton | MS | 39056 |
| Diploma/Degree obtained, if any | | | |
| Masters of Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Mississippi | | 08/99-12/01 | |
| Address | City | State | Zip |
| P.O Box 1848 | University | MS | 38677 |
| Diploma/Degree obtained, if any | | | |
| Bachelors of Business Administration | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Delta State University | | 08/97-05/99 | |
| Address | City | State | Zip |
| 1003 W Sunflower Rd | Cleveland | MS | 38733 |
| Diploma/Degree obtained, if any | | | |
| N/A | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Kosciusko High School | | 08/94-05/97 | |
| Address | City | State | Zip |
| 229 W Washington Street | Kosciusko | MS | 38804 |
| Diploma/Degree obtained, if any | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| Address | City | State | Zip |
| | | | |
| Diploma/Degree obtained, if any | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 06/14-present | [redacted] Applewood Street | Tupelo | MS | 38804 |
| 06/10-05/14 | [redacted] East South Street | Kosciusko | MS | 39090 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Metro Logics, Inc. | | | 07/22-present |
| [redacted] | City: Olive Branch | State: MS | Zip: 38654 |
| [redacted] | Title: Chief Financial Officer | | |
| Description of Duties: Responsible for managing Accounting/Finance, IT, HR and Quality | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Esmark Corporation | | | 07/22-Present |
| Business Address: [redacted] | City: Olive Branch | State: MS | Zip: 38654 |
| Phone: [redacted] | Title: President | | |
| Description of Duties: Responsible for overseeing finance and operations of the company. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| PB Holdco, Inc. | | | 06/22-present |
| [redacted] | City: Tupelo | State: MS | Zip: 38804 |
| Phone: [redacted] | Title: President | | |
| Description of Duties: Responsible for overseeing finance and operations of the company. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Linehacker, LLC | | | 01/16-Present |
| [redacted] | City: Tupelo | State: MS | Zip: 38804 |
| Phone: [redacted] | Title: Member | | |
| Description of Duties: Assist in stewarding recreational and timber land | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Renasant Bank | | | 07/03-07/22 |
| Business Address: [redacted] | City: Tupelo | State: MS | Zip: 38802 |
| Phone: [redacted] | Title: Treasurer | | |
| Description of Duties: Responsible for managing the treasury department of the bank. | | | |

Continue on next page if additional space is needed.

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

| Business Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✓ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✓ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | ✓ | |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | ✓ | |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✓ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✓ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✓ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✓ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question #** 4&5 **. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 2/7/2013 | 9/1/2013 | MS | Oxford | Lafayette |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 4:13-CV-00040-SA-JMV | US District Court - Northern District of MS, Greenville Division |

| Reason/Charge |
|---|
| Shareholder lawsuit seeking to prevent merger of two publicly traded banks |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| PLantiff - Sherman H Zeng / Defendents - First M&F Corporation | Lawsuit |

| Name of Business/Industry/Entity |
|---|
| First M&F Corporation |

**Provide explanation below:**

Shareholder lawsuit was filed against defendants: Hugh S. Potts, Jr., Jeffrey B. Lacey, Michael L Nelson, Scott M Wiggers, Eddie J. Briggs, Hollis C. Cheek, Jon A Crocker, James D Frerer, K. Michael Heidelberg, John Clark Love, III, Otho E Pettit, Samuel B Potts, Julie B Taylor, Lawrence D Terrell, Lawrence Terrell Jr, James Times, Renasant Corporation, Renasant Bank, First M&F Corporation and Merchants and Farmers Bank.

Samuel B Potts served as a Director of First M&F Corp and Merchants and Farmers Bank. Lawsuit was settled out of court.

This also resolved the companion case "Silveri vs Hugh S. Potts, Jr. et al" filed in Circuit Court of Attala County of the State of MS, Fifth Judicial District, against First M&F, the member of its board of directors, M&F Bank, Renasant Corporation and Renasant Bank.

Original Signature (electronic, copies or stamps not accepted)

8-24-23
Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

SAMUEL POTTS

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8-24-23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Mississippi, ss. County of Desoto

I, SAMUEL POTTS, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

**Original Signature**

8-24-23

**Date**

Subscribed and Sworn to before me this 24th day of August.

Monte A. Massongill

**Notary Public Signature**

MONTE A MASSONGILL
NOTARY PUBLIC
ID No. 199127
Commission Expires
May 10, 2024
STATE OF MISSISSIPPI
DE SOTO COUNTY

(Seal)

# MISSISSIPPI

## Board of Pharmacy

Permit #
15390 / 16.3

# Drug Facility

3rd Party Logistics (In-State)

## Metro Logics, Inc.

Permit Holder:
Susan K Bell

[redacted]
Olive Branch, MS 38654
DeSoto

This permit is not transferable or assignable.

*Issued:* 03/27/2017
*Renewed:* 10/17/2022
*Expires:* 12/31/2023

Susan McCoy
*Executive Director*

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

2724

# MISSISSIPPI

## Board of Pharmacy

Registration #
CS-15390

# Controlled Substance Registration

Metro Logics, Inc.

[redacted]

Olive Branch, MS 38654
DeSoto

This registration is not transferable or assignable.

*Issued:* 12/04/2019
*Renewed:* 10/17/2022
*Expires:* 12/31/2023

Susan McCoy
*Executive Director*

Mississippi Board of Pharmacy | 6360 I-55 North | Suite 400 | Jackson, MS 39211
Phone: 601-899-8880 | Fax: 601-899-8851

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LIMITED LICENSE

**Metro Logics Inc.**

EFFECTIVE
**10/01/2021**

EXPIRATION
**09/30/2025**

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

12470569-1714 Pharmacy - Class E Business
12470569-8913 Dispensing Controlled Substance License

Third Party Logistics Provider

**DBA:** None Associated

**IMPORTANT LICENSURE REMINDERS:**

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

METRO LOGICS INC.
[redacted]

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

STATE OF UTAH
DEPARTMENT OF COMMERCE

# DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING

## ACTIVE LIMITED LICENSE

EFFECTIVE DATE: **10/01/2021**

EXPIRATION DATE: **09/30/2025**

ISSUED TO: **Metro Logics Inc.**
[redacted]

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

**12470569-1714 Pharmacy - Class E Business**
**12470569-8913 Dispensing Controlled Substance License**

**Third Party Logistics Provider**

**DBA: None Associated**

Form #1

STATE OF UTAH
DEPARTMENT OF COMMERCE
ACTIVE LICENSE

**Metro Logics Inc**

EFFECTIVE
07/27/2020

EXPIRATION
09/30/2025

REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)

7829983-1710 Pharmacy - Class C
7829983-8915 Limited Controlled Substance-Business

Wholesaler
Distributor

DBA: None Associated

**IMPORTANT LICENSURE REMINDERS:**

- Your license is valid until the expiration date listed on this form. Approximately 60 days prior to this expiration you will receive a renewal notice in the mail.
- Please note the address listed below. This is your public address of record for the division, and all future correspondence from the division will be mailed to this address. If you move, it is your responsibility to notify us directly of the change. Maintaining your current address with us is the easiest way to ensure continuous licensure.

METRO LOGICS INC
[redacted]

Please visit our web site at www.dopl.utah.gov should you have any questions in the future.

# STATE OF UTAH
# DEPARTMENT OF COMMERCE
# DIVISION OF OCCUPATIONAL & PROFESSIONAL LICENSING
## ACTIVE LICENSE

**EFFECTIVE DATE:** **07/27/2020**

**EXPIRATION DATE:** **09/30/2025**

**ISSUED TO:** **Metro Logics Inc**
[redacted]

**REFERENCE NUMBER(S), CLASSIFICATION(S) & DETAIL(S)**

**7829983-1710 Pharmacy - Class C**
**7829983-8915 Limited Controlled Substance-Business**

**Wholesaler**
**Distributor**

**DBAs: None Associated**

Form #1

# BOARD OF PHARMACY
## LICENSING DETAILS FOR: TPL 1207

**NAME:** METRO LOGICS INC

**LICENSE TYPE:** THIRD-PARTY LOGISTICS PROVIDER

**LICENSE STATUS:** CLEAR

**ADDRESS**

[redacted]

SAN BERNARDINO COUNTY

**ISSUANCE DATE**

APRIL 10, 2019

**EXPIRATION DATE**

APRIL 1, 2024

**CURRENT DATE / TIME**

MARCH 16, 2023
7:46:28 AM

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

## PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 107894454

Application/License No. _____

Metro Logics, Inc., doing or intending to do business as a
(Applicant/Principal)
pharmaceutical wholesaler, whose address for purposes of service is
[redacted], as
(Address of Applicant/Principal)
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
(Surety Company)
corporation organized under the laws of the state of CT
(State of Incorporation)
and authorized to transact a general surety business in the State of
Nevada, whose address for purposes of service is
One Tower Square , Hartford, CT 06183 as
(Address of Surety)
SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS ($100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 24, 2023.
(Effective Date)

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of $100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

(1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
(2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
(3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
(4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
(5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
(6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
(7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 24th day of August, 2023.

APPLICANT/PRINCIPAL

Metro Logics, Inc.
COMPANY

By: Monte A. Massongill
Authorized Representative
Monte A. Massongill, VP

SURETY

Travelers Casualty and Surety Company of Am

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
HARTFORD, CONN.

By:
Surety Company's Representative

Angela Bullie, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness Scott Cain

Witness Daniel Conner

SIGNED and SEALED in the presence of:

Witness Audrey Edwards

Witness Trina Cobb

Countersigned by:

Nevada Resident Agent Kaley Dingeman

Posted February 20, 2020

TRAVELERS

**Travelers Casualty and Surety Company of America**
**Travelers Casualty and Surety Company**
**St. Paul Fire and Marine Insurance Company**
**Farmington Casualty Company**

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS:** That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, St. Paul Fire and Marine Insurance Company, and Farmington Casualty Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint Angela Bullie of Jackson , MS , their true and lawful Attorney(s)-in-Fact to sign, execute, seal and acknowledge the following bond:

**Surety Bond No.:** 107894454
**OR**
**Project Description:** NV Pharmaceutical Wholesaler Bond - 100000 UP 1-23 (License & Permit) : License & Permit (900)

**Principal:** Metro Logics, Inc.
**Obligee:** Nevada State Board of Pharmacy

**IN WITNESS WHEREOF**, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April, 2021.**

State of Connecticut

By: _____
Robert L. Raney, Senior Vice President

City of Hartford ss.

On this the **21st** day of **April, 2021**, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

**IN WITNESS WHEREOF**, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June, 2026**

_____
Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

**RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

**FURTHER RESOLVED**, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

**FURTHER RESOLVED**, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

**FURTHER RESOLVED**, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this 24th day of August , 2023 .

_____
Kevin E. Hughes, Assistant Secretary

***To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.***
***Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.***

# Supplement to Metro Logics, Inc. Nevada State Board of Pharmacy Wholesaler Application

## Re: Medical Devices

Section 9 in Metro Logics, Inc.'s Wholesaler Application being submitted herewith to the Nevada State Board of Pharmacy states that a "Medical Devices, Equipment and Gases (MDEG) Administrator form must be completed if the business will wholesale medical devices, equipment, supplies, [or] gases, including hypodermic devices." Metro Logics, Inc., **will not** wholesale any such devices, equipment or gases.

APPLICANT

Metro Logics, Inc.

By: Monte A. Massongill Date: 08/31/2023

Printed Name: Monte A. Massongill

Title: Vice President

# Supplement to Metro Logics, Inc. Nevada State Board of Pharmacy Wholesaler Application

## Re: (MDEG) Proof of Insurance

Section 9 in Metro Logics, Inc.'s Wholesaler Application being submitted herewith to the Nevada State Board of Pharmacy states that "If providing Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance." Metro Logics, Inc., **will not** wholesale any such devices, equipment or gases.

APPLICANT

Metro Logics, Inc.

By: Monte A. Massongill Date: 08/31/2023

Printed Name: Monte A. Massongill

Title: Vice President

August 31, 2023

Greetings Nevada State Board of Pharmacy,

Please find attached Metro Logics, Inc.'s completed Wholesaler Application and supporting documentation along with the Application fee and fingerprinting processing fee. The Application and supporting documents are in separate file folders to hopefully make your review of our submission easier. If any additional information or documentation is needed, please do not hesitate to contact us at any time. To note, we provide 3PL services exclusively for the Federal Government, and specifically the Strategic National Stockpile (SNS). The Federal Government fully owns all products that we store and directs any movement of the products. We do not provide any manufacturing, labeling, re-labeling, or transportation services, nor do we sell any pharmaceutical or medical device products.

Thank you sincerely for your review and consideration of our Wholesaler Application!

My kindest regards,

Monte A. Massongill

Monte A. Massongill
Vice President
Metro Logics, Inc.
[redacted]
[redacted]

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

**Section 1: Pharmacy/Wholesaler Information**

Name of Pharmacy/Wholesaler Metro Logics, Inc.

Pharmacy/Wholesaler License # (if applicable) _____

Physical Address [redacted]

City North Las Vegas State NV Zip 89115

Mailing Address (if different from physical address) [redacted]

City Olive Branch State MS Zip 38654

Telephone [redacted] Website n/a

Licensing Company Email sam.potts@metro-logics.com

**Section 2: Personal Information**

First Kevin Middle L Last Yarbrough

Alias(es, nicknames, name changes, etc.) _____

Date of Birth [redacted] SSN or ITIN [redacted] Sex ☒ M ☐ F ☐ X

Mailing Address [redacted]

City Henderson State NV Zip 89052

Telephone [redacted] Email kevin.yarbrough@metro-logics.com

Are you a citizen of the United States? ☒ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| West Memphis High School | | 08/73 - 05/77 | |
| Address | City | State | Zip |
| 501 W. Broadway | West Memphis | AR | 72301 |
| Diploma/Degree obtained, if any | | | |
| High School Diploma | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Arkansas State University | | 08/77 - 05/78 | |
| Address | City | State | Zip |
| 2105 East Aggie Rd. | Jonesboro | AR | 72401 |
| Diploma/Degree obtained, if any | | | |
| N/A | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| Florida College | | 05/78 - 12/78 | |
| Address | City | State | Zip |
| 119 N. Glen Arven Ave. | Temple Terrace | FL | 33617 |
| Diploma/Degree obtained, if any | | | |
| N/A | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| University of Mississippi | | 01/79 - 05/79 | |
| Address | City | State | Zip |
| University | Oxford | MS | 38677 |
| Diploma/Degree obtained, if any | | | |
| N/A | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| Control Data Institute | | 08/79 - 08/80 | |
| Address | City | State | Zip |
| 2670 Union Ave., Extended Ste. 1120 | Memphis | TN | 38112 |
| Diploma/Degree obtained, if any | | | |
| Certificate of Computer Programming and Operations | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 09/23 - Current | [redacted]Seven Hills Dr., Unit 2122 | Henderson | NV | 89052 |
| 01/19 - 08/23 | [redacted]Coolcrest Ave. | Upland | CA | 91786 |
| 08/01 - 12/18 | [redacted]Grahamridge Ct. | Snellville | GA | 30039 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Metro Logics, Inc. | | | 01/19 - 08/23 |
| Business Address | City | State | Zip |
| [redacted] | Ontario | CA | 91761 |
| Phone | Title | Number of Employed Hours | |
| [redacted] | General Manager | 6, 560 | |
| Description of Duties | | | |
| Oversee day to day operations for a 3PL pharmaceutical and medical supply warehouse.<br>3PL Designated Representation for CA State Board of Pharmacy. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Metro Logics, Inc. | | | 07/07 - 08/12 |
| Business Address | City | State | Zip |
| [redacted] | Austell | GA | 30168 |
| Phone | Title | Number of Employed Hours | |
| [redacted] | General Manager | 10,440 | |
| Description of Duties | | | |
| Oversee day to day operations for a 3PL pharmaceutical and medical supply warehouse. | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| | | | |
| Business Address | City | State | Zip |
| | | | |
| Phone | Title | Number of Employed Hours | |
| | | | |
| Description of Duties | | | |
| | | | |

Continue on next page if additional space is needed.

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

| Business Name | | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|---|
| Business Address | | City | State | Zip |
| Phone | Title | | Number of Employed Hours | |
| Description of Duties | | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

| Section 8: Arrests, Detentions, Litigations, Arbitrations. | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

Original Signature (electronic, copies or stamps not accepted)

8-29-23
Date

I, Kevin L. Yarbrough, **certify that as the designated representative for**

Metro Logics, Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. KY I am at least 21 years of age;
3. KY I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. KY I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. KY I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. KY I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. KY I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

Kevin Yarbrough

Print Name (First, Last)

Kevin L. Yarbrough

Original Signature (electronic, copies or stamps not accepted)

8.29.23

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Kevin Yarbrough

Print Name (First, Last)

Kevin L. Yarbrough — 8-29-23

Original Signature (electronic, copies or stamps not accepted) — Date

---

**Please have this section completed in the presence of a Notary Public.**

State of _____, ss. County of _____

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Kevin L. Yarbrough — 8-29-23

**Original Signature** — **Date**

Subscribed and Sworn to before me this _____ day of _____.

_____

**Notary Public Signature**

[redacted]

**NOTARIZED DOCUMENT ATTACHED**
**DATE:** 08/29/23

# JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Bernardino

Subscribed and sworn to (or affirmed) before me on this 29 day of Aug.,

20 23 by Kevin Lovell Yarbrough,

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

A. AMBRIZ
COMM. #2380022
Notary Public - California
SAN BERNARDINO COUNTY
My Comm. Expires OCT. 26, 2025

Signature AAmbriz (Seal)

## OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Nevada pharmacy
(Title or description of attached document)

Designated representative
(Title or description of attached document continued)

Application

Number of Pages 1 Document Date 8/29/23

Additional information

## INSTRUCTIONS

*The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.*

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - Additional information Is not required but could help to ensure this jurat is not misused or attached to a different document.
  - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

## Designated Representative Application

Rev (05/12/2022)

### Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler: Metro Logics Inc.

Pharmacy/Wholesaler License # (if applicable):

Physical Address: [redacted]

City: North Las Vegas State: NV Zip: 89115

Mailing Address (if different from physical address): [redacted]

City: Olive Branch State: MS Zip: 38654

Telephone: [redacted] Website:

Licensing Company Email:

### Section 2: Personal Information

First: John Middle: Jay Last: Call

Alias(es, nicknames, name changes, etc.):

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Mailing Address: [redacted]

City: Hesperia State: CA Zip: 92345

Telephone: [redacted] Email: john.call@metro-logics.com

Are you a citizen of the United States? ☑ Yes ☐ No

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | ✔ | |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | ✔ | |

J.C.

**Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| State of Tennessee Department of Labor and Worforce Development | | 04/06 - 04/06 | |
| **Address** | **City** | **State** | **Zip** |
| 220 French Landing Drive | Nashville | TN | 37243 |
| **Diploma/Degree obtained, if any** | | | |
| GED | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY) | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

| School Name | | From - To (MM/YY – MM/YY | |
|---|---|---|---|
| | | | |
| **Address** | **City** | **State** | **Zip** |
| | | | |
| **Diploma/Degree obtained, if any** | | | |
| | | | |

**Section 6: List all residences you have had for the last 10 years beginning with the most current. (Use a separate piece of paper if additional space is needed.)**

| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
|---|---|---|---|---|
| 02/19 - Current | [redacted] Sycamore St | Hesperia | CA | 92345 |
| 02/10 - 02/19 | [redacted] S 5200 W | Kearns | UT | 84118 |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |
| From - To (MM/YY – MM/YY) | Address | City | State | Zip |

**Section 7: A designated representative must provide proof that he or she has been employed for at least 6,000 hours in pharmacies (NAC 639.5005) or wholesalers (NAC 639.5935) in a capacity related to the dispensing and distribution of, and record keeping related to, prescription drugs. Beginning with the most current, list your hours of employment related to the above.**

| | | | |
|---|---|---|---|
| Business Name: Metro Logics Inc. | | | From - To (MM/YY – MM/YY): 09/10 - Current |
| Business Address: [redacted] | City: Olive Branch | State: MS | Zip: 38654 |
| Phone: [redacted] | Title: Inventory Control Manager | | Number of Employed Hours: 12,480 |
| Description of Duties: 3PL pharmaceuticals and medical supplies Inventory Control, Manage temperature control of the Warehouse, Certify Lift truck operators, Quality Control, Manage day to day operations, Designated Representative. | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

| | | | |
|---|---|---|---|
| Business Name | | | From - To (MM/YY – MM/YY) |
| Business Address | City | State | Zip |
| Phone | Title | | Number of Employed Hours |
| Description of Duties | | | |

Continue on next page if additional space is needed.

J.C.

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

| Business Name | | | From - To (MM/YY – MM/YY) |
|---|---|---|---|
| Business Address | City | State | Zip |
| Phone | Title | Number of Employed Hours | |
| Description of Duties | | | |

Make copies of this page OR use a separate piece of paper if additional space is needed.

J.C.

| Section 8: Arrests, Detentions, Litigations, Arbitrations: | Yes | No |
|---|---|---|
| 1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) | | ✔ |
| 2. If you answered "yes" to question 1, was the offense or violation related to drugs, including prescription drugs and/or controlled substances, the manufacturer or distribution of drugs or the practice of pharmacy? | | ✔ |
| 3. Have you ever had a civil or criminal record expunged or sealed by a court order? | | ✔ |
| 4. Have you, as an individual, member or a company, partner, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant (including any administrative proceedings before a licensing board) or of an arbitration as either a claimant or respondent? (Other than divorces.) | | ✔ |
| 5. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) been a party to a lawsuit (including any administrative proceedings before a licensing board), arbitration or bankruptcy? | | ✔ |
| 6. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer or director) ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever (including any disciplinary or board citation)? | | ✔ |
| 7. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? | | ✔ |
| 8. Has any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner member, officer or director) ever been refused a business license. | | ✔ |
| 9. Have you or any general or limited partnership, company or limited liability company, business venture, sole proprietorship or closely held corporation, corporation (while you were associated with it as an owner, partner, member, officer, or director) ever surrendered a license, permit, certificate or registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure of a manufacturer). | | ✔ |
| 10. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |

J.C.

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # _____. **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| | | | | |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| | | | | |
| **Reason/Charge** | | | | |
| | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| | | | | |
| **Name of Business/Industry/Entity** | | | | |
| | | | | |

**Provide explanation below:**

John Call
Original Signature (electronic, copies or stamps not accepted)

8-30-23
Date

I, John Call, **certify that as the designated representative for**

Metro Logics Inc.,

**that I (initial that you have read and meet the following requirements) (NAC 639.5005, NAC 639.5935):**

1. J.C. I am at least 21 years of age;
3. J.C. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. J.C. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. J.C. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. J.C. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. J.C. I will serve in this representative capacity for only one pharmacy or wholesaler at a time.

John Call

Print Name (First, Last)

John Call

Original Signature (electronic, copies or stamps not accepted)

8-30-23

Date

J.C.

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

John Call

Print Name (First, Last)

John Call

Original Signature (electronic, copies or stamps not accepted)

8-30-23

Date

---

**Please have this section completed in the presence of a Notary Public.**

State of Tennessee, ss. County of Rutherford

I, John Call, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

John Call

**Original Signature**

8-30-23

**Date**

Subscribed and Sworn to before me this 30 day of August 2023

Courtney Larry

**Notary Public Signature**

COURTNEY LARRY
STATE OF TENNESSEE NOTARY PUBLIC
RUTHERFORD COUNTY

**(Seal)**

# Supplement to Metro Logics, Inc. Nevada State Board of Pharmacy Wholesaler Application

## Re: List of Employees

Metro Logics, Inc. is currently building out a warehouse facility in North Las Vegas, Nevada. The estimated completion date is still approximately four months out, and as such, Metro Logics, Inc. has not identified and hired employees as of yet except for the two Designated Representatives for the new facility. The Designated Representatives for the new North Las Vegas, Nevada facility are listed on the following page.

APPLICANT

Metro Logics, Inc.

By: Monte A. Massongill Date: 08/31/2023

Printed Name: Monte A. Massongill

Title: Vice President

| CHARLIE | | | | |
|---|---|---|---|---|
| **LAST NAME** | **FIRST NAME** | **PHONE #** | **WORKSITE** | |
| Yarbrough | Kevin | [redacted] | NEVADA | Designated Representative |
| Call | John | | NEVADA | Designated Representative |

# Supplement to Metro Logics, Inc. Nevada State Board of Pharmacy Wholesaler Application

## Re: Indebtedness

Section 9 in Metro Logics, Inc.'s Wholesaler Application being submitted herewith to the Nevada State Board of Pharmacy requests Metro Logics to submit with its Application a "List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant."

Metro Logics, Inc.'s response is that it has no indebtedness.

APPLICANT

Metro Logics, Inc.

By: Monte A. Massongill Date: 08/31/2023

Printed Name: Monte A. Massongill

Title: Vice President

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RC0290142 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | DISTRIBUTOR | 01-06-2023 |

METRO LOGICS, INC.
[redacted]

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RC0290142 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | DISTRIBUTOR | 01-06-2023 |

METRO LOGICS, INC.
[redacted]

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Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RM0621587 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,4 | EXPORTER | 01-13-2023 |

METRO LOGICS, INC.
METRO LOGICS, INC.
[redacted]

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RM0621587 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,4 | EXPORTER | 01-13-2023 |

METRO LOGICS, INC.
METRO LOGICS, INC.
[redacted]

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Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RM0408357 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 4,5 | DISTRIBUTOR | 01-05-2023 |

METRO LOGICS, INC.
[redacted]

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RM0408357 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 4,5 | DISTRIBUTOR | 01-05-2023 |

METRO LOGICS, INC.
[redacted]

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RM0609290 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,4 | EXPORTER | 01-11-2023 |

METRO LOGICS, INC.
METRO LOGICS, INC.
[redacted]

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RM0609290 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,4 | EXPORTER | 01-11-2023 |

METRO LOGICS, INC.
METRO LOGICS, INC.
[redacted]

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Form DEA-223 (9/2016)

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RM0555120 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | DISTRIBUTOR | 01-06-2023 |

METRO LOGICS, INC.
[redacted]

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| RM0555120 | 01-31-2024 | $1850 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N,3, 3N,4,5 | DISTRIBUTOR | 01-06-2023 |

METRO LOGICS, INC.
[redacted]

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended. provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

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Form DEA-223 (9/2016)

**Section 3: List the top four suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.**

Name: Strategic National Stockpile (SNS) Administration for Strategic Preparedness and Response
Address: [redacted] City: Atlanta State: GA Zip: 30341

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

Name:
Address: City: State: Zip:

**Section 4: Publicly Traded Corporation**

State of Incorporation: N/A
Parent Company (if any):
Corporation Name:
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

| Date of SEC Registration: | SEC Registration Number: | Stock Exchange Symbol: |
|---|---|---|

**Section 5: Non-Publicly Traded Corporation or Company**

State of Incorporation/Organization: Tennessee
Parent Company (if any): Esmark Corp.
Corporation/Organization Name: Metro Logics, Inc.
Mailing Address: [redacted]
City: Olive Branch State: MS Zip: 38654
Telephone: [redacted] Email: Sam.Potts@metro-logics.com
Contact Person Name: Sam Potts

**Section 6: Partnership**

Partnership Name: N/A
Mailing Address:
City: State: Zip:
Telephone: Email:
Contact Person Name:

**Section 7: Sole Owner**

Owner's Name: N/A
Business Name:
Business Address:
City: State: Zip:
Telephone: Email:

| Section 8: NABP Accreditation/FDA Registration | Yes | No |
|---|---|---|
| Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide: | | ✓ |
| 1. Copy of Certification<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |
| Is your company licensed as a Manufacturer by the FDA? If yes, provide: | | ✓ |
| 1. Copy of FDA registration<br>2. Copy of a bond in an amount of $25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. Complete the **Surety Bond form** at http://bop.nv.gov/Services/newapps/Business/. | | |

| Section 9: Provide the following documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right. | Publicly Traded | Non-publicly Traded | Partner-ship | Sole Owner |
|---|---|---|---|---|
| • **List of all Officers and Directors.** | ✓ | ✓ | | |
| • **List the top four corporation shareholders and their percent ownership.** | ✓ | | | |
| • **List of all corporation shareholders and their percent ownership.** | | ✓ | | |
| • **List of all partners and their percent ownership.** | | | ✓ | |
| • **Certificate of Corporate Status or Certificate of Good Standing** obtained from the Secretary of State's Office in the State where the business is domiciled, dated within the last **12 months**. | ✓ | ✓ | ✓ | ✓ |
| • **Designated Representative form** must be completed by the Designated Representative. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Personal History Record Application** must be completed by each shareholder/stockholder/partner/owner owning more than 10% of the business stocks/shares. Access form at http://bop.nv.gov/Services/newapps/Business/ | | ✓ | ✓ | ✓ |
| • **Copy of DEA certificate if handling controlled substances** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of current SEC 10K or 8K** (First 15 pages only) | ✓ | | | |
| • **List containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant.** | ✓ | ✓ | ✓ | ✓ |
| • **Copy of your license, certification, permit or registration issued to your wholesaler business** from the regulatory board or licensing authority of the state or territory in which the wholesaler is located. **(REQUIRED FOR OUT-OF-STATE WHOLESALERS, if applicable)** | ✓ | ✓ | ✓ | ✓ |
| • [a]**Medical Devices, Equipment and Gases (MDEG) Administrator form** must be completed if the business will wholesale medical devices, equipment, supplies, gases, including hypodermic devices. (NAC 639.6957). Access form at https://bop.nv.gov/Services/newapps/Business/ | ✓ | ✓ | ✓ | ✓ |
| • **If providing [a]Medical Devices, Equipment and Gases (MDEG), supply a copy of proof of insurance (NAC 639.6957).** The MDEG wholesaler shall maintain liability insurance of at least one million dollars ($1,000,000.00). | ✓ | ✓ | ✓ | ✓ |
| **ONLY Complete below if your company is NOT accredited by NABP and/or FDA registered (see Section 8)** | | | | |
| • **Submit Fingerprints** following instructions found at: http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf. | | ✓ | ✓ | ✓ |
| • **Copy of a bond in an amount of $100,000** made payable only to the State of Nevada. This must be current to maintain a Nevada Wholesaler registration. Complete the **Surety Bond form** at: http://bop.nv.gov/Services/newapps/Business/. | | ✓ | ✓ | ✓ |

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline. I further certify compliance with NRS 639.590 and NAC 639.594 as applicable.**

Metro Logics, Inc.
Facility Name

Monte A. Massongill
Print Name of Authorized Person Submitting Application

Monte A. Massongill
Original signature of Authorized Person (copies or stamps not accepted)

08/30/2023
Date

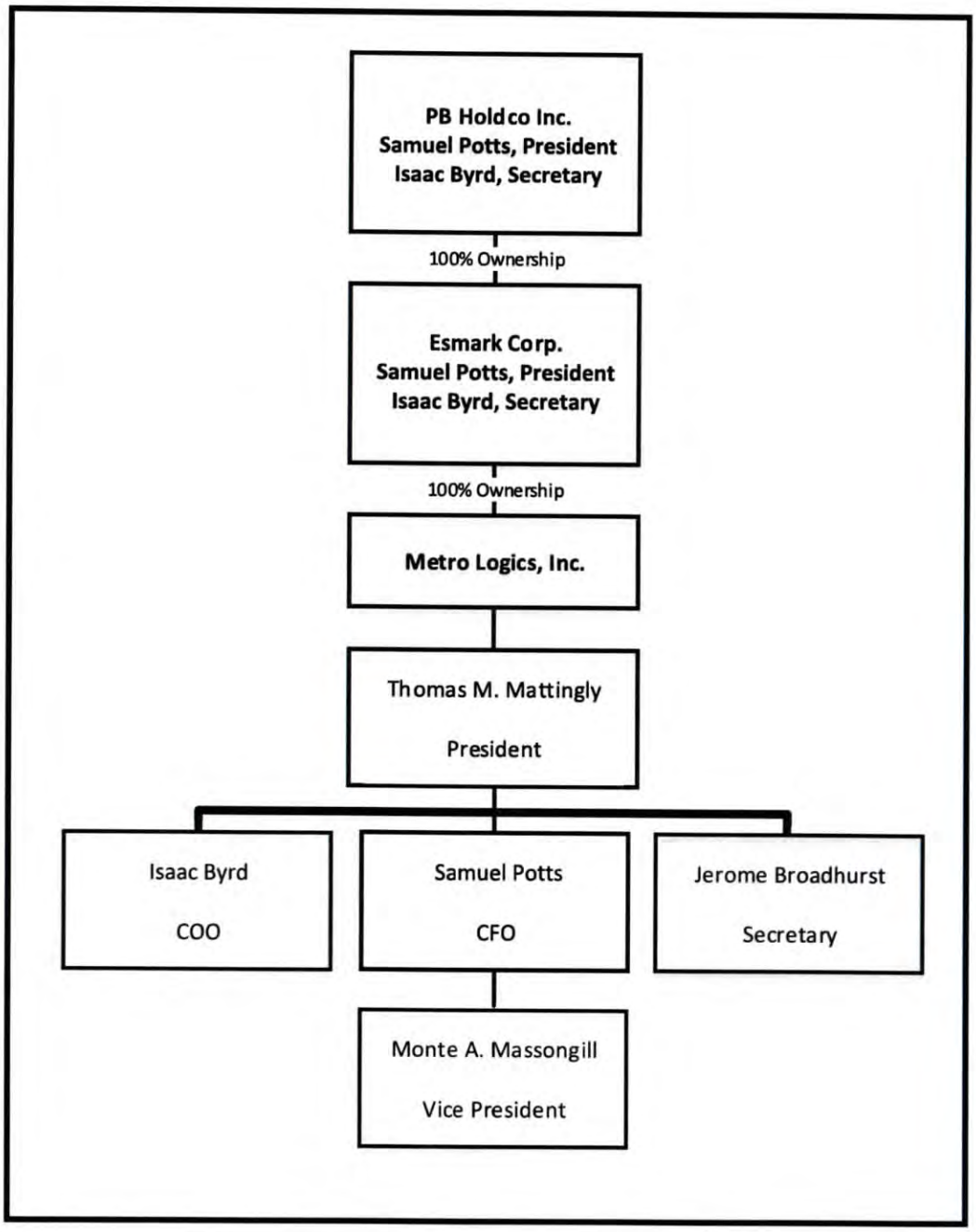
| Board Use Only | Date Received: 9/1/23 | Amount: 1000-CK-420267 |
|---|---|---|

# Metro Logics, Inc. Officers

| Officer Full Name | Title |
|---|---|
| Samuel Burton Potts | Chief Financial Officer |
| James Isaac Byrd | Chief Operations Officer |
| Thomas Mitchell Mattingly | President |
| Monte Andrew Massongill | Vice President |
| Jerome Anthony Broadhurst | Secretary |

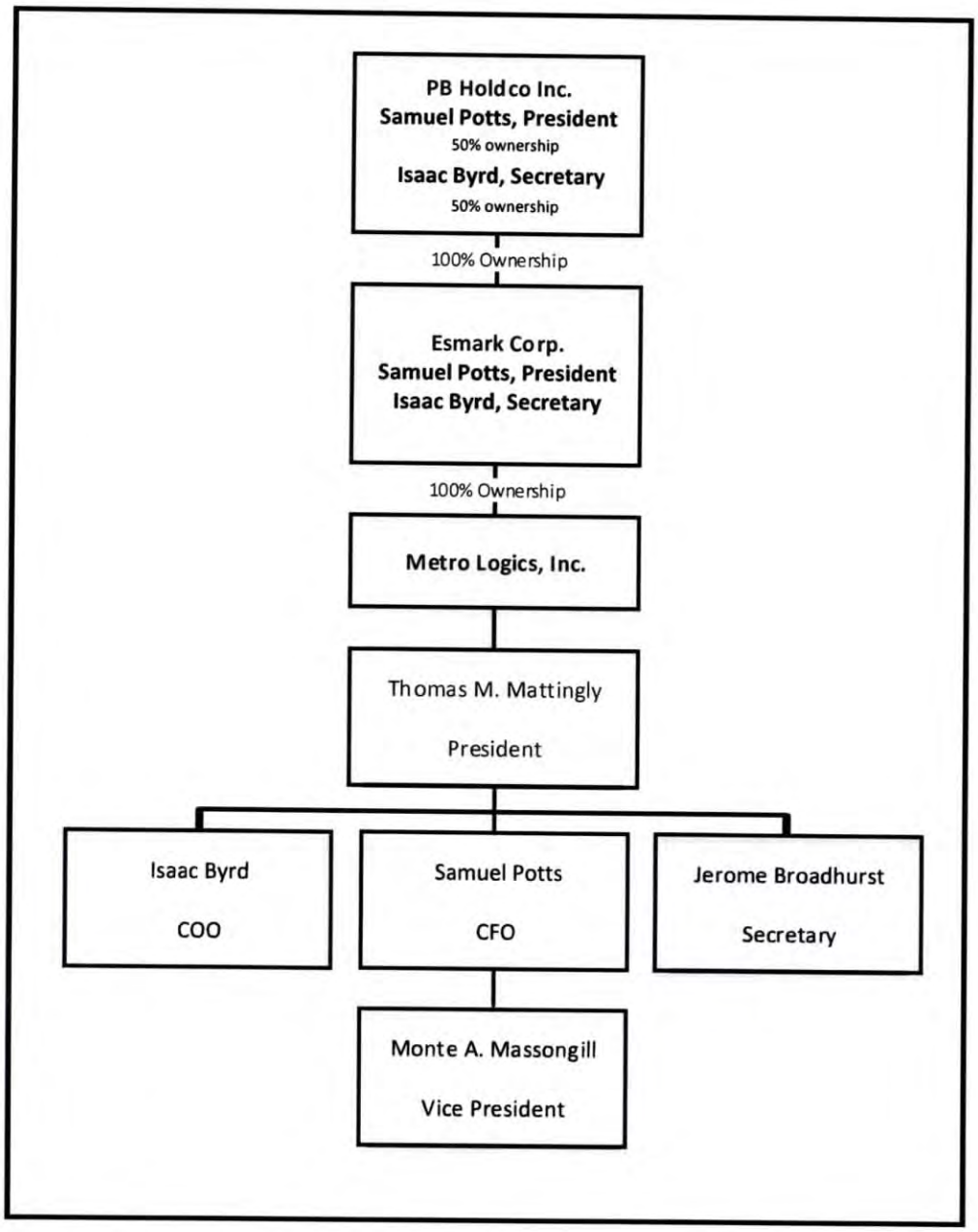
**August 8, 2023**

# *Business Ownership and Officer Organization Chart*
# *PB Holdco Inc. / Esmark Corp. / Metro Logics, Inc.*



**August 23, 2023**

# *Business Ownership and Officer Organization Chart*
# *PB Holdco Inc. / Esmark Corp. / Metro Logics, Inc.*



Tre Hargett
Secretary of State

**Division of Business Services**
**Department of State**
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

**MONTE A. MASSONGILL**
MONTE MASSONGILL
[redacted]

August 21, 2023

**Request Type: Certificate of Existence/Authorization**
Request #: 0543537

Issuance Date: 08/21/2023
Copies Requested: 1

**Document Receipt**

Receipt # : 008318953 Filing Fee: $20.00

Payment-Credit Card - State Payment Center - CC #: 3856821083 $20.00

**Regarding:** **METRO LOGICS, INC.**
Filing Type: For-profit Corporation - Domestic
Formation/Qualification Date: 07/22/2004
Status: Active
Duration Term: Perpetual
Business County:

Control # : 474068
Date Formed: 07/22/2004
Formation Locale: TENNESSEE
Inactive Date:

## CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**METRO LOGICS, INC.**

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

**Verification #: 062403221**

# 15B

# 16

# 16B

# 17

# 17A

# 17B

# 18

# 14A

Y

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacist Application

**Non-Refundable $250 fee**

Rev (06/28/2022)

**Section 1: Select how will you be obtaining your Nevada Pharmacist Registration**

☐ **Examination**

☐ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

☒ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or MPJE? ☐ Yes ☒ No

**Section 2: General Information**

First: BRIAN Middle: STANLEY Last: BOGDANOWICZ

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☒ M ☐ F ☐ X

Mailing Address: [redacted] N. 74th AVE

City: GLENDALE State: AZ Zip: 85310

Telephone: [redacted] Email: [redacted]

**Section 3: Employment Information**

Pharmacy Name: ONCO 360 NV Pharmacy License # (if applicable): _____

Address: 15990 N. GREENWAY HAYDEN LOOP, SUITE D-100

City: SCOTTSDALE State: AZ Zip: 85260

Telephone: 877.662.6633 x 11343 Email: BRIAN.BOGDANOWICZ@ONCO360.COM

**Section 4: College of Pharmacy Information**

School Name: ROSALIND FRANKLIN UNIV. COLLEGE OF PHARMACY

Address: 3333 N. GREEN BAY RD.

City: NORTH CHICAGO State: IL Zip: 60064

Country/Territory/Province: USA

Graduation Date: JUNE 3rd, 2016 Degree: ☒ PharmD ☐ BS in Pharmacy ☐ Other

**Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION.**

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE).

State: AZ License #: S022199 Date of Issuance: 9.28.2016 Expiry Date: 10.31.2023

**Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.**

| State | License/ Registration # | Issued Date | Expiry Date | License/Registration Status (check applicable box) | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Active | Inactive | Expired | Revoked | Surrendered |
| KY | 023388 | 4.19.23 | 2.28.24 | ✓ | | | | |
| TX | 72233 | 4.21.23 | 7.31.25 | ✓ | | | | |
| IL | 051.305509 | 5.16.23 | 3.31.24 | ✓ | | | | |
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| Section 7: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 8: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

| Section 9: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration? | ✓ | |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? | ✓ | |
| 3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state? | | ✓ |
| 4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state? | | ✓ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 1. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 3.27.17 | | AZ | PHOENIX | MARICOPA |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| | |

Reason/Charge: ALCOHOL ABUSE TREATMENT + MONITORING 5 YEARS

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| | |

Name of Business/Industry/Entity: Pharmacists Assisting Pharmacists of Arizona, Calvary Healing Center, Walgreens Monitoring (Professionals) (Professionals)

**Provide explanation below:**

① Arizona Pharmacist Monitoring Program (PAPA): 2017-2022

② Calvary Healing Center: 30 Days Inpatient + 90 Days Outpatient + 9 Months Follow Up 2017

③ Walgreens Monitoring (First Advantage, "ASAP" Program): 2017-2022

Original Signature (electronic, copies or stamps not accepted)

1.31.2023
Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

BRIAN BOGDANOWICZ

Print Name

Original Signature, no copies or stamps accepted

1.31.2023

Date

| Board Use Only | Date Received: 8-15-23 | Amount: 250 - CC |
|---|---|---|
| | NAPLEX: | MPJE: |

PAPA
Pharmacists Assisting Pharmacists of Arizona

# PAPA PROGRAM CONTRACT

Date: March 27, 2017

Name: Brian Bogdanowicz

Address: [redacted] N. Civic Center Plaza, Unit [redacted]
Scottsdale, AZ 85251

Telephone: [redacted]

S.S. #: _____

Birthdate: _____

This Pharmacists Assisting Pharmacists of Arizona, hereby known as [PAPA], Program Contract is a binding legal document which sets forth the terms and conditions under which PAPA and Brian Bogdanowicz ( Named "Impaired Pharmacist") agree to work together to provide an individualized program of counseling, aid, and monitoring of the Impaired Pharmacist, Pharmacy Technician, or Pharmacy Student who is hereby known as [Participant]. All provisions apply except as specifically indicated. **DO NOT SIGN THIS CONTRACT UNLESS YOU HAVE READ AND UNDERSTAND IT.**

1. The term of this Contract shall be for a period of five (5) years beginning on the date that the Contract is signed. (This date may be extended due to a Board Consent Order)

2. I am solely responsible for paying all expenses connected with my treatment in the PAPA Program. I agree to pay these expenses and costs within ten (10) days of billing by PAPA unless other arrangements have been approved in advance.

3. I agree to the following terms concerning my treatment and aftercare: (indicate provisions that apply):

☐ To enter _____ hospital for detoxification.

☐ To enter _____ treatment center for inpatient treatment for a period of 30 days.

☐ To enter _____ Treatment Center for Intensive Outpatient Treatment until the completion of the treatment program.

brian.bogdanowicz@my.rfums.org

☒ To participate in the aftercare Peer Group Counseling with a PAPA Clinical Director for the period of the duration of this contract. I agree to attend all Peer Group Counseling meetings, which are held once a week. **Participants may be excused only with prior approval/communication with PAPA and the PAPA Clinical Director**, and may miss a maximum of four (4) Peer Group Counseling meetings per year. After the fifth (5th) absence, the Arizona State Board of Pharmacy will be notified as set forth in paragraph 13, below.

☒ I will attend AA, CA or NA (Self-Help Groups) a minimum of three (3) meetings per week, in addition to any aftercare Peer Group Counseling requirements, and to supply monthly reports to PAPA with a list of meetings attended which have been signed by the secretary of the group. If the participant is not comfortable with AA, NA, PA or CA meetings, a written alternative may be submitted to PAPA for consideration.

☐ I agree to suspend my practice of pharmacy until my readiness to practice pharmacy is evaluated by the PAPA Clinical Director at my initial evaluation.

☒ I agree to the following special terms as they apply to my individual problem: PAPA monitoring fees and contract initiation will begin after compliance with the pending treatment recommendations of the Clinical Director. Failure to comply with the recommendations of the PAPA Clinical Director will result in the notification that you may be an impaired pharmacist to the Arizona Board of Pharmacy.

☒ **Volunteer Hours.** All Participants, Confidential and Non-Confidential, are required to do four hundred (400) hours of community service. Non-Confidential participants will abide by ASBP requirements. PAPA Reserves the right to approve or deny volunteer organizations for Confidential participants, maintain records for volunteer hours, which are to be submitted to the PAPA Administrative Manager. All volunteer hours must be completed prior to the end of this contract.

4. I agree to completely abstain from ingesting alcohol or any mood-altering drugs except on prescription from my family physician after consultation with PAPA.

5. I hereby authorize PAPA or its designees to conduct a minimum of **Forty-Eight (48)** witnessed random bodily fluid tests (blood, urine, saliva, etc.) and or nail and hair sample tests per year to monitor my alcohol and drug consumption. I further authorize PAPA to provide the results of any such tests to the Arizona Board of Pharmacy, my employer or its authorized agent or designee.

6. I agree to identify a primary care physician before leaving the hospital/treatment center. I also agree that in the event that I am given pain medication for chronic pain, I will have an evaluation done by PAPA's addictionologist at my expense and to comply with his recommendation.

7. If PAPA has a concern about my psychiatric or mental health, during the term of this contract, I agree to a reevaluation by a psychiatrist chosen by PAPA for a thorough

examination and recommendation for therapy.

8. I agree to have no more than one (1) individual counselor or therapist in addition to PAPA Clinical Director.

9. I agree to make a personal appearance before the PAPA Advisory Committee every six (6) months during the term of this contract.

10. I agree to notify the PAPA office of any change of my home address, home phone number, employer address, and work phone number. I agree to notify the PAPA office one (1) week in advance if any of these addresses or phone numbers change.

11. I further authorize PAPA to mail to my employer copies of the "Employer's Evaluation Form of PAPA Participant" once a month or as otherwise requested by my employer. (Copy attached.)

12. If I wish to terminate this contract or revoke the authority to report test results to the Board of Pharmacy, my employer or any other person, I will give twenty (20) days written notice to PAPA after which notice, PAPA will give one last notification to the Board of Pharmacy and my employer with the information set forth in the next paragraph 13.

13. **I UNDERSTAND AND AGREE THAT MY FAILURE TO COMPLY WITH ANY OF THE TERMS OR PROVISION OF THIS CONTRACT OR MY REVOCATION OF AUTHORITY OR TERMINATION OF THIS CONTRACT WILL RESULT IN HAVING THE ARIZONA STATE BOARD OF PHARMACY AND MY CURRENT EMPLOYER (NON-CONFIDENTAL PARTICIPANTS ONLY) NOTIFIED OF THE FOLLOWING INFORMATION:**

    1. A copy of this Impaired Pharmacist, Pharmacy Student, or Pharmacy Technician contract.

    2. A letter, which states that:

        A. You are an impaired pharmacist who has been enrolled in the Pharmacists Assisting Pharmacists of Arizona ("PAPA") program.

        B. You have failed to live up to the terms of your Contract with PAPA concerning treatment or aftercare.

        C. Any Biological Fluid and or Sample Collection (refer to 5.a) testing that indicates the presence of any mood altering substances, which includes, but not limited to illicit drugs and alcohol.

        D. Report containing information regarding your compliance with

attending 12 step-meetings, peer group sessions and PAPA Reviews.

E. You are no longer a member of the PAPA program.

I understand that I agree to completely abstain from ingesting any alcohol, mood-altering drugs, and substances, including those listed in the Talbots Medication Guide, except when approved by PCP, PAPA, and/or an addictionologist. In consideration for my being allowed to participate in the PAPA program, I hereby release and forever discharge PAPA, Arizona Pharmacy Association (AzPA), Arizona Pharmacy Foundation (APF), Pharmacy Network of Arizona (PNA). I also hereby release and forever discharge its associated Board of Directors, volunteers, employees, and its agents from any and all liability and for any claims for personal injuries or other damages which may arise from any of these services provided pursuant to this Contract. This release of all claims is intended to include the negligence or other fault of PAPA or related contracted entities, providers, and or volunteers and is intended to be binding upon myself, my heirs, personal representatives, my designees and me. As further consideration for my being allowed to participate in the PAPA program, I agree to indemnify and hold harmless PAPA, all related and or contracted entities, providers, Board of Directors of AzPA, APF and PNA. I also agree to indemnify and hold harmless, its employees and or its volunteers from and against any liability or claims, lawsuits or damages brought which relate in any way to this Contract or the relationships created by this Contract. This indemnity shall include any and all costs expended by PAPA including expert witness fees, travel, lodging and meals for witnesses, reasonable attorney's fees, statutorily allowed costs and any other sums actually expended by PAPA in defending claims brought by me or others.

**I UNDERSTAND THAT I AM GIVING UP MY RIGHT TO MAKE CLAIMS OR FILE LAWSUITS AGAINST PAPA FOR INJURIES AND OTHER DAMAGES THAT MAY OCCUR WHILE I VOLUNTARILY PARTICIPATE IN THE PAPA PROGRAM.**

Participant Signature

3.27.17
Date

APPROVED:

PAPA Program Director and/or Administrative Manager

Date

CALVARY
Addiction Recovery Center

05/17/2017

To Whom It May Concern,

This letter is to verify that Mr. Brian Bogdanowicz (DOB: 07/09/1991) enrolled in The Residential treatment Program on 04/17/2017 was discharged from residential treatment with a total of 30 days on 5/17/2017 to the IOP level of care for the treatment of F10.20 Alcohol use disorder, severe,F32.9 Unspecified depressive disorder and F41.9 Unspecified anxiety disorder. To date, Mr. Bogdanowicz has attended Substance Abuse Depression and Anxiety treatment.

His attendance and participation in the Residential program has been exemplary. His urine drug screens have been negative for alcohol and substances of abuse respectively. Mr. Bogdanowicz has submitted 12 step meeting attendance and sponsorship logs reflecting daily attendance to 12 step meetings as well as daily communication with his 12 step sponsor.

The Residential program is a twelve step facilitation based program which incorporates Cognitive Behavioral Therapy techniques, Mindfulness, Meditation, Dialectic Behavior Therapy and education. Emphasis is placed on establishing a sober social support system while addressing previously distorted belief systems. The groups are facilitated by an Arizona Board Licensed Associate Substance Abuse Counselor (LASAC).

Mr. Bogdanowicz will be eligible to step down to our Intensive Outpatient Program (IOP) and continue in our alumni program. It will be suggested that Mr. Bogdanowicz reside in a sober living half way house while attending PHP and IOP.

It is our suggestion that Mr. Bogdanowics is to continue working with his sponsor and follow the agreement with the P.A.P.A. program

Thank you for taking the time to review this information. If you have any questions or concerns regarding our program please feel free to contact me.

Thank you.

James M. Carr LASAC, MBAe 5/17/2017

James M. Carr, LASAC

Office: 602-279-1468 x141
Fax: 602-279-3090
E-mail: Jim.Carr@uhsinc.com
720 E. Montebello Ave.
Phoenix, AZ 85014

First Advantage
A Symphony Technology Group Company

June 16, 2017

**INITIAL RECOMMENDATION LETTER**

Brian Bogdanowicz
[redacted] N. Civic Center Plaza
Unit [redacted]
Scottsdale, AZ 85251

SSN: XXX-XX-[redacted]

Brian Bogdanowicz:

Due to substance misuse/abuse, you were referred to First Advantage Workplace Services and assessed by Brendan Beggs, LPC, Workplace Services local assessor on June 13, 2017. As a result of this assessment, Workplace Services has recommended that you attend treatment and self-help meetings.

In order for you to be considered eligible to return to the workplace, you must comply with the following:

1. Abstain from the use of illicit drugs, alcohol and prescription drugs that have not been prescribed by a physician. There may be situations when a physician's prescription may be questioned by Workplace Services due to the addictive nature of the drug prescribed. In this situation, a release of information must be signed so that Workplace Services and/or the Medical Director can speak directly with the prescribing physician.

2. **Document participation in and completion of a structured intensive outpatient chemical dependency program. This program must meet for a minimum of 4-7 weeks with at least 3-7 group sessions per week (totaling 9-20 hours per week).**

3. **You must call Calvary Addiction Recovery Center, 720 E. Montebello Avenue, Phoenix, AZ 85014 at 602-297-1468 ext. 141 to schedule an intake or first appointment and notify First Advantage Workplace Services (800-200-4819) of your appointment time within 24 hours of receiving this letter.** You must accept the first available appointment offered by the treatment center. **We recommend that you take this letter to your appointment to ensure that you are evaluated for the appropriate program.**

   Workplace Services must receive documentation that you have attended the initial intake session. Please send the enclosed **"Intake Verification Form"** completed by the intake treatment clinician within 24 hours from your initial intake date. The form can be submitted either by fax at 877-205-9731 or by email to complmonitoring@fadv.com. It is your responsibility to assure that Workplace Services receives the documentation in a timely manner.

   Once you have started the program, you will need to document your participation in the program. Enclosed are forms entitled, **"Documentation of Compliance to Treatment and Aftercare Plan."** You must give these forms to your treatment clinician to complete on a *weekly* basis. It is your responsibility to assure that Workplace Services receives the documentation in a timely manner. The forms are to be faxed to 877-205-9731 or emailed to complmonitoring@fadv.com and they must be received within three days of completion of the weekly requirement. All absences must be pre-approved by Workplace

Services and will need to be made-up. Absences from treatment that are not pre-approved may result in a report of non-compliance to Walgreens Co. Your case number **41802** should appear on the forms.

Once you have completed four (4) weeks of treatment or have entered into aftercare, you will need to give your treatment clinician the enclosed **"Summary of Treatment and Aftercare Recommendation"** form to complete. **This will facilitate your face-to-face re-evaluation in order to be returned to your original position.** The form is to be faxed to 877-205-9731 or emailed to complmonitoring@fadv.com and it must be received within three days of completion of the treatment phase.

4. **Documented attendance at 90 self-help meetings (for example: AA/NA) in 90 days** for the duration of treatment. You must begin attending these meetings when you receive this letter and you must continue attending these meetings throughout your treatment. You cannot document attendance to more than one meeting per day. Your treatment clinician should monitor your attendance to self-help. Document attendance on the enclosed "Documentation of Compliance for Self-Help Meetings" form.

5. **Schedule an appointment for an evaluation with a psychiatrist**. Your counselor should be able to assist you in locating an appropriate psychiatrist within your insurance. This psychiatrist must work in conjunction with the treatment facility and Workplace Services. **Submit documentation of the results of this evaluation on the enclosed "Documentation of Compliance to Psychiatric Evaluation" prior to your completion of treatment and prior to your return to work.** Document continued participation with this psychiatrist as directed. Documentation should be submitted on the enclosed "Documentation of Compliance to Medication Management" form.

6. **Once Workplace Services' reassessment process is completed, you will be notified to take a return-to-duty drug and breath alcohol test. When you go to test, you will need to take the appropriate forms with you. Enclosed are both the Forensic Drug Testing Custody and Control Form (CCF) and Walgreens Breath Alcohol Testing Form.** You will need to make additional copies of the breath alcohol testing form. Both tests must be negative in order to be eligible to return to work. **A non-negative test will result in a report of non-compliance to your employer. If you do not take a test before close of business of the collection site on the required testing day, you will be reported non-compliant and subject to termination of employment. Concentra Medical Center, 950 W. Southern Avenue, Tempe, AZ 85282** is your test site. The phone number is **480-968-7200**. You will need to contact the collection site to verify the hours of collection. It is your responsibility to inform First Advantage if you are not going to be available to test during any period of time. Vacations or trips out of town must be pre-approved two weeks in advance by Workplace Services 800-200-4819. You will need to take the necessary testing forms on your trip and an alternative collection site will be provided.

**All forms should be faxed confidentially to 877-205-9731 or emailed to complmonitoring@fadv.com**

**Health insurance may defray some of the cost of the services to which you are referred. However, you are responsible for determining the extent of coverage, filing the appropriate insurance forms, and assuming costs not covered by insurance.*

Recommendations may be modified at any point in collaboration with your treatment program. Further recommendations will be made after your re-evaluation. If you have any questions about this letter, please do not hesitate to call us at (800) 200-4819.

Sincerely,

*Lynne P. Pick, LCSW-C, SAP*

Lynne P. Pick, LCSW-C, SAP
Clinician
First Advantage
Workplace Services

Cc: Angela Crenshaw, Employee Relations Specialist, Walgreens
Nephtali Rosado, Employee Relations Specialist, Walgreens
Vicente Martine, District Manager, Walgreens

# Walgreens Family of Companies

## "Last Chance" Agreement for Drug and/or Alcohol Misuse

This letter of Agreement ("Agreement") is entered into by and between Walgreens family of companies (the Company) and Brian Bogdanowicz *(name of team member)* on this date 6/7/17 *(insert date)* in lieu of termination of my employment with the Company as a result of the following (check all that apply):

- ☐ a positive drug test for _____ *[name of substance(s)]*
- ☐ a positive alcohol test
- ☒ self-identification of substance misuse

I understand that as a result of my confirmed positive drug/alcohol test result or my self-identification of substance misuse, I must comply with the conditions specified in this Agreement in order to continue my employment with Walgreens family of companies. The conditions are as follows:

1. I must undergo an assessment by a Substance Abuse Professional (SAP), who will determine my need for a program of education, treatment, and/or rehabilitation regarding the misuse of alcohol and/or the misuse of controlled or illicit substances. I further understand that:
   a. I am financially responsible for all costs associated with the rehabilitation program and any after-care requirements. The Company will pay for case management and assessments, as well as any compliance monitoring costs.
   b. I must comply with all terms of the rehabilitation, education, and/or treatment program(s).
   c. I must comply with a written after-care plan received from the Company's Substance Abuse Professional (SAP), First Advantage Corporation (FADV) SAP Services; I authorize the release of a copy of this plan to Walgreens family of companies' management on a need to know basis.
   d. I must observe all terms of the FADV SAP Services return-to-work letter.
   e. I must execute and not revoke any written consents necessary to authorize the release of medical information from my personal physician and/or other necessary medical practitioners to the assessor, treatment provider, FADV Medical Review Officer (MRO), or FADV SAP for the purpose of determining level of care and compliance monitoring.
   f. I must execute and not revoke any written consents necessary to authorize the assessor, treatment provider, FADV MRO, FADV SAP, and the Company Insurance and Human Resources departments/divisions to release information to each other and to my manager regarding my participation in, attendance at, and compliance with the program, the after-care plan, and the return-to-work letter.
   g. I understand that my failure to comply with any portion of the program as required, or to discontinue my participation in the program, will result in being reported non-compliant by FADV SAP Services, which will result in termination of my employment with Walgreens family of companies.
   h. I am responsible for reading and reviewing all materials and agreements covering my care. I will obtain, complete and submit all required forms and documents to FADV SAP Services by all established deadlines.

2. I must adhere to the following timeline:
   a. I must call FADV SAP Services at (1-800-200-4819) within 24 hours from today. At that time, I will provide information to FADV SAP Services to assist them in locating a local resource for an initial assessment.
   b. I must schedule the initial assessment with a local Substance Abuse Professional within 72 hours of the referral by FADV SAP Services. I will take the local Substance Abuse Professional's first available appointment.
   c. Following the initial assessment, FADV SAP Services will work with the local SAP to make recommendations for my care. I must schedule any required appointments to start compliance with FADV SAP's recommendations within 72 hours of receipt of the recommendations and will take the first available appointment. Educational treatment will begin as soon as possible.
   d. I understand that failure to abide by this timeline will result in termination of my employment.

3. I will submit to periodic, unannounced drug and/or alcohol testing at any location specified by FADV SAP Services both prior to returning to work and for the period specified by FADV SAP Services following my return to work. I understand that for the first year of this program, I will be required to call an 800 number daily to determine if I am required to take a follow-up drug test. I also understand that my employment will be terminated with Walgreens family of companies if any test I am required to take is positive.

I understand that the above conditions will be binding upon me for a period of one to five years (as determined by FADV SAP Services) commencing on the date shown below. It will be my obligation to observe all of the conditions set forth in this letter. Violation of any of these conditions may result in termination of my employment. I understand that this Agreement does not alter my right to resign with or without notice, nor is it intended to alter the Company's right to terminate my employment "at will" for any reason it deems sufficient, with or without notice. If at any time, FADV no longer acts as the Company's SAP, I understand that this agreement will continue and that I will comply with all directions provided to me by the Company's new SAP and that I will provide the written consents referenced in paragraphs 1(e) and 1(f) above to the Company's new SAP.

I have read and understand this Agreement and certify that I am entering into it knowingly, voluntarily and with full knowledge of its significance. I have not been coerced, threatened, or intimidated into signing this Agreement and have had a reasonable period of time to consider the Agreement. I also certify that I am legally competent to execute this Agreement.

Dated: 06/07/17

| | |
|---|---|
| 282 / 3163 | |
| District Number or Location Name / Store Number or Location Type | |
| Brian Bogdanowicz / [signature] | Nicole Blackburn / [signature] |
| Team Member (Printed Name) (Signature) | DM/RXS/HR Manager (Printed Name) (Signature) |
| / | Nicole Blackburn / [signature] |
| Parent or Guardian (Printed Name) (Signature) *Required for Minors Only | Witness (Printed Name) (Signature) |

**Retain original copy and provide a copy to the team member.**
**Fax a copy of this signed form to First Advantage SAP Services at (877) 205-9731.**

CALVARY
Addiction Recovery Center

7/30/18

To Whom It May Concern,

This letter is to verify that Mr. Brian Bogdanowicz has successfully completed a course of treatment in Calvary's Aftercare Program.

Mr. Bogdanowicz's participation and attendance while in the Aftercare Program has been positive and he used the Aftercare Program to address his own recovery as well as in support of his peers. Mr. Bogdanowicz's has been a pleasure to work with and his prognosis is good moving forward contingent on his ongoing involvement in 12 step programs coupled with his ongoing recovery groups.

Thank you for taking the time to review this information. If you have any questions or concerns regarding our program please feel free to contact me. Thank you.

7/30/18

Shawn Gallo, LISAC

Office: 480-347-2714
Fax: 480-347-2725
E-mail: shawn.gallo@uhsinc.com

**PROFESSIONALS ASSISTING PROFESSIONALS OF ARIZONA**
*A program administered by the Arizona Pharmacy Foundation*

3/27/2022

Brian Bogdanowicz
[redacted]

Re: PAPA Program Completion

Dear Brian,

Congratulations on successfully completing a 5-year confidential track in the PAPA program from March 27, 2017 to March 27, 2022.

Your monitoring program included the following components all of which you fulfilled:

- Weekly peer support group counseling sessions led by our licensed counselors
- Random urine drug screens (24-48 per year) which include testing for Etg (Alcohol metabolite)
- Attendance at a minimum of twelve self-help (AA, NA, CA) meetings each month where attendance is tracked and monitored through a mobile GPS app
- Monthly participant evaluation completed by the respective Peer Group Counselor to track participation as well as observations of the participant and their recovery
- Semi-annual employer evaluation for all non-confidential participants
- Semi-annual in person meeting with program staff and steering committee for accountability and assessment of program compliance

We wish you continued success in your recovery.

Sincerely,

Kelly L Fine

Kelly Fine | PAPA Program Director
On behalf of the PAPA Steering Committee
papa@azpharmacy.org

**PAPA | Professionals Assisting Professional of Arizona**

*PAPA is a peer assistance program dedicated to helping health care professionals enter a safe, supported, and successful recovery. Our program has served over 250 healthcare professionals since it was established in 1989. Our trained staff helps identify, assist, support, advocate, and monitor health care professionals with substance use and mental health disorders. We are proud of our work and success at giving health care professionals an opportunity to treat their substance use and mental health disorders while maintaining their professional license.*

6/27/2022

Case #52581
SSN: XXX-XX-[redacted]

Brian Bogdanowicz

[redacted] W Abraham Lane

Glendale, AZ 85308

Dear Brian Bogdanowicz:

Congratulations! As of the date of this letter, you have successfully fulfilled the requirements of your return to work agreement. This is a great accomplishment. We hope that you choose to remain connected with a community that supports your recovery.

Your case with ASAP has been closed. A copy of this letter will be sent to your employer to notify them of your successful completion of this program.

If you have any questions about this letter, please call 410-366-3899. Best wishes and continued success to you.

Sincerely,

American Substance Abuse Professionals (ASAP), Inc

cc: Angela Lindsey, Store Manager, Walgreens

Rob Severson, District Manager, Walgreens

10151 York Road, Suite 120
Cockeysville, MD 21030
410-366-3899 | fax: 410-889-6234
go2asap.com

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 2. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 3-26-17 | 10-24-17 | AZ | MESA | MARICOPA |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| TR2017-114847 | WEST MESA JUSTICE COURT OF THE STATE OF ARIZONA |

| Reason/Charge | |
|---|---|
| CLASS 1 MISDEMEANOR - DUI - NONDANGEROUS, NON REPETITIVE | |
| **Plaintiff/Defendant/Claimant/Respondent** | **Lawsuit/Arbitration/Bankruptcy** |
| STATE OF AZ (PLAINTIFF) v. BRIAN BOGDANOWICZ (DEF.) | FINE + TREATMENT + REQUIREMENTS |
| **Name of Business/Industry/Entity** | |
| | |

**Provide explanation below:**

On March 26th, 2017, I was arrested and charged with my first and only DUI due to alcohol intoxication.

The next day, I confidentially enrolled in a 5-year pharmacist monitoring program in Arizona (PAPA). I also enrolled in a 5-year monitoring program with Walgreens.

I completed 30 days of inpatient therapy and 1 year of outpatient therapy.

I have since completed all ordered requirements from court, work, and monitoring programs.

I sincerely regret my decisions which led to my arrest on March 26th, 2017.

I am grateful to be able to illustrate the course of my actions since then with all of the attached documents, including in response to Question #1.

Original Signature (electronic, copies or stamps not accepted)

7-31-2023
Date

IN THE WEST MESA JUSTICE COURT OF THE STATE OF ARIZONA
AND FOR THE COUNTY OF MARICOPA

| | |
|---|---|
| THE STATE OF ARIZONA, Plaintiff, vs. | CASE # TR2017-[illegible] |
| BRIAN BOGDANOWICZ, DOB: [redacted] Defendant. | PLEA AGREEMENT |

COPY

DECLARATION by defendant as follows.
Defendant is represented by his/her attorney: Paul Ross

The State of Arizona and the defendant hereby agree to the following disposition of this case:

The Defendant agrees to plead Guilty to: Count (B) : **Driving While Under the Extreme Influence of Intoxicating Liquor or Drugs (BAC .15 to .20), a class 1 misdemeanor, in violation of ARS §§ 28-1382(A)(1), 28-1382 (D)(1) & (I), 28-1387(B)&(C), 28-1444 28-1461, 28-3001, 28-3304, 28-3305, 28-3306, 28-3315, 12-114.01, 12-116.01, 12-116.02, 12-116-04, 13-707, 13-802, 41-1723, and 41-1651 committed on on 03/26/17.**

This is a non-dangerous, non-repetitive offense under the criminal code.

Terms: On the following understandings, terms and conditions:

(DF) 1. The crime carries a maximum sentence of 6 months. Probation is available. Restitution of economic loss to the victim and waiver of extradition for probation revocation procedures are required. Pursuant to A.R.S. §13-805 at the time restitution is ordered, the court may enter a criminal restitution order including interest and collection fees. The maximum fine that can be imposed is $2,500 plus an 83% surcharge plus $20.00 pursuant to A.R.S. §12-269 plus a $13.00 assessment pursuant to A.R.S. §12-116.04. Special conditions regarding the sentence imposed by statute (if any) are: MVD will assess eight (8) points against the defendant's driving privileges. The defendant may be placed on probation for up to 5 years. The defendant shall pay a minimum fine of $250.00 plus 83% surcharge, and a $13.00 assessment; and shall pay an additional assessment of $250.00, which shall be transmitted by the Court to the County Treasurer. The defendant shall pay an additional assessment of $1,000.00 to the Prison Construction and Operation Fund and $1,000.00 to the Public Safety Equipment Fund. The defendant shall serve not less than thirty (30) days (29) of which may be suspended upon successful completion of Outpatient Substance Abuse treatment and aftercare through the VA. The defendant must pay all incarceration costs per ARS §28-1444. The Court shall not waive any portion of the fine, additional assessment or surcharges. The defendant shall be required to equip any motor vehicle the defendant operates with a certified interlock ignition device pursuant to ARS §§ 28-1461 and 28-3319. The Defendant shall complete alcohol or drug screening pursuant to ARS § 28-1387(B). The defendant may be ordered to perform community restitution. Sentence Review Hearing shall be held as required by the court.

(DF) 2. The parties stipulate to the following additional terms, subject to court approval at the time of sentencing as set forth in paragraph 7: **The Defendant shall be placed on unsupervised probation. The Defendant shall pay a fine of $250.00 plus an 83% surcharge. The Defendant shall pay an additional assessment of $250.00 to the Driving Under the Influence Abatement Fund. The Defendant shall pay the additional mandatory assessments of $1,000.00 to the Prison Construction and Operation Fund and $1,000.00 to the Public Safety Equipment Fund. The defendant shall serve not less than thirty (30) consecutive days in jail and is not eligible for probation or suspension of execution of the sentence unless the entire sentence is served. Pursuant to A.R.S. §28-1382(I), at the time of sentencing, the Judge may suspend all but nine (9) days of the sentence if the Defendant equips any motor vehicle the Defendant operates with a certified ignition interlock device for a period of twelve (12) months. The Defendant must reimburse for all incarceration costs pursuant to A.R.S. §28-1444. The State recommends that the Defendant attend and complete the MADD Victim Impact Panel. The Defendant shall equip any motor vehicle the Defendant operates with a certified ignition interlock device pursuant to A.R.S. §§28-1461 and 28-3319. The Defendant shall complete alcohol or drug screening pursuant to A.R.S. §28-1387(B). The Defendant may be eligible for work release after serving forty-eight (48) consecutive hours in jail upon proof of employment or enrollment in school, pursuant to A.R.S. §28-1387(C). MVD will assess eight (8) points against the Defendant's driving privileges.**

(DF) 3. The following charges are dismissed, or if not yet filed, shall not be brought against the Defendant by the Maricopa County Attorney's Office: Counts A, C and D.

(BB) 4. This agreement serves to amend the complaint, indictment, or information, to charge the offense to which the Defendant pleads, without the filing of any additional pleading. However, if the plea is rejected by the court or withdrawn by either party, or if the conviction is subsequently reversed, the original charges and any charges that are dismissed by reason of this plea agreement are automatically reinstated.

(BB) 5. If the Defendant is charged with a felony, he/she hereby waives and gives up his/her rights to a preliminary hearing or other probable cause determination on the charges to which he/she pleads. The Defendant agrees that this agreement shall not be binding on the State should the Defendant be charged with or commit a crime between the time of this agreement and the time for sentencing in this cause; nor shall this agreement be binding on the State until the State confirms all representations made by the Defendant and his/her attorney, to-wit:

**The Defendant avows that in any jurisdiction and under any name:**
**(1) the Defendant has NO prior felony conviction, and**
**(2) the Defendant WAS NOT on probation for a conviction of a felony offense or a misdemeanor offense, and WAS NOT on parole, work furlough, community supervision, or another type of release or escape from confinement for a conviction of a felony offense at the time of this offense, and**
**(3) the Defendant has NO pending felony matters or cases.**
**(4) the Defendant has NO pending DUI (felony or misdemeanor) cases other than this case.**
**(5) the Defendant has 0 prior misdemeanor DUI convictions.**

If the Defendant fails to appear for sentencing, the court may disregard the stipulated sentence and impose any lawful sentence which is the same as or exceeds the stipulated sentence in the plea agreement. In the event the court rejects the plea, or either the State or the Defendant withdraws the plea, the Defendant hereby waives and gives up his/her right to a preliminary hearing or other probable cause determination on the original charges.

(BB) 6. Unless this plea is rejected by the court or withdrawn by either party, the Defendant hereby waives and gives up any and all motions, defenses, objections, or requests which he/she has made or raised, or could assert hereafter, to the court's entry of judgment against him/her and imposition of a sentence upon him/her consistent with this agreement. By entering this agreement, the Defendant further waives and gives up the right to appeal.

(BB) 7. The parties hereto fully and completely understand and agree that by entering into a plea agreement, the defendant consents to judicial fact finding by preponderance of the evidence as to any aspect or enhancement of sentence and that any sentence either stipulated to or recommended herein in paragraph two is not binding on the court. In making the sentencing determination, the court is not bound by the rules of evidence. The State's participation in this plea agreement is conditional upon the Court's acceptance its terms conditions or provisions. If after accepting this plea the court concludes that any of the plea agreement's terms conditions or provisions regarding the sentence or any other aspect of this plea agreement are inappropriate, it can reject the plea. If the court decides to reject any of the plea agreement's terms conditions or provisions, it must give both the state and the Defendant an opportunity to withdraw from the plea agreement. Should the Court reject this plea agreement, or the State withdraws from the agreement, the Defendant hereby waives all claims of double jeopardy and all original charges will automatically be reinstated. The Defendant in such case waives and gives up his/her right to a probable cause determination on the original charges

(BB) 8. If the court decides to reject the plea agreement provisions regarding sentencing and neither the State nor the Defendant elects to withdraw the plea agreement, then any sentence either stipulated to or recommended herein in paragraph 2 is not binding upon the court, and the court is bound only by the sentencing limits set forth in paragraph 1 and the applicable statutes.

(BB) 9. This plea agreement in no way affects any forfeiture proceedings pursuant to A.R.S. §13-4301 et seq., §13-2314, or § 32-1993, if applicable, nor does the plea agreement in any way compromise or abrogate any civil actions, including actions pursuant to A.R.S. §13-2301 et seq. or §13-4301 et seq., or the provisions of A.R.S. §13-2314 or A.R.S. §13-4310.

(BB) 10. I understand that if I am not a citizen of the United States, or was not a citizen at the time of the commission of the offense to which I am pleading, that my decision to go to trial or enter into a plea agreement may have immigration consequences. Specifically, I understand that pleading guilty or no contest to a crime may affect my immigration status. Admitting guilt may result in deportation even if the charge is later dismissed. My plea or admission of guilt could result in my deportation or removal, could prevent me from ever being able to get legal status in the United States, or could prevent me from becoming a United States citizen. I understand that I am not required to disclose my legal status in the United States to the court.

11. I have read and understand the provisions of pages one, two, and three of this agreement. I have discussed the case and my constitutional rights with my lawyer. My lawyer has explained the nature of the charge(s) and the elements of the crime(s) to which I am pleading. I understand that by pleading GUILTY I will be waiving and giving up my right to a determination of probable cause, to a trial by jury to determine guilt and to determine any fact used to impose a sentence within the range stated above in paragraph one, to confront, cross-examine, compel the attendance of witnesses, to present evidence in my behalf, my right to remain silent, my privilege against self-incrimination, presumption of innocence and right to appeal. I agree to enter my plea as indicated above on the terms and conditions set forth herein. I fully understand that if, as part of this plea agreement, I am granted probation by the court, the terms and conditions thereof are subject to modification at any time during the period of probation. I understand that if I violate any of the written conditions of my probation, my probation may be terminated and I can be sentenced to any term or terms stated above in paragraph one, without limitation.

I have personally and voluntarily placed my initials beside each of the above paragraphs and signed the signature line below to indicate that I read, or had read to me, understood and approved all of the previous paragraphs in this agreement, both individually and as a total binding agreement. My plea is voluntary and not the result of force, or threat, or promises other than those contained in the plea agreement.

**DO NOT SIGN THIS FORM UNLESS YOU HAVE READ IT COMPLETELY, OR HAD IT READ TO YOU AND UNDERSTAND IT FULLY.**

Date: 10/24/17 Defendant Brian Bogdanowicz

I have discussed this case with my client in detail and advised my client of his or her constitutional rights and all possible defenses. I believe that the defendant's plea is knowing, intelligent, and voluntary and that the plea and disposition are consistent with law.

Date: 10/24/17 Defense Counsel

I have reviewed this matter and concur that the plea and disposition set forth herein are appropriate and are in the interests of justice.

Date: 10/24/17 Prosecutor Brittany Skinner

# Maricopa County Justice Courts, Arizona

West Mesa Justice Court 2050 W. University Dr., Mesa, AZ 85201 480-964-2958

CASE NUMBER: TR2017114847

STATE OF ARIZONA vs. Brian Stanley Bogdanowicz

Defendant(s) Name / Address / Email / Phone

## ADDENDUM TO DUI PLEA AGREEMENT

☐ **DRUG AND/OR ALCOHOL SCREENING COMPLETED PRIOR TO DEFENDANT APPEARING IN COURT**

☐ Attached is the result of the drug and/or alcohol screening and recommendations (document provided by Defendant)

A. Defendant has completed drug and/or alcohol screening in compliance with 28-1385 on this date: _____

at the _____ facility.

*(If it has been more than 6 months, Defendant may need to re-screen.)*

☐ Recommendation: that Defendant did not need to complete counseling, education and/or treatment. Defendant has met the obligation.

☐ Recommendation: Defendant was recommended to complete counseling, education and/or treatment.

**IT IS HEREBY ORDERED** that the Defendant provide the court with an update/schedule or completion of the recommended counseling, education and/or treatment on or before _____

☒ **DRUG AND/OR ALCOHOL SCREENING NOT COMPLETED PRIOR TO DEFENDANT APPEARING IN COURT OR AS ORDERED**

**B. IT IS ORDERED** THAT THE DEFENDANT COMPLETE drug and/or alcohol screening.

~ Defendant understands that they must select an drug and/or alcohol screening education and counseling provider.
*You may find providers by looking in the Public Directories or at the following website:*
*http://www.azdhs.gov/documents/licensing/databases/DUI_Report.pdf*

~ Defendant understands that drug and/or alcohol screening must be complete by the date ordered by the court as well as complete any counseling, education and/or treatment recommended by the provider.

~ **Defendant understands that they are responsible for providing the court with periodic updates (if required) and a Certificate of Completion upon compliance with all recommended counseling, education and/or treatment.**

12/27/2017 Date to complete ☒ Screening ☒ Treatment
*(If it has been more than 6 months, Defendant may need to re-screen.)*

01/24/2018 Date to provide court with update or completion

Date: 10/24/17 _____ Defendant

Date: 10/24/17 _____ Justice of the Peace

CR 8150-625.01 R: 1/26/16

# Maricopa County Justice Courts, Arizona

**West Mesa Justice Court 2050 W. University Dr., Mesa, AZ 85201 480-964-2958**

STATE OF ARIZONA vs. CASE NUMBER: TR2017114847

BRIAN STANLEY BOGDANOWICS (Defendant) 07/09/1991 (DOB) **DUI GUILTY / NO CONTEST PLEA PROCEEDING**

Defendant is present and indicates a desire to plead guilty or no contest and I have found the following facts:

1. Defendant understands the nature of the charges as driving or being in actual physical control of a vehicle:
   - ☐ While under the influence of intoxicating liquor/toxic vapors/drugs, 28-1381A1, a class 1 misdemeanor.
   - ☐ With an illegal alcohol concentration .08 or more, 28-1381A2, a class 1 misdemeanor.
   - ☐ While any illegal drug or its metabolite is in the defendant's body, 28-1381A3, a class 1 misdemeanor.
   - ☐ With an alcohol concentration of .04 percent or more in a commercial vehicle, 28-1381A4, a class 1 misdemeanor.
   - ☐ With an extreme illegal alcohol concentration of .15 to .19 or more, 28-1382A1, a class 1 misdemeanor.
   - ☐ With an extreme illegal alcohol concentration of .20 or more, 28-1382A2, a class 1 misdemeanor.
2. Defendant is ☐ with counsel ☐ without counsel, and understands the following information: (*waiver of counsel with file*)
3. The maximum penalty for each listed offense is: 6 months jail, $2,500.00 fine + surcharges, 5 years probation
4. ☒ **FIRST:**

**The minimum penalty** for a first conviction of a non-extreme offense is: 10 days in jail (*9 days suspended upon completion of substance abuse treatment*), $250.00 fine + surcharges, + $500.00 PCF assessment and an additional $500.00 DUI Public Safety assessment, and a certified ignition interlock device.

**The minimum penalty** for an extreme offense of .15 to .19 is 30 consecutive days in jail (*the entire sentence must be served*), $250.00 fine + surcharges, $250.00 Abatement assessment, 30 hours of community restitution service may be ordered + $1,000.00 PCF penalty assessment, an additional $1,000.00 DUI Public Safety assessment, and a certified ignition interlock device.

**The minimum penalty** for an extreme offense of .20 or more is 45 consecutive days in jail (*the entire sentence must be served*), $500.00 fine + surcharges, $250.00 Abatement assessment, 30 hours of community restitution service may be ordered + $1,000.00 PCF penalty assessment, an additional $1,000.00 DUI Public Safety assessment, and a certified ignition interlock device.

Motor Vehicle Department will determine license suspension. DUI - drugs conviction includes 1 year revocation of driving privileges. A DUI commercial vehicle conviction includes 1 year revocation of commercial driving privilege.

☐ **SECOND:**

**The minimum penalty** for a second conviction of a non-extreme offense within an 84 month period is 90 days in jail (60 *days suspended upon completion of substance abuse treatment*), $500.00 fine + surcharges, at least 30 hours of community restitution service + $1,250.00 PCF penalty assessment an additional $1,250.00 DUI Public Safety assessment, a 1 year revocation of driving privileges and a certified ignition interlock device.

**The minimum penalty** for a second conviction of an extreme offense of .15 to .19 within an 84 month period is 120 days in jail (*entire sentence must be served and 60 days must be served consecutively*), $500.00 fine + surcharges, $250.00 Abatement assessment, at least 30 hours of community restitution service + $1,250.00 PCF penalty assessment, an additional $1,250.00 DUI Public Safety assessment, a 1 year revocation of driving privileges and a certified ignition interlock device.

**The minimum penalty** for a second conviction of an extreme offense of .20 or more within an 84 month period is 180 days in jail (*the entire sentence must be served and 90 days must be served consecutively*) $1000.00 fine + surcharges, $250.00 Abatement assessment, at least 30 hours of community restitution service + 1,250.00 PCF penalty assessment, an additional $1,250.00 DUI Public Safety assessment, a 1 year revocation of driving privileges and a certified ignition interlock device.

5. The court has inquired as to the defendant's probation or parole status.
6. Defendant has entered into a plea agreement and consents to its terms; plea to the court.
7. Defendant understands that the following constitutional rights are given up by changing the plea:
   a. Right to plead not guilty and require the State to prove guilt beyond a reasonable doubt.
   b. Right to a trial by jury.
   c. Right to assistance of an attorney at all stages of the proceedings, including appeal. In some cases, the defendant may be eligible for a court appointed attorney free of charge, if the defendant cannot afford one.
   d. Right to confront witnesses against the defendant and cross-examine them as to the truthfulness of their testimony.
   e. Right to present evidence in the defendant's own behalf and to have the court compel the defendant's chosen witnesses to appear and testify free of charge.
   f. Right to remain silent and to be presumed innocent until proven guilty beyond a reasonable doubt.
   g. Right to a direct appeal.
8. Defendant understands Rule 17.2 (*the court reads the following to the defendant*): If you are not a citizen of the United States, pleading guilty or no contest to a crime may affect your immigration status. Admitting guilt may result in deportation even if the charge is later dismissed. your plea or admission of guilt could result in your deportation or removal, could prevent you from ever being able to get legal status in the United States, or could prevent you from becoming a United States citizen.
9. Defendant wishes to give up these constitutional rights after having been advised of them.
10. Defendant understands that a review of the conviction or sentence may only be made pursuant to Rule 32.
11. There exists a basis in fact for believing the defendant guilty of the offenses charged.
12. Plea is voluntary and not the result of forces, threats or promises other than those contained in the plea agreement.

On the basis of these findings, I conclude that the defendant knowingly, voluntarily, and intelligently pleads ☒ guilty ☐ no contest to the above charges, and I accept the plea.

Date: 10/24/17 _____ Justice of the Peace

I certify that the judge advised me of the nature of the offense, range of penalties, and my constitutional rights as indicated above. I understand the constitutional rights which I give up by entering this plea, and that I desire to plead guilty or no contest. I desire to proceed without an attorney representing me. If represented, counsel's signature appears below. I acknowledge that I am giving up the right to a direct appeal by pleading guilty / no contest in this matter.

X _____ _____ 014613 _____

Defendant Defendant's Counsel / Bar No. Interpreter

CR 8150-627.01 R: 11/16/10

# Maricopa County Justice Courts, Arizona

**West Mesa Justice Court 2050 W. University Dr., Mesa, AZ 85201 480-964-2958**

STATE OF ARIZONA
vs.
BRIAN STANLEY BOGDANOWICS
Defendant

CASE NUMBER: TR2017114847

**JUDGMENT AND SENTENCE ORDER**

☐ MODIFIED *(All terms of the original order not modified remain in full force and effect.)*

**THE COURT RENDERS JUDGMENT** and Orders as follows:

| | | A. 28-1382A2 | B. 28-1382A1 | C. 28-1381A2 | D. 28-1381A1 | E. |
|---|---|---|---|---|---|---|
| Violation Codes: | | | | | | |
| Not Guilty / Not Responsible | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Dismissed | ☐ | ☐ | ☒ | ☒ | ☒ | ☐ |
| Guilty / Responsible | $ | $ 950.00 | $ | $ | $ | $ |
| Surcharges waived | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Sentence Suspended | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

Attorney Reimbursement $_____ $45.00 Warrant Fee $_____ ☐ $30.00 Default Fee ☐ $35.00 FARE Delinquent Fee
☐ FARE Special Collection Fee ☐ $15.00 Drug Assessment Per Charge *(Effective offense date 8/2/12 -8/5/16)*
☐ $50.00 DV Services Fund Assessment *(Effective 7/20/11 to 12/31/2011)* ☐ $50.00 DV Address Confidentiality Assessment *(Effective 1/1/2012)*

Restitution
☐ Restitution shall be paid through the Maricopa County Check Enforcement Program, 3131 W. Durango Rd., Phoenix, Arizona 85009 (602-372-7300) in monthly installments of $_____ beginning on the _____ day of _____ and each month thereafter until paid in full. For a total of: $_____
☐ Shall be paid to the victim(s) as directed on the Order for Payment of Restitution.

| | | | | | | |
|---|---|---|---|---|---|---|
| DUI (Prison Constr Fund) | $ | $ 1000.00 | $ | $ | $ | $ |
| DUI (Addl Assessment) | $ | $ 1000.00 | $ | $ | $ | $ |
| OUI (Boating Safety Fund) | $ | $ | $ | $ | $ | $ |
| EXTREME DUI (Abatement) | $ | $ 250.00 | $ | $ | $ | $ |

☒ The defendant shall pay jail costs for every day served on these charges at the rate of $326.00 for the first day and $102.00 for every day thereafter. For a total of: $ 1142 300
☐ The fine shall be reduced if the defendant shows the following proof to the court NO LATER THAN: _____
☐ Insurance (in effect on the date of violation) ☐ A new 6-month policy of insurance ☐ Current registration
☐ Legible or duplicate driver's license ☐ Reinstated driver's license ☐ Other: _____

**ALL AMOUNTS ARE DUE AND PAYABLE TODAY. If you are unable to pay today you must report to the Court's Fines Manager. A $20.00 time payment fee will be added to fine(s) not paid in full today. Additional penalties will be added to all balances not paid as agreed. Collection costs will be added to all balances referred to a collection agency.**

☐ Cash bond of $_____ shall be applied as follows:

$_____ $_____ $_____ $_____ $_____ $_____
Any remaining bond is exonerated.
☐ **IT IS FURTHER ORDERED:** _____

☐ Additional orders as set forth on the JUDGMENT AND SENTENCE ORDER ADDENDUM.
☐ Additional orders as set forth on the DOMESTIC VIOLENCE ADDENDUM.
Until all conditions of this order are completed, you must immediately notify the court in writing, of any change of address or telephone number.

Date: 10/24/17 _____
Justice of the Peace

I acknowledge receipt of a copy of the foregoing Judgment and Sentence Order. I understand that, if I fail to comply, the court will take appropriate action as follows: Direct MVD to suspend my driver's license and/or registration. My privilege to drive will remain suspended until the judgment and any additional penalties are paid in full, or issue an order requiring me to show cause why I should not be held in contempt and a warrant may be issued for my arrest.
☐ I am a teacher certified to teach by the Board of Education or I am teaching in a community college district or a charter school.
☐ I am not a teacher

Date: 10/24/17 _____
Defendant's signature

_____
_____
_____
_____
Defendant(s) Name / Address / Email / Phone

CR 8150-631.01 R: 8/4/17

Name: BRIAN STANLEY BOGDANOWICS Case Number: TR2017114847

☒ JUDGMENT AND SENTENCE ORDER ADDENDUM
☐ Amended

IT IS FURTHER ORDERED that defendant shall:

☒ 1. Be confined in the Maricopa County Jail, as set forth in the Order of Confinement for 30 days in jail
- ☐ All but _____ days suspended upon completion of alcohol or drug screening, education or treatment program
- ☒ All but 9 days suspended upon installation of an interlock device and 12 consecutive months of service
- ☐ _____ days must be served consecutively
- ☐ Other: _____

☐ 2. 30 hours of community restitution service.

☒ 3. Participate in an alcohol / drug screening as set forth in the Treatment Order. You must participate in any and all programs, counseling or treatment recommended pursuant to the screening.

☐ 4. Participate in the Mother's Against Drunk Driving (MADD) Victim Impact Panel.

☐ 5. Participate in and complete _____ hours of community (service) restitution by _____, at the following location: _____

☐ 6. Participate in counseling at: _____

☐ 7. Show proof of completion by _____. You are responsible for ensuring the court receives proof of compliance.

☐ 8. Defendant's ☐ driving privileges ☐ registration be suspended for _____ day(s) _____ month(s)

☐ 9. Ignition interlock extended for _____ day(s) _____ month(s)

☒ 10. Additional Orders: INSTALL IGNITION INTERLOCK DEVISE AS PER MVD

☒ PROBATION ADDENDUM

☒ 11. Defendant is placed on probation under the supervision of this court and subject to the terms and conditions checked below for the following violation 28-1382A2
for a period of _____ month(s) 2 year(s) from this date, ending _____

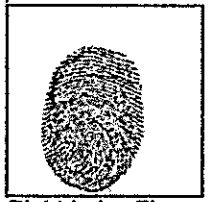
IN ADDITION TO COMPLIANCE WITH ALL ORDERS contained within this judgment and sentence order, which are hereby made apart of and included in the terms and condition of probation, defendant shall:

- ☐ At all times be a law-abiding citizen.
- ☐ Remain gainfully employed or enrolled as a student at all times and shall keep the court advised of such employment or schooling and progress therein.
- ☐ Not drink intoxicating and / or alcoholic beverages to excess.
- ☐ Not knowingly associate with any person of lawless reputation nor with any person who has a criminal record or who is on probation or parole without approval of the court.
- ☐ Not possess or use any drug or narcotic including marijuana or dangerous drugs in violation of any law.
- ☐ Not possess or control any deadly weapon or firearm
- ☐ Not leave the State of Arizona nor change the place of residence without notification and approval of the court.
- ☐ Report to the court at least once each month, in writing, or in person, or at all other such times as directed by the court.
- ☐ Not drive a vehicle in Arizona unless properly licensed by the State of Arizona.
- ☐ Defendant shall have no contact with the victim.
- ☒ Special conditions: PROBATION WILL AUTOMATICALLY TERMINATE UPON COMPLETION OF ALL TERMS

**Failure to fulfill all terms of this Order may result in imposition of any suspended or deferred jail time.**

☐ RIGHT TO APPEAL this judgment will end 14 calendar days after TODAY'S date. A NOTICE OF RIGHT TO APPEAL setting forth the procedures I must follow to exercise this right appears on the back of the Judgment and Sentence Order given me.

☐ A NOTICE OF RIGHT OF SETTING ASIDE JUDGMENT and my RIGHT TO POST CONVICTION RELIEF, and the procedures I must follow to exercise these rights, appears on the back of the Judgment and Sentence Order given me.



Right Index Finger

Date: 10/24/17 Defendant

CR 8150-632 R: 4/4/16

# Maricopa County Justice Courts, Arizona

West Mesa Justice Court 2050 W. University Dr., Mesa, AZ 85201 480-964-2958

STATE OF ARIZONA

CASE NUMBER: TR2017114847

vs.

BRIAN STANLEY BOGDANOWICS

JUDGMENT OF GUILT AND SENTENCE
☐ Amended

Defendant(s) Name / Address / Email / Phone

Defendant has personally appeared before this court for sentencing and the court has ascertained the following facts, pursuant to ARS 13-607, noting each by initialing it.

Defendant's date of birth is 07/09/1991

Defendant was convicted of:

- ☐ 13-1802 Theft, a class 1 misdemeanor
- ☐ 13-1805 Shoplifting, a class 1 misdemeanor
- ☐ 28-1381A1 Driving while under the influence, alcohol, drugs, toxic vapor or combination, a class 1 misdemeanor
  - ☐ Drug only no intoxicating liquor (Effective 01/01/17)
- ☐ 28-1381A2 Driving while under the influence with alcohol concentration of .08 or more, a class 1 misdemeanor
- ☐ 28-1381A3 Driving while under the influence, drugs or metabolite, a class 1 misdemeanor
- ☐ 28-1381A4 Commercial driver driving while under the influence with B.A.C. of .04 or more, a class 1 misdemeanor
- ☐ 28-1382A1 Extreme driving while under the influence (Alcohol content of .15 to .19), a class 1 misdemeanor
- ☒ 28-1382A2 Extreme driving while under the influence (Alcohol content of .20 or more), a class 1 misdemeanor

Counsel for the defendant was Paul Ramos Bar I.D. 014613

Or,

☐ Defendant knowingly, voluntarily and intelligently waived his right to counsel after having been fully apprised of his right to counsel.

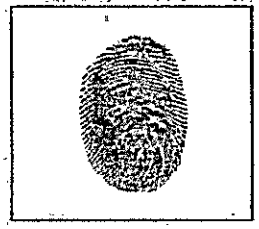
The basis for the finding of guilt was by:

- ☐ Trial to jury
- ☐ Trial to court
- ☒ Plea of guilty
- ☐ Plea of no contest

☐ Defendant knowingly, voluntarily and intelligently waived his right to a jury trial when requesting a trial to court.

☐ Defendant knowingly, voluntarily and intelligently waived all pertinent rights when found guilty by a plea of guilty or no contest.

The offense ☐ is or ☐ is not of a dangerous or repetitive nature pursuant to ARS 13-604 or 13-604.02.



Right Index Finger

I hereby certify that at the time of sentencing and in open court the defendant's fingerprint was permanently affixed to this document.

Date: 10/24/17

Justice of the Peace

CR 8150-630.01 R: 12/29/16

# 19

# 20

# 15A

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## Pharmacist Application
## Non-Refundable $250 fee

Rev (06/28/2022)

Y

**Section 1: Select how will you be obtaining your Nevada Pharmacist Registration**

☐ **Examination**

☐ **Score Transfer** (Transfer your NAPLEX SCORE to Nevada within 89 days after taking your exam at https://nabp.pharmacy/ before completing this application.)

☐ **Reciprocation** (Complete NABP's Electronic Licensure Transfer Program (e-LTP) application at https://nabp.pharmacy/ before completing this application.)

Are you submitting this application to RETAKE the NAPLEX and/or MPJE? ☐ Yes ☐ No

**Section 2: General Information**

First: Aurora Middle: _____ Last: Bejto

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☐ M ☒ F ☐ X

Mailing Address: [redacted]James Ct.

City: Reno State: NV Zip: 89503

Telephone: [redacted] Email: [redacted]

**Section 3: Employment Information**

Pharmacy Name: ASPEN HealthRX NV Pharmacy License # (if applicable): _____

Address: 401 East Jackson Street Suite 3300

City: Tampa State: FL Zip: 33602

Telephone: 1-866-277-3679 Email: _____

**Section 4: College of Pharmacy Information**

School Name: Roseman University of Health Sciences

Address: 11 Sunset Way

City: Henderson State: NV Zip: 89104

Country/Territory/Province: U.S.A

Graduation Date: 06/03/2012 Degree: ☒ PharmD ☐ BS in Pharmacy ☐ Other

**Section 5: ONLY COMPLETE this section if you are applying for a Nevada Pharmacist Registration by RECIPROCATION:**

Original State of licensure/registration you are reciprocating from must be active and issued by exam (passing the NAPLEX and that state's MPJE).

State: _____ License #: _____ Date of Issuance: _____ Expiry Date: _____

**Section 6: List all pharmacist license/registration you have/had in other states. Use another sheet if additional space is needed.**

| State | License/ Registration # | Issued Date | Expiry Date | License/Registration Status (check applicable box) | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Active | Inactive | Expired | Revoked | Surrendered |
| WA | PH 60957232 | 7/23/2020 | 09/19/2023 | ✔ | | | | |
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| Section 7: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✔ |

| Section 8: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✔ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | ✔ |

| Section 9: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your registration? | ✔ | |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? | | ✔ |
| 3. Have you been the subject of a board citation or administrative action whether completed or pending in <u>any</u> state? | ✔ | |
| 4. Has your license/registration been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state? | ✔ | |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 9 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # 1,3,4 . Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 7/14/2021 | | NV | Reno | WASHOE |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 21-021-RPH-N | NEVADA STATE BOARD OF PHARMACY |

| Reason/Charge |
|---|
| LICENCE REVOCATION |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| Aurora Bejto | |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

Explanatory Answer for Section 9, Questions #1

In late February 2021, after speaking with Board investigators regarding the matter discussed further in my answer to Question #3, I sought help regarding my use of substances. I began attending Narcotics Anonymous in late February 2021 and sought individual therapy. I began voluntarily submitting to urine drug screens in March 2021 and have continued doing so until present; all my screens have been negative to date.
In September 2021 I entered the Washington Recovery Assistance Program for Pharmacy and have remained in compliance with all terms of the WRAPP contract.
In May 2023 I sought an updated substance abuse assessment with Mark Chase of the PRN program, a copy of which I am happy to provide to the Board upon request.
I continue to engage in on-going recovery activities including continuing with individual counseling, participation in Narcotics Anonymous, and continue to submit to random monitoring for substances.

Explanatory Answer for Section 9, Question #3

On May 28, 2021, the Nevada Board of Pharmacy issued an Accusation alleging six counts of violations of state and federal law governing the practice of pharmacy. Specifically, the Accusation alleged that I had diverted medications, including controlled substances, for my personal use during my employment as a pharmacist. On July 14, 2021, after a hearing, the Board revoked my Nevada certificate of registration, and I was prohibited from petitioning for reinstatement for a period of two years.
On June 29, 2022, the Washington Pharmacy Quality Assurance Commission filed a Statement of Charges based on the action taken by Nevada against my certificate of registration. On June 30, 2022, Washington summarily suspended my Washington credential to practice as a pharmacist; also based on the Nevada action. On August 18, 2022, the Commission accepted and approved a Stipulated Findings of Fact, Conclusions of Law and Order which lift the summary suspension and indefinitely suspended my Washington credential. I was allowed to petition for reinstatement upon completion of a substance abuse evaluation and entry into the Washington Recovery Assistance Program for Pharmacy (WRAPP). On May 9, 2023, Washington reinstated my pharmacist credential subject to my continued participation and compliance with WRAPP.

Explanatory Answer for Section 9, Question #4

The action taken by the Nevada Board of Pharmacy as described in the explanatory answer to Question #3 was taken for violations of pharmacy/drug laws as described in the Findings of Fact, Conclusions of Law and Order related to diversion of substances for my personal use.

Aurora Bejto

Original Signature (electronic, copies or stamps not accepted)

7/22/23

Date

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

I attest to the knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. NRS 639.132

I understand that Nevada law requires a registered pharmacist who, in their professional or occupational capacity, knows or has reasonable cause to believe a child has been abused/neglected to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency, and make such a report as soon as reasonably practicable but not later than 24 hours after the person knows or has reasonable cause to believe that the child has been abused/neglected. NRS 432B.220.

Aurora Bejto

Print Name

Aurora Bejto

Original Signature, no copies or stamps accepted

7/22/23

Date

| Board Use Only | Date Received: 8/28/23 | Amount: 250-CC |
|---|---|---|
| | NAPLEX: | MPJE: |

July 21, 2023

***Via Hand Delivery***

Nevada State Board of Pharmacy
985 Damonte Pkwy #206
Reno, NV89521

***Re: Petition for Reinstatement of Pharmacist Registration***

Dear Sir or Madame:

Please find enclosed a complete application for licensure. As this is not an application for new licensure, rather, reinstatement of my pharmacist registration (certificate of registration 18384) I am of the understanding that examination scores are not required to be submitted at this time.

I do understand that I will need to appear before the Board on this Petition for Reinstatement. If there is any additional information that you require to process the application at this time, please do not hesitate to contact me.

Sincerely,

Aurora Bejto

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Aurora Bejto
Master Case No.: M2022-158
Document: Reinstatement Order

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PHARMACY QUALITY ASSURANCE COMMISSION

| | |
|---|---|
| In the Matter of<br><br>**AURORA BEJTO**<br>Credential No. PHRM.PH.60957232<br><br>Respondent | **No. M2022-158**<br><br>**STIPULATED FINDINGS OF FACT, CONCLUSIONS OF LAW AND AGREED ORDER ON REINSTATEMENT** |

The Pharmacy Quality Assurance Commission (Commission), by and through Sarah Stabenow, Department of Health Staff Attorney, and Respondent represented by counsel, if any, stipulate and agree to the following:

## 1. PROCEDURAL STIPULATIONS

1.1 On July 23, 2020, the State of Washington issued Respondent a credential to practice as a pharmacist. Respondent's credential is currently suspended.

1.2 Respondent requested reinstatement of her credential to practice as a pharmacist in the State of Washington.

1.3 Respondent waives the opportunity for a hearing on the request for reinstatement provided that the Commission accepts this Stipulated Findings of Fact, Conclusions of Law and Agreed Order on Reinstatement (Agreed Order on Reinstatement).

1.4 Respondent understands that this Agreed Order on Reinstatement is not binding unless and until it is signed by the Commission and served by the Adjudicative Clerk's Office.

1.5 If the Commission accepts this Agreed Order on Reinstatement, it is subject to the federal reporting requirements pursuant to Section 1128E of the Social Security Act and 45 CFR Part 60, RCW 18.130.110 and any other applicable interstate/national reporting requirements. It is a public document and will be available on the Department of Health web site.

1.6 If the Commission rejects this Agreed Order on Reinstatement, Respondent waives any objection to the participation at hearing of any Commission members who heard the Agreed Order on Reinstatement presentation.

//

## 2. FINDINGS OF FACT

The State and Respondent stipulate to the following facts:

2.1 On July 23, 2020, the State of Washington issued Respondent a credential to practice as a pharmacist. Respondent's credential is currently suspended.

2.2 Respondent requested reinstatement of her credential to practice as a pharmacist in the State of Washington.

2.3 On August 18, 2022, the Commission entered a Stipulated Findings of Fact, Conclusions of Law and Agreed Order In the Matter of Aurora Bejto, Master Case No. M2022-158 (2022 Agreed Order). In the 2022 Agreed Order, Respondent was to comply with, among other terms, the following conditions:

A. The Summary Suspension of Respondent's credential is **LIFTED.**

B. Respondent's credential to practice as a pharmacist in the state of Washington is **INDEFINITELY SUSPENDED.** Respondent may petition for reinstatement pursuant to RCW 18.130.150. The disciplining authority may agree to an order of reinstatement. If the disciplining authority does not agree, a hearing may be held on the petition. Any order of reinstatement based on agreement or following a hearing may impose any terms and conditions listed in RCW 18.130.160 as deemed necessary by the disciplining authority to protect the public and/or rehabilitate Respondent's practice.

C. Prior to reinstatement, Respondent shall seek a substance abuse evaluation through the Washington Recovery Assistance Program for Pharmacy (WRAPP) and then, if recommended by WRAPP, enter and comply with all aspects of the WRAPP program. If required, enrollment must be complete within sixty (60) days of the effective date of this Agreed Order. If WRAPP determines Respondent is required to enroll and participate in the program, Respondent's credential to practice as a pharmacist in the state of Washington shall remain on **PROBATION** for the duration of Respondent's WRAPP contract. Respondent shall sign a release that allows WRAPP to provide the Commission monitoring records

and/or reports pertaining to her participation in the program. WRAPP may be contacted at (360) 629-9719. If Respondent fails to cooperate with WRAPP during the initial substance abuse evaluation or comply with any aspect of the program, it will be a violation of this Agreed Order and may result in the Commission taking further disciplinary action against Respondent's credential.

2.4 The Commission reviewed Respondent's file and concluded Respondent's credential may be reinstated with certain terms and conditions.

## 3. CONCLUSIONS OF LAW

The State and Respondent agree to the entry of the following Conclusions of Law:

3.1 The Commission has jurisdiction over Respondent and over the subject matter of this proceeding.

3.2 The request for reinstatement was brought properly before the Commission.

3.3 Respondent's request for reinstatement should be granted with the Commission's oversight and monitoring.

## 4. AGREED ORDER

Based on the Findings of Fact and Conclusions of Law, Respondent agrees to entry of the following Agreed Order on Reinstatement:

4.1 Respondent's request for reinstatement of her pharmacy credential is hereby **GRANTED** provided Respondent meets relevant regulatory requirements for credentialing, subject to the following terms and conditions.

4.2 Respondent shall continue to stay in compliance with her Washington Recovery Assistance Program for Pharmacy (WRAPP) contract signed on or about September 2021. Respondent shall sign a release that allows WRAPP to provide the Commission monitoring records and/or reports pertaining to her participation in the program. WRAPP may be contacted at (360) 629-9719. If Respondent fails to cooperate with WRAPP during the initial substance abuse evaluation or comply with any aspect of the program, it will be a violation of this Stipulation and may result in the Commission taking further disciplinary action against Respondent's credential.

4.3 Respondent shall obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

4.4 The Commission or its designee may verify Respondent's compliance with the terms and conditions of this Agreed Order on Reinstatement, if applicable.

4.5 Any documents required by this Agreed Order on Reinstatement shall be sent to Department of Health Compliance at PO Box 47873, Olympia, WA 98504-7873.

4.6 Respondent is responsible for all costs of complying with this Agreed Order on Reinstatement.

4.7 Respondent shall inform the Department of Health Office of Customer Service, in writing, of changes in Respondent's residential and/or business address within thirty (30) days of the change. The mailing address for the Office of Customer Service is PO Box 47865, Olympia, WA 98504-7865.

4.8 The effective date of this Agreed Order on Reinstatement is the date the Adjudicative Clerk's Office places the signed Agreed Order on Reinstatement into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Agreed Order on Reinstatement.

## 5. FAILURE TO COMPLY

Protection of the public requires practice under the terms and conditions imposed in this Agreed Order on Reinstatement. Failure to comply with the terms and conditions of this Agreed Order on Reinstatement may result in suspension of the credential after a show cause hearing. If Respondent fails to comply with the terms and conditions of this Agreed Order on Reinstatement, the Commission may hold a hearing to require Respondent to show cause why the credential should not be suspended. Alternatively, the Commission may bring additional charges of unprofessional conduct under RCW 18.130.180(9). In either case, Respondent will be afforded notice and an opportunity for a hearing on the issue of non-compliance.

If the Respondent has been discharged from Washington Recovery and Monitoring Program (WRAMP) and Respondent's credential is suspended by the Commission for non-compliance with this Agreed Order on Reinstatement, Respondent may be required to provide documentation that she has been clean and sober for at least twenty-four (24)

consecutive months immediately preceding any petition for reinstatement. Evidence of documented sobriety requires at a minimum: random body fluid, hair, or other biological testing, completion of a chemical dependency evaluation with a Commission-approved evaluator within ninety (90) days of any petition for reinstatement, and participation in self-help and professional peer support groups.

**6. ACCEPTANCE**

I, AURORA BEJTO, Respondent, have read, understand and agree to this Agreed Order on Reinstatement.. This Agreed Order on Reinstatement may be presented to the Commission without my appearance. I understand that I will receive a signed copy if the Commission accepts this Agreed Order on Reinstatement.

Aurora Bejto

AURORA BEJTO
RESPONDENT

3.5.2023

DATE

, WSBA #

ATTORNEY FOR RESPONDENT

DATE

## 7. ORDER

The Commission accepts and enters this Stipulated Findings of Fact, Conclusions of Law and Agreed Order on Reinstatement.

DATED: 5/9/23, 2023.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PHARMACY QUALITY
ASSURANCE COMMISSION

Jeri Ferrara

PANEL CHAIR

PRESENTED BY:

Sarah Stabenow (Apr 20, 2023 15:33 PDT)

SARAH STABENOW, WSBA #55715
DEPARTMENT OF HEALTH STAFF ATTORNEY

04/20/2023

DATE

STATE OF WASHINGTON

# DEPARTMENT OF HEALTH

Olympia, Washington 98504

RE: Aurora Bejto
Master Case No.: M2022-158
Document: Agreed Order

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**STATE OF WASHINGTON**
**DEPARTMENT OF HEALTH**
**PHARMACY QUALITY ASSURANCE COMMISSION**

| In the Matter of | **No. M2022-158** |
|---|---|
| **AURORA BEJTO**<br>Credential No. PHRM.PH.60957232<br>Respondent | **STIPULATED FINDINGS OF FACT, CONCLUSIONS OF LAW AND AGREED ORDER** |

The Pharmacy Quality Assurance Commission (Commission), through Anita D. Nath, Department of Health Staff Attorney, and Respondent, represented by counsel, if any, stipulate and agree to the following:

## 1. PROCEDURAL STIPULATIONS

1.1 On August 19, 2021, the Commission issued a Statement of Charges against Respondent.

1.2 Respondent understands that the Commission is prepared to proceed to a hearing on the allegations in the Statement of Charges.

1.3 Respondent understands that if the allegations are proven at a hearing, the Commission has the power and authority to impose sanctions pursuant to RCW 18.130.160.

1.4 Respondent has the right to defend against the allegations in the Statement of Charges by presenting evidence at a hearing.

1.5 Respondent waives the opportunity for a hearing on the Statement of Charges provided that the Commission accepts this Stipulated Findings of Fact, Conclusions of Law and Agreed Order (Agreed Order).

1.6 The parties agree to resolve this matter by means of this Agreed Order.

1.7 Respondent understands that this Agreed Order is not binding unless and until it is signed by the health law judge and served by the Adjudicative Clerk's Office.

1.8 If the Commission accepts this Agreed Order, it will be reported to the National Practitioner Databank (45 CFR Part 60) and elsewhere as required by law. It is a public document and will be placed on the Department of Health's website and otherwise

disseminated as required by the Public Records Act (Chap. 42.56 RCW) and the Uniform Disciplinary Act. RCW 18.130.110.

1.9 If the Commission rejects this Agreed Order, Respondent waives any objection to the participation at hearing of the presiding officer who heard the Agreed Order presentation

## 2. FINDINGS OF FACT

Respondent and the Program stipulate to the following facts:

2.1 Respondent was issued a credential to practice as a pharmacist by the state of Washington on July 23, 2020. Respondent's credential is currently active.

2.2 On or about July 14, 2021, Respondent's credential to practice as a pharmacist in the state of Nevada was revoked by Nevada Board of Pharmacy due to Respondent's diversion of controlled substances from the pharmacy where she worked.

2.3 Respondent is currently prohibited from practicing pharmacy in Nevada.

## 3. CONCLUSIONS OF LAW

Respondent and the Commission agree to the entry of the following Conclusions of Law:

3.1 The Commission has jurisdiction over Respondent and over the subject matter of this proceeding.

3.2 Respondent has committed unprofessional conduct in violation of RCW 18.130.180(5).

3.3 The above violation provides grounds for imposing sanctions under RCW 18.130.160.

## 4. COMPLIANCE WITH SANCTION RULES

4.1 The disciplining authority applies WAC 246-16-800, *et seq.,* to determine appropriate sanctions. WAC 246-16-800(2)(c) requires the disciplining authority to impose terms based on a specific sanction schedule unless "the schedule does not adequately address the facts in a case."

4.2 The sanction schedules stated in rule do not address the conduct in this case. RCW 18.130.390 and WAC 246-16-800(2)(d) require the disciplining authority to use its judgment to determine appropriate sanctions when the sanction schedules do not address the conduct in question. In this case, the disciplining authority determined that

requiring Respondent to continue to comply with the Washington Recovery Assistance Program for Pharmacy (WRAPP) is necessary to protect the public and provide Respondent the opportunity to rehabilitate her practice.

## 5. AGREED ORDER

Based on the Findings of Fact and Conclusions of Law, Respondent agrees to entry of the following Agreed Order:

5.1 The Summary Suspension of Respondent's credential is **LIFTED**.

5.2 Respondent's credential to practice as a pharmacist in the state of Washington is **INDEFINITELY SUSPENDED**. Respondent may petition for reinstatement pursuant to RCW 18.130.150. The disciplining authority may agree to an order of reinstatement. If the disciplining authority does not agree, a hearing may be held on the petition. Any order of reinstatement based on agreement or following a hearing may impose any terms and conditions listed in RCW 18.130.160 as deemed necessary by the disciplining authority to protect the public and/or rehabilitate Respondent's practice.

5.3 Prior to reinstatement, Respondent shall seek a substance abuse evaluation through the Washington Recovery Assistance Program for Pharmacy (WRAPP) and then, if recommended by WRAPP, enter and comply with all aspects of the WRAPP program. If required, enrollment must be complete within sixty (60) days of the effective date of this Agreed Order. If WRAPP determines Respondent is required to enroll and participate in the program, Respondent's credential to practice as a pharmacist in the state of Washington shall remain on **PROBATION** for the duration of Respondent's WRAPP contract. Respondent shall sign a release that allows WRAPP to provide the Commission monitoring records and/or reports pertaining to her participation in the program. WRAPP may be contacted at (360) 629-9719. If Respondent fails to cooperate with WRAPP during the initial substance abuse evaluation or comply with any aspect of the program, it will be a violation of this Agreed Order and may result in the Commission taking further disciplinary action against Respondent's credential

5.4 Respondent shall obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

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5.5 The Commission or its designee may verify Respondent's compliance with the terms and conditions of this Agreed Order, if applicable.

5.6 Any documents required by this Agreed Order shall be sent to Department of Health Compliance at PO Box 47873, Olympia, WA 98504-7873.

5.7 Respondent is responsible for all costs of complying with this Agreed Order.

5.8 Respondent shall inform the Department of Health Office of Customer Service, in writing, of changes in Respondent's residential and/or business address within thirty (30) days of the change. The mailing address for the Office of Customer Service is PO Box 47865, Olympia, WA 98504-7865.

5.9 The effective date of this Agreed Order is the date the Adjudicative Clerk's Office places the signed Agreed Order into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Agreed Order.

## 6. ACCEPTANCE

I, AURORA BEITO, have read, understand and agree to this Agreed Order. This Agreed Order may be presented to the Commission without my appearance. I understand that I will receive a signed copy if the Commission accepts this Agreed Order.

Aurora Beito
AURORA BEITO
RESPONDENT

7.18.22
DATE

WSBA #
ATTORNEY FOR RESPONDENT

DATE

## 7. ORDER

The Commission accepts and enters this Stipulated Findings of Fact, Conclusions of Law and Agreed Order.

DATED: August 18, 2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PHARMACY QUALITY ASSURANCE
COMMISSION

Clyen Thorstensen
PANEL CHAIR

PRESENTED BY:

Anita Nath (Sep 10, 2022 12:09 PDT)

ANITA D. NATH, WSBA #54180
DEPARTMENT OF HEALTH STAFF ATTORNEY

Sep 10, 2022
DATE

FILED
JUL 14 2021
NEVADA STATE BOARD OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

| | |
|---|---|
| NEVADA STATE BOARD OF PHARMACY,<br>Petitioner,<br>v.<br>AURORA BEJTO, RPH,<br>Certificate of Registration No. 18384,<br>Respondent. | CASE NO. 21-021-RPH-N<br><br>FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER |

This matter came before the Nevada State Board of Pharmacy (Board) at its regularly scheduled meeting on Wednesday, July 14, 2021. Brett Kandt, Esq., prosecuted the case before the Board. Respondent Aurora Bejto, R.Ph., Certificate of Registration No. 18384, appeared with counsel, Hal Taylor, Esq. The Board heard the case and, based on the evidence presented, the Board makes the following Findings of Fact, Conclusions of Law and Order.

## FINDINGS OF FACT

1. At the time of the events set forth herein, Respondent Aurora Bejto, R.Ph., Certificate of Registration No. 18384, was a pharmacist registered by the Board.

2. Respondent was employed as a pharmacist at both Omnicare of Nevada (Omnicare), located at 9475 Double R Boulevard - Suite 8, Reno, and at several Northern Nevada Raley's pharmacies at the time of the events set forth herein.

3. Omnicare and Raley's submitted DEA Form 106 documentation to the Board reporting the theft of controlled substances in December 2020 and January 2021. The subsequent investigation produced evidence that Respondent diverted the following controlled substances for her personal use:

Omnicare of Nevada [9475 Double R Boulevard - Suite 8, Reno]
43 tablets - 7.5 mg/325 mg Hydrocodone-Acetaminophen
28 tablets - 5 mg/325 mg Hydrocodone-Acetaminophen
20 tablets - 10 mg/325 mg Hydrocodone-Acetaminophen
10 tablets - 5 mg/325 mg Hydrocodone-Acetaminophen
Time period of theft (or first discovery): 12/6/2020 to 12/20/2020

Raley's Pharmacy #105 [1630 Robb Drive, Reno]
99 tablets - 10 mg Zolpidem
101 tablets - 1 mg Alprazolam
Raley's Pharmacy #109 [1363 Hwy. 395 North, Gardnerville]
89 tablets - 10 mg Zolpidem
Raley's Pharmacy #115 [1075 North Hills Boulevard, Reno]
389 tablets - 10 mg Zolpidem
Raley's Pharmacy #122 [1400 State Route 95A, Fernley]
281 tablets - 10 mg Zolpidem
Time period of theft (or first discovery): 1/11/2021 to 2/23/2021

4. On or about February 22, 2021, Board staff contacted Respondent as she reported for work at the Post-Acute Medical Pharmacy in Sparks, at which time she denied working at Omnicare in December 2020, and denied diverting controlled substances from the pharmacy. That afternoon, Respondent was interviewed at the Board office with counsel present; during the course of the interview, she admitted that she began stealing Ambien (Zolpidem) from Omnicare pharmacy while conducting inventory in October 2020, that she diverted Hydrocodone-Acetaminophen on one occasion only while conducting inventory in November 2020, and that she diverted Ambien (Zolpidem) on one occasion from Raley's Pharmacy #106 located at 701 Keystone Avenue, Reno, in December 2020. Respondent denied any other thefts of controlled substances.

5. On or about March 10, 2021, Respondent signed a written admission to diverting Ambien (Zolpidem) from Raley's sometime in September or October 2019, diverting Hydrocodone-Acetaminophen from Omnicare of Nevada during the week of October 19, 2020, and diverting Ambien (Zolpidem) from Omnicare of Nevada on or about December 6, 2020.

6. Board staff incurred at least $3,487.07 in attorney's fees and recoverable costs from investigating and prosecuting this administrative action. The attorney's fees and costs are reasonable based upon legal counsel's professional qualities, the nature of this administrative enforcement action, the work performed, and the result as evidenced by this Order.

## CONCLUSIONS OF LAW

Based on the forgoing findings of fact, the Board concludes as a matter of law:

1. The Board has jurisdiction over this matter and this respondent, because at the time of the events herein, Respondent was a pharmacist registered with the Board.

2. The applicable law in this matter is as follows:

a. It is a felony offense to acquire a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 846; NRS 453.331(1)(d); NRS 453.391(1).

b. It is a felony offense to possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 844; 21 U.S.C. § 846; NRS 453.336(1); NRS 453.381(8).

c. It is a criminal offense to use a controlled substance except as authorized by law. 42 U.S.C. § 12210; NRS 453.411(1).

d. Willfully making a materially false statement in the course of a Board investigation is a criminal offense and grounds for suspension or revocation of any license or registration issued by the Board. NRS 197.190; NRS 639.210(9).

e. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

f. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

g. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

h. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

3. By diverting and acquiring controlled substances, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 846, NRS 453.331(1)(d) and/or NRS 453.391(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

4. By diverting and possessing controlled substances, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 844, 21 U.S.C. § 846, NRS 453.336(1), NRS 453.381(8) and/or NRS 454.316(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

5. By diverting and using controlled substances, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 42 U.S.C. § 12210 and/or NRS 453.411(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

6. By diverting controlled substances, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

7. By diverting controlled substances, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

8. By willfully making false statements in the course of the Board's investigation that are material to the administration and enforcement of law, Respondent violated, attempted to

violate, assisted or abetted in the violation of or conspired to violate NRS 197.190, and is subject to discipline pursuant to NRS 639.210(9).

**ORDER**

**THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:**

1. The certificate of registration of Respondent Aurora Bejto, R.Ph., Certificate of Registration No. 18384, is hereby revoked pursuant to NRS 639.255(1)(d).

2. Respondent may not work for any facility licensed by the Board, including a pharmacy, in any capacity unless and until she has petitioned the Board for reinstatement pursuant to NRS 639.257 and the Board reinstates her certificate of registration.

3. Pursuant to NRS 622A.410(1) and 639.257(1), Respondent may not petition for reinstatement of her certificate of registration for a period of two (2) years from the effective date of this Order.

4. In the event Respondent applies for reinstatement, or for any other registration or certificate with the Board, she shall appear before the Board to answer questions and give testimony regarding her application, her compliance with this Order, and the facts and circumstances underlying this matter.

5. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of Ten Thousand Dollars ($10,000.00) for the violations, by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within ninety (30) days of the effective date of this Order.

6. Pursuant to NRS 622.400, Respondent shall pay Three Thousand Four Hundred Eighty-Seven Dollars and 7 Cents ($3,487.07) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter. Payment shall be made by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy" to be received by the Board's Reno office located at 985

Damonte Ranch Parkway—Suite 206, Reno, Nevada 89521, within ninety (30) days of entry of this Order.

7. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent not inconsistent with the provisions of NRS Chapter 453 and/or NRS Chapter 639.

8. This Order is effective immediately.

**IT IS SO ORDERED.**

Entered this 14th day of July, 2021.

Helen Park, President
Nevada State Board of Pharmacy

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 16th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Aurora Bejto, R.Ph.
[redacted] James Ct.
Reno, NV 89503

Hal Taylor, Esq.
[redacted] Marsh Ave.
Reno, NV 89509

SHIRLEY HUNTING

FILED
MAY 28 2021
NEVADA STATE BOARD OF PHARMACY

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

| | |
|---|---|
| **NEVADA STATE BOARD OF PHARMACY,**<br>**Petitioner,**<br>**v.**<br>**AURORA BEJTO, RPH,**<br>**Certificate of Registration No. 18384,**<br>**Respondent.** | **CASE NO. 21-021-RPH-N**<br><br>**NOTICE OF INTENDED ACTION AND ACCUSATION** |

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

## JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent, Aurora Bejto, R.Ph., Certificate of Registration No. 18384, was a pharmacist registered by the Board.

## FACTUAL ALLEGATIONS

2. Respondent was employed as a pharmacist at both Omnicare of Nevada (Omnicare), located at 9475 Double R Boulevard - Suite 8, Reno, and at several Northern Nevada Raley's pharmacies at the time of the events alleged herein.

3. Omnicare and Raley's submitted DEA Form 106 documentation to the Board reporting the theft of controlled substances in December 2020 and January 2021. The subsequent investigation produced evidence that Respondent diverted the following controlled substances for her personal use:

Omnicare of Nevada [9475 Double R Boulevard - Suite 8, Reno]
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10 tablets - 5 mg/325 mg Hydrocodone-Acetaminophen
Time period of theft (or first discovery): 12/6/2020 to 12/20/2020

Raley's Pharmacy #105 [1630 Robb Drive, Reno]
99 tablets - 10 mg Zolpidem
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89 tablets - 10 mg Zolpidem
Raley's Pharmacy #115 [1075 North Hills Boulevard, Reno]
389 tablets - 10 mg Zolpidem
Raley's Pharmacy #122 [1400 State Route 95A, Fernley]
281 tablets - 10 mg Zolpidem
Time period of theft (or first discovery): 1/11/2021 to 2/23/2021

4. On or about February 22, 2021, Board staff contacted Respondent as she reported for work at the Post-Acute Medical Pharmacy in Sparks, at which time she denied working at Omnicare in December 2020, and denied diverting controlled substances from the pharmacy. That afternoon, Respondent was interviewed at the Board office with counsel present; during the course of the interview, she admitted that she began stealing Ambien from Omnicare pharmacy while conducting inventory in October 2020, that she diverted Hydrocodone-Acetaminophen on one occasion only while conducting inventory in November 2020, and that she diverted Ambien on one occasion from Raley's Pharmacy #106 located at 701 Keystone Avenue, Reno, in December 2020. Respondent denied any other thefts of controlled substances.

5. On or about March 10, 2021, Respondent signed a written admission to diverting Ambien from Raley's sometime in September or October 2019, diverting Hydrocodone-Acetaminophen from Omnicare of Nevada during the week of October 19, 2020, and diverting Ambien from Omnicare of Nevada on or about December 6, 2020.

## APPLICABLE LAW

6. It is a felony offense to acquire a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 843(a)(3); 21 U.S.C. § 846; NRS 453.331(1)(d); NRS 453.391(1).

7. It is a felony offense to possess a controlled substance except as authorized by law. 21 U.S.C. § 841(a); 21 U.S.C. § 844; 21 U.S.C. § 846; NRS 453.336(1); NRS 453.381(8).

8. It is a criminal offense to use a controlled substance except as authorized by law. 42 U.S.C. § 12210; NRS 453.411(1).

9. Willfully making a materially false statement in the course of a Board investigation is a criminal offense and grounds for suspension or revocation of any license or registration issued by the Board. NRS 197.190; NRS 639.210(9).

10. Supplying or diverting drugs which are legally sold in pharmacies constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

11. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

12. It is grounds for suspension or revocation of any license or registration issued by the Board to willfully make to the Board or its authorized representative any false statement which is material to the administration or enforcement of any of the provisions of NRS Chapter 639. NRS 639.210(9.

13. Violating any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(11).

14. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

## FIRST CAUSE OF ACTION
### Unlawful Acquisition of Controlled Substances

15. By diverting and acquiring controlled substances as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 843(a)(3), 21 U.S.C. § 846, NRS 453.331(1)(d) and/or NRS 453.391(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

## SECOND CAUSE OF ACTION
### Unlawful Possession of Controlled Substances

16. By diverting and possessing controlled substances as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 841(a), 21 U.S.C. § 844, 21 U.S.C. § 846, NRS 453.336(1), NRS 453.381(8) and/or NRS 454.316(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

## THIRD CAUSE OF ACTION
### Unlawful Use of Controlled Substances

17. By diverting and using controlled substances as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 42 U.S.C. § 12210 and/or NRS 453.411(1), and is subject to discipline pursuant to NRS 639.210(11) and/or (12).

## FOURTH CAUSE OF ACTION
### Unprofessional Conduct - Diversion

18. By diverting controlled substances as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

## FIFTH CAUSE OF ACTION
### Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

19. By diverting controlled substances as alleged herein, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct

contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

**SIXTH CAUSE OF ACTION**

**False Statements in Course of Investigation**

20. By willfully making false statements in the course of the Board's investigation, as alleged herein, that are material to the administration and enforcement of law, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 197.190, and is subject to discipline pursuant to NRS 639.210(9).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 26th day of May, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

## NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

| | |
|---|---|
| NEVADA STATE BOARD OF PHARMACY,<br><br>Petitioner,<br><br>v.<br><br>AURORA BEJTO, RPH,<br>Certificate of Registration No. 18384,<br><br>Respondent. | CASE NOS. 21-021-RPH-N<br><br><br><br><br>STATEMENT TO THE RESPONDENT AND NOTICE OF HEARING |

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway—Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

**The Board has scheduled your hearing on this matter for Wednesday, July 14, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive**

**044, the meeting can be listened to or viewed live over Zoom remotely or at the following location:**

**Home2 Suites Las Vegas Strip South**
**7740 Las Vegas Blvd. South**
**Las Vegas, NV 89123**

**Via Videoconference at Zoom: https://zoom.us/j/5886256671**
**or**
**Via Teleconference at 1 (669) 900-6833**
**Meeting ID: 588 625 6671**

IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 26th day of May, 2021.

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

| | |
|---|---|
| NEVADA STATE BOARD OF PHARMACY,<br><br>Petitioner,<br><br>v.<br><br>AURORA BEJTO, RPH,<br>Certificate of Registration No. 18384,<br><br>Respondent. | CASE NO. 21-021-RPH-N<br><br>ANSWER AND NOTICE OF DEFENSE |

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

_____

**AURORA BEJTO, RPH**

# CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of June, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Aurora Bejto, R.Ph.
[redacted] James Ct.
Reno, NV 89503

SHIRLEY HUNTING

# Yes Answer Checklist, Misc Review or Fingerprint Events

Date: August 28, 2023

Name: Aurora Bejto

Location: Reno, NV

License Type: Reinstatement of RPH License

- ☐ Okay to issue new license
- ☐ Okay to renew license and no further action required
- ☐ Okay to renew license and appearance is required
- ☑ Needs to appear

_____ 8/16/23

Name Date

Notes:

_____

_____

Outcome (if appearance is required) _____

# 16

# 16A

# DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on March 9, 2022.

It is so ORDERED on February 7, 2022.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By 

Seung W. Oh, Pharm.D.
Board President

ROB BONTA
Attorney General of California
THOMAS L. RINALDI
Supervising Deputy Attorney General
LESLIE A. WALDEN
Deputy Attorney General
State Bar No. 196882
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6293
Facsimile: (916) 731-2126
*Attorneys for Complainant*

**BEFORE THE**
**BOARD OF PHARMACY**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | |
|---|---|
| In the Matter of the Accusation Against:<br><br>**GLOBAL RX INC. DBA PASEO OAKS PHARMACY, ELIZABETH SHAGHAYEGH KOHANMEHR**<br>**[redacted] E. Thousand Oaks Blvd**<br>**Thousand Oaks, CA 91362**<br><br>**Permit No. PHY 51260,**<br><br>**SALLIE ANN STETZER**<br>**[redacted] Thousand Oaks Blvd, #A**<br>**Agoura Hills, CA 91301**<br><br>**Pharmacist License No. RPH 68658,**<br><br>**ELIZABETH SHAGHAYEGH KOHANMEHR**<br>**[redacted] Caribeth Dr**<br>**Encino, CA 91436**<br><br>**Pharmacist License No. RPH 55358,**<br><br>**and**<br><br>**TOORAJ BERELIANI**<br>**[redacted] Van Nuys Blvd, #407**<br>**Sherman Oaks, CA 91403**<br><br>**Pharmacist License No. RPH 51817**<br><br>Respondents. | Case No. 6994<br><br>OAH No. 2021060168<br><br>**STIPULATED SETTLEMENT AND DISCIPLINARY ORDER AS TO TOORAJ BERELIANI** |

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

**PARTIES**

1. Anne Sodergren (Complainant) is the Executive Officer of the Board of Pharmacy (Board). She brought this action solely in her official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Leslie A. Walden, Deputy Attorney General.

2. Respondent Tooraj Bereliani (Respondent) is represented in this proceeding by attorney Tony J. Park, whose address is: 55 Cetus, 1st Floor, Irvine, CA 92618-1320.

3. On or about August 30, 2000, the Board issued Pharmacist License No. RPH 51817 to Respondent. The Permit was in full force and effect at all times relevant to the charges brought in Accusation No. 6994, and will expire on July 31, 2022, unless renewed.

**JURISDICTION**

4. Accusation No. 6994 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on February 12, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 6994 is attached as exhibit A and incorporated herein by reference.

**ADVISEMENT AND WAIVERS**

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 6994. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of

documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

**CULPABILITY**

9. Respondent understands and agrees that the charges and allegations in Accusation No. 6994, if proven at a hearing, constitute cause for imposing discipline upon his Pharmacist License.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Pharmacist License is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

**CONTINGENCY**

12. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or its counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order as to Tooraj Bereliani shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order as to Tooraj Bereliani, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. This Stipulated Settlement and Disciplinary Order as to Tooraj Bereliani is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order as to Tooraj Bereliani may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

**DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Pharmacist License No. RPH 51817 issued to Respondent Tooraj Bereliani is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. **Obey All Laws**

Respondent shall obey all state and federal laws and regulations.

Respondent shall report any of the following occurrences to the board, in writing, within seventy- two (72) hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty, or nolo contendere, no contest, or similar, in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime
- the filing of a disciplinary pleading, issuance of a citation, or initiation of another administrative action filed by any state or federal agency which involves Respondent's license or which is related to the practice of pharmacy or the

manufacturing, obtaining, handling, distributing, billing, or charging for any drug, device or controlled substance.

Failure to timely report such occurrence shall be considered a violation of probation.

2. **Report to the Board**

Respondent shall report to the board quarterly, on a schedule as directed by the board or its designee. The report shall be made either in person or in writing, as directed. Among other requirements, Respondent shall state in each report under penalty of perjury whether there has been compliance with all the terms and conditions of probation.

Failure to submit timely reports in a form as directed shall be considered a violation of probation. Any period(s) of delinquency in submission of reports as directed may be added to the total period of probation. Moreover, if the final probation report is not made as directed, probation shall be automatically extended until such time as the final report is made and accepted by the board.

3. **Interview with the Board**

Upon receipt of reasonable prior notice, Respondent shall appear in person for interviews with the board or its designee, at such intervals and locations as are determined by the board or its designee. Failure to appear for any scheduled interview without prior notification to board staff, or failure to appear for two (2) or more scheduled interviews with the board or its designee during the period of probation, shall be considered a violation of probation.

4. **Cooperate with Board Staff**

Respondent shall timely cooperate with the board's inspection program and with the board's monitoring and investigation of Respondent's compliance with the terms and conditions of his probation, including but not limited to: timely responses to requests for information by board staff; timely compliance with directives from board staff regarding requirements of any term or condition of probation; and timely completion of documentation pertaining to a term or condition of probation. Failure to timely cooperate shall be considered a violation of probation.

5. **Continuing Education**

Respondent shall provide evidence of efforts to maintain skill and knowledge as a pharmacist as directed by the board or its designee.

6. **Reporting of Employment and Notice to Employers**

During the period of probation, Respondent shall notify all present and prospective employers of the decision in case number 6994 and the terms, conditions and restrictions imposed on Respondent by the decision, as follows:

Within thirty (30) days of the effective date of this decision, and within ten (10) days of undertaking any new employment, Respondent shall report to the board in writing the name, physical address, and mailing address of each of His employer(s), and the name(s) and telephone number(s) of all of his direct supervisor(s), as well as any pharmacist(s)-in- charge, designated representative(s)-in-charge, responsible manager, or other compliance supervisor(s) and the work schedule, if known. Respondent shall also include the reason(s) for leaving the prior employment. Respondent shall sign and return to the board a written consent authorizing the board or its designee to communicate with all of Respondent's employer(s) and supervisor(s), and authorizing those employer(s) or supervisor(s) to communicate with the board or its designee, concerning Respondent's work status, performance, and monitoring. Failure to comply with the requirements or deadlines of this condition shall be considered a violation of probation.

Within thirty (30) days of the effective date of this decision, and within fifteen (15) days of Respondent undertaking any new employment, Respondent shall cause (a) his direct supervisor, (b) his pharmacist-in-charge, designated representative-in-charge, responsible manager, or other compliance supervisor, and (c) the owner or owner representative of his employer, to report to the board in writing acknowledging that the listed individual(s) has/have read the decision in case number 6994, and terms and conditions imposed thereby. If one person serves in more than one role described in (a), (b), or (c), the acknowledgment shall so state. It shall be the Respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the board. In the event of a change in the person(s) serving the role(s) described in (a), (b), or (c) during the term of probation, Respondent shall cause the person(s) taking over the role(s) to report to the board in

writing within fifteen (15) days of the change acknowledging that he or she has read the decision in case number 6994, and the terms and conditions imposed thereby.

If Respondent works for or is employed by or through an employment service, Respondent must notify the person(s) described in (a), (b), and (c) above at every entity licensed by the board of the decision in case number 6994, and the terms and conditions imposed thereby in advance of Respondent commencing work at such licensed entity. A record of this notification must be provided to the board upon request.

Furthermore, within thirty (30) days of the effective date of this decision, and within fifteen (15) days of Respondent undertaking any new employment by or through an employment service, Respondent shall cause the person(s) described in (a), (b), and (c) above at the employment service to report to the board in writing acknowledging that he or she has read the decision in case number, and the terms and conditions imposed thereby. It shall be Respondent's responsibility to ensure that these acknowledgment(s) are timely submitted to the board.

Failure to timely notify present or prospective employer(s) or failure to cause the identified person(s) with that/those employer(s) to submit timely written acknowledgments to the board shall be considered a violation of probation.

"Employment" within the meaning of this provision includes any full-time, part-time, temporary, relief, or employment/management service position as a Pharmacist , or any position for which a Pharmacist License is a requirement or criterion for employment, whether the Respondent is an employee, independent contractor or volunteer.

7. **Notification of Change in Name, Address, or Phone Number**

Respondent shall further notify the board in writing within ten (10) days of any change in name, residence address, mailing address, e-mail address or phone number.

Failure to timely notify the board of any change in employer, name, address, or phone number shall be considered a violation of probation.

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8. **Restrictions on Supervision and Oversight of Licensed Facilities**

During the period of probation, Respondent shall not supervise any intern pharmacist, be the pharmacist-in-charge, designated representative-in-charge, responsible manager or other compliance supervisor of any entity licensed by the board, nor serve as a consultant. Assumption of any such unauthorized supervision responsibilities shall be considered a violation of probation.

9. **Probation Monitoring Costs**

Respondent shall pay any costs associated with probation monitoring as determined by the board each and every year of probation. Such costs shall be payable to the board on a schedule as directed by the board or its designee. Failure to pay such costs by the deadline(s) as directed shall be considered a violation of probation.

10. **Status of License**

Respondent shall, at all times while on probation, maintain an active, current License with the board, including any period during which suspension or probation is tolled. Failure to maintain an active, current License shall be considered a violation of probation.

If Respondent's License expires or is cancelled by operation of law or otherwise at any time during the period of probation, including any extensions thereof due to tolling or otherwise, upon renewal or reapplication Respondent's license shall be subject to all terms and conditions of this probation not previously satisfied.

11. **License Surrender While on Probation/Suspension**

Following the effective date of this decision, should Respondent cease practice due to retirement or health, or be otherwise unable to satisfy the terms and conditions of probation, Respondent may relinquish his license, including any indicia of licensure issued by the board, along with a request to surrender the license. The board or its designee shall have the discretion whether to accept the surrender or take any other action it deems appropriate and reasonable. Upon formal acceptance of the surrender of the license, Respondent will no longer be subject to the terms and conditions of probation. This surrender constitutes a record of discipline and shall become a part of the Respondent's license history with the board.

Upon acceptance of the surrender, Respondent shall relinquish his pocket and/or wall license, including any indicia of licensure not previously provided to the board within ten (10) days of notification by the board that the surrender is accepted if not already provided. Respondent may not reapply for any license from the board for three (3) years from the effective date of the surrender. Respondent shall meet all requirements applicable to the license sought as of the date the application for that license is submitted to the board, including any outstanding costs.

12. **Practice Requirement – Extension of Probation**

Except during periods of suspension, Respondent shall, at all times while on probation, be employed as a Pharmacist in California for a minimum of one hundred (100) hours per calendar month. Any month during which this minimum is not met shall extend the period of probation by one month. During any such period of insufficient employment, Respondent must nonetheless comply with all terms and conditions of probation, unless Respondent receives a waiver in writing from the board or its designee.

If Respondent does not practice as a Pharmacist in California for the minimum number of hours in any calendar month, for any reason (including vacation), Respondent shall notify the board in writing within ten (10) days of the conclusion of that calendar month. This notification shall include at least: the date, location, and hours of last practice; the reason for the interruption or reduction in practice; and the anticipated date on which Respondent will resume practice at the required level. Respondent shall further notify the board in writing within ten (10) days following the next calendar month during which Respondent practices as a Pharmacist in California for the minimum of hours. Any failure to timely provide such notification shall be considered a violation of probation.

It is a violation of probation for Respondent's probation to be extended pursuant to the provisions of this condition for a total period, counting consecutive and non-consecutive months, exceeding thirty-six (36) months. The board or its designee may post a notice of the extended probation period on its website.

13. **Violation of Probation**

If Respondent has not complied with any term or condition of probation, the board shall have continuing jurisdiction over Respondent, and the board shall provide notice to Respondent that probation shall automatically be extended, until all terms and conditions have been satisfied or the board has taken other action as deemed appropriate to treat the failure to comply as a violation of probation, to terminate probation, and to impose the penalty that was stayed. The board or its designee may post a notice of the extended probation period on its website.

If Respondent violates probation in any respect, the board, after giving Respondent notice and an opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If a petition to revoke probation or an accusation is filed against Respondent during probation, or the preparation of an accusation or petition to revoke probation is requested from the Office of the Attorney General, the board shall have continuing jurisdiction and the period of probation shall be automatically extended until the petition to revoke probation or accusation is heard and decided, and the charges and allegations in Accusation No. 6994 shall be deemed true and correct.

14. **Completion of Probation**

Upon written notice by the board or its designee indicating successful completion of probation, Respondent's license will be fully restored.

15. **Remedial Education**

Within sixty (60) days of the effective date of this decision, Respondent shall submit to the board or its designee, for prior approval, an appropriate programs of remedial education related to compounding, corresponding responsibility, excessive furnishing and validation of prescriptions. Respondent shall complete no less than ten (10) hours of the above coursework and no less than fifty (50) percent of this time shall be in person and/or by live webinar. All remedial education shall be in addition to, and shall not be credited toward, continuing education (CE) courses used for license renewal purposes for pharmacists.

Failure to timely submit for approval or complete the approved remedial education shall be considered a violation of probation. The period of probation will be automatically extended until

such remedial education is successfully completed and written proof, in a form acceptable to the board, is provided to the board or its designee.

Following the completion of each course, the board or its designee may require the Respondent, at His own expense, to take an approved examination to test the Respondent's knowledge of the course. If the Respondent does not achieve a passing score on the examination that course shall not count towards satisfaction of this term. Respondent shall take another course approved by the board in the same subject area.

16. **Ethics Course**

Within sixty (60) calendar days of the effective date of this decision, Respondent shall enroll in a course in ethics, at Respondent's expense, approved in advance by the board or its designee that complies with Title 16 California Code of Regulations section 1773.5. Respondent shall provide proof of enrollment upon request. Within five (5) days of completion, Respondent shall submit a copy of the certificate of completion to the board or its designee. Failure to timely enroll in an approved ethics course, to initiate the course during the first year of probation, to successfully complete it before the end of the second year of probation, or to timely submit proof of completion to the board or its designee, shall be considered a violation of probation.

17. **Reimbursement of Board Costs**

As a condition precedent to successful completion of probation, Respondent shall pay to the board its costs of investigation and prosecution in the amount of $5,000. Failure to pay costs by the deadline(s) as directed shall be considered a violation of probation. Respondent shall be permitted to pay these costs in a payment plan approved by the board or its designee, so long as full payment is completed no later than one (1) year prior to the end date of probation.

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## ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order as to Tooraj Bereliani and have fully discussed it with my attorney, Tony J. Park. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order as to Tooraj Bereliani voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

TOORAJ BERELIANI
*Respondent*

I have read and fully discussed with Respondent Tooraj Bereliani the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order as to Tooraj Bereliani. I approve its form and content.

DATED: _____

TONY J. PARK
*Attorney for Respondent*

## ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order as to Tooraj Bereliani is hereby respectfully submitted for consideration by the Board of Pharmacy.

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
THOMAS L. RINALDI
Supervising Deputy Attorney General

LESLIE A. WALDEN
Deputy Attorney General
*Attorneys for Complainant*

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## ACCEPTANCE

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DATED: 11/17/2021

TOORAJ BERELIANI
*Respondent*

I have read and fully discussed with Respondent Tooraj Bereliani the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order as to Tooraj Bereliani. I approve its form and content.

DATED: _____

TONY J. PARK
*Attorney for Respondent*

## ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order as to Tooraj Bereliani is hereby respectfully submitted for consideration by the Board of Pharmacy.

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
THOMAS L. RINALDI
Supervising Deputy Attorney General

LESLIE A. WALDEN
Deputy Attorney General
*Attorneys for Complainant*

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DATED: _____

TOORAJ BERELIANI
*Respondent*

I have read and fully discussed with Respondent Tooraj Bereliani the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order as to Tooraj Bereliani. I approve its form and content.

DATED: 11/17/2021

TONY J. PARK
*Attorney for Respondent*

## ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order as to Tooraj Bereliani is hereby respectfully submitted for consideration by the Board of Pharmacy.

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
THOMAS L. RINALDI
Supervising Deputy Attorney General

LESLIE A. WALDEN
Deputy Attorney General
*Attorneys for Complainant*

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## ACCEPTANCE

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DATED: _____

TOORAJ BERELIANI
*Respondent*

I have read and fully discussed with Respondent Tooraj Bereliani the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order as to Tooraj Bereliani. I approve its form and content.

DATED: _____

TONY J. PARK
*Attorney for Respondent*

## ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order as to Tooraj Bereliani is hereby respectfully submitted for consideration by the Board of Pharmacy.

DATED: 11/17/2021

Respectfully submitted,

ROB BONTA
Attorney General of California
THOMAS L. RINALDI
Supervising Deputy Attorney General

Leslie Walden

LESLIE A. WALDEN
Deputy Attorney General
*Attorneys for Complainant*

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# Exhibit A

## Accusation No. 6994

XAVIER BECERRA
Attorney General of California
MARC D. GREENBAUM
Supervising Deputy Attorney General
LESLIE A. WALDEN
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**BEFORE THE**
**BOARD OF PHARMACY**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

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| In the Matter of the Accusation Against:<br><br>**GLOBAL RX INC. DBA PASEO OAKS PHARMACY, ELIZABETH SHAGHAYEGH KOHANMEHR, CEO, CFO; SALLIE STETZER, PIC (1/25/19 to Present)**<br>**[redacted] E. Thousand Oaks Blvd**<br>**Thousand Oaks, CA 91362**<br><br>**Permit No. PHY 51260,**<br><br>**SALLIE ANN STETZER**<br>**[redacted] Thousand Oaks Blvd, #A**<br>**Agoura Hills, CA 91301**<br><br>**Pharmacist License No. RPH 68658,**<br><br>**ELIZABETH SHAGHAYEGH KOHANMEHR**<br>**[redacted] Caribeth Dr**<br>**Encino, CA 91436**<br><br>**Pharmacist License No. RPH 55358,**<br><br>**and**<br><br>**TOORAJ BERELIANI**<br>**[redacted] Van Nuys Blvd, #407**<br>**Sherman Oaks, CA 91403**<br><br>**Pharmacist License No. RPH 51817,**<br><br>Respondents. | Case No. 6994<br><br>**ACCUSATION** |

## PARTIES

1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about July 11, 2013, the Board of Pharmacy issued Permit Number PHY 51260 to Global Rx Inc. dba Paseo Oaks Pharmacy, Elizabeth Shaghayegh Kohanmehr, CEO, CFO (Respondent Paseo). The Permit was in full force and effect at all times relevant to the charges brought herein and will expire on July 1, 2021, unless renewed.

3. On or about March 4, 2013, the Board of Pharmacy issued Pharmacist License Number RPH 68658 to Sallie Ann Stetzer (Respondent Stetzer). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2022, unless renewed.

4. On or about June 18, 2004, the Board of Pharmacy issued Pharmacist License Number RPH 55358 to Elizabeth Shaghayegh Kohanmehr (Respondent Kohanmehr). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2022, unless renewed.

5. On or about August 30, 2000, the Board of Pharmacy issued Pharmacist License Number RPH 51817 to Tooraj Bereliani (Respondent Bereliani). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2022, unless renewed.

## STATUTORY PROVISIONS

6. Section 4301 of the Code states:

"The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

. . .

(c) Gross Negligence.

(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code.

...

(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs

...

(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.

7. Section 4306.5 of the Code states in part,

Unprofessional conduct for a pharmacist may include any of the following:

(a) Acts or omissions that involve, in whole or in part, the inappropriate exercise of his or her education, training, or experience as a pharmacist, whether or not the act or omission arises in the course of the practice of pharmacy or the ownership, management, administration, or operation of a pharmacy or other entity licensed by the board.

(b) Acts or omissions that involve, in whole or in part, the failure to exercise or implement his or her best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances, dangerous drugs, or dangerous devices, or with regard to the provision of services.

(c) Acts or omissions that involve, in whole or in part, the failure to consult appropriate patient, prescription, and other records pertaining to the performance of any pharmacy function.

(d) Acts or omissions that involve, in whole or in part, the failure to fully maintain and retain appropriate patient-specific information pertaining to the performance of any pharmacy function.

8. Section 4073 of the Code states in part

(a) A pharmacist filling a prescription order for a drug product prescribed by its trade or brand name may select another drug product with the same active chemical ingredients of the same strength, quantity, and dosage form, and of the same generic drug name as determined by

the United States Adopted Names (USAN) and accepted by the federal Food and Drug Administration (FDA), of those drug products having the same active chemical ingredients.

(b) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "Do not substitute," or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "Do not substitute"; provided that the prescriber personally initials the box or checkmark. To indicate that a selection shall not be made pursuant to this section for an electronic data transmission prescription as defined in subdivision (c) of Section 4040 , a prescriber may indicate "Do not substitute," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "Do not substitute." In either instance, it shall not be required that the prohibition on substitution be manually initialed by the prescriber.

(c) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (b). The person who selects the drug product to be dispensed pursuant to this section shall assume the same responsibility for selecting the dispensed drug product as would be incurred in filling a prescription for a drug product prescribed by generic name. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a drug product pursuant to this section. In no case shall the pharmacist select a drug product pursuant to this section unless the drug product selected costs the patient less than the prescribed drug product. Cost, as used in this subdivision, is defined to include any professional fee that may be charged by the pharmacist.

(d) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the California Medical Assistance Program set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code .

(e) When a substitution is made pursuant to this section, the use of the cost-saving drug product dispensed shall be communicated to the patient and the name of the dispensed drug product shall be indicated on the prescription label, except where the prescriber orders otherwise.

9. Health and Safety Code section 11153 provides:

"(a) A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Except as authorized by this division, the following are not legal prescriptions: (1) an order purporting to be a prescription which is issued not in the usual course of professional treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use."

10. Health and Safety Code section 11164 provides:

Except as provided in Section 11167 , no person shall prescribe a controlled substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirements of this section.

(a) Each prescription for a controlled substance classified in Schedule II, III, IV, or V, except as authorized by subdivision (b), shall be made on a controlled substance prescription form as specified in Section 11162.1 and shall meet the following requirements:

(1) The prescription shall be signed and dated by the prescriber in ink and shall contain the prescriber's address and telephone number; the name of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services; refill information, such as the number of refills ordered and whether the prescription is a first-time request or a refill; and the name, quantity, strength, and directions for use of the controlled substance prescribed.

....

11. Health and Safety Code section 11152 provides:

No person shall write, issue, fill, compound, or dispense a prescription that does not conform to this division.

## REGULATORY PROVISIONS

12. Section 1716 of the title 16 of the California Code of Regulations states:

Pharmacists shall not deviate from the requirements of a prescription except upon the prior consent of the prescriber or to select the drug product in accordance with Section 4073 of the Business and Professions Code.

Nothing in this regulation is intended to prohibit a pharmacist from exercising commonly-accepted pharmaceutical practice in the compounding or dispensing of a prescription.

13. Section 1761 of the title 16 of the California Code of Regulations states:

(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.

(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

14. Section 1735.2 of the title 16 of the California Code of Regulations states:

...

(d) No pharmacy or pharmacist shall compound a drug preparation that:

...

(3) Is a copy or essentially a copy of one or more commercially available drug products, unless that drug product appears on an ASHP (American Society of Health-System Pharmacists) or FDA list of drugs that are in short supply at the time of compounding and at the time of dispense, and the compounding of that drug preparation is justified by a specific, documented medical need made known to the pharmacist prior to compounding. The pharmacy shall retain a copy of the documentation of the shortage and the specific medical need in the pharmacy records for three years from the date of receipt of the documentation.

## COST RECOVERY

15. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

## DEFINITIONS

16. Percolone/Roxicodone, the brand name for oxycodone, is a dangerous drug pursuant to Business and Professions Code section 4022, and is a Schedule II Controlled Substance pursuant to Health and Safety Code section 11055 subdivision (b)(1)(M). It is commonly used to treat pain.

17. Xanax, is the brand name for Alprazolam, is a dangerous drug pursuant to Business and Professions Code section 4022, and is a Schedule IV Controlled Substance pursuant to Health and Safety Code section 11057 subdivision (d)(1). It is commonly used to treat anxiety.

18. Norco/Lortab, is the brand name for hydrocodone/acetaminophen (APAP), is a dangerous drug pursuant to Business and Professions Code section 4022, and is a Schedule II Controlled Substance pursuant to title 21 of the Code of Federal Regulations section 1308.12 and title 16 of Health and Safety Code section 11055 subdivision (I)(i). It is commonly used to treat pain.

19. Phenergan with Codeine Syrup, is the brand name for promethazine/codeine syrup, is a dangerous drug pursuant to Business and Professions Code section 4022, and is a Schedule V Controlled Substance pursuant to Health and Safety Code section 11058 subdivision (c)(1). It is commonly used to treat cough.

20. Nature-Throid and Armor Thyroid, are brand names for thyroid extract, and a dangerous drug pursuant to Business and Professions Code section 4022. It is commonly used to treat hypothyroidism.

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## FACTUAL ALLEGATIONS

21. On or about February 20, 2020, a Board Investigator conducted an inspection at Respondent Paseo, following up on an investigation of its controlled substance dispensing practices. Respondent Paseo specialized in non-sterile compounded drug preparations, and was in the process of remodeling in order to compound hazardous drugs. Respondent Stetzer, the Pharmacist in Charge and Respondent Bereliani, staff pharmacist were present during the inspection. On or about February 25, 2020, the Board received records from Respondent Paseo, which included prescription records and a USB drive of electronic dispensing records. The investigation revealed that Respondent Paseo, Respondent Stetzer, Respondent Kohanmehr and Respondent Bereliani dispensed controlled substance prescriptions without ensuring legitimacy. All Respondents failed to fulfill their corresponding responsibility by dispensing controlled substances without resolution of irregularities. These prescriptions were presented with many objective factors of irregularity and red flags of illegitimacy, and all Respondents failed to use available records and professional judgment when dispensing these controlled substances. The investigation revealed that Respondent Stetzer managed and operated Respondent Paseo in an unprofessional manner by dispensing, or allowing to be dispensed, controlled substance prescriptions and ignoring, or not being aware of, objective signs of irregularity and abuse.

## FIRST CAUSE FOR DISCIPLINE

(Variation from Prescription against Respondents Paseo and Bereliani)

22. Respondent Paseo Oaks Pharmacy and Respondent Bereliani are subject to disciplinary action under title 16 of the California Code of Regulations (CCR) section 1716 in that they deviated from the requirements of a prescription, except upon the prior consent of the prescriber or to select the drug product in accordance with section 4073 of the Business and Professions Code. The circumstances are such that investigation records revealed Respondent Paseo dispensed the following prescription in erroneous strength and ingredients without documented prior consent . Specifically, on or about May 1, 2019, prescription number 83334 for triamcinolone 0.1% cream with Sarna was dispensed as triamcinolone 0.125% cream with Dermabase.

23. Additional facts and circumstances in support of these allegations are set forth above in paragraph 21, and are incorporated herein as though set forth in full.

**SECOND CAUSE FOR DISCIPLINE**

(Compounding Requirements against Respondents Paseo and Kohanmehr)

24. Respondents Paseo and Kohanmehr are subject to disciplinary action under title 16 of CCR, section 1735.2 in that they compounded drug preparations that were a copy of, or essentially a copy of, one or more commercially available drug products without documentation of a shortage, and a specific medical need in the pharmacy records to justify compounding these drug products. The circumstances are such that the all Respondents compounded copies of the commercially available drug products, and dispensed the same as follows:

a. 23 prescriptions of salicylic acid 2% solution

b. 308 prescriptions of sulfacetamide 10% / sulfur 2% wash

c. 482 Prescriptions of thyroid capsules

25. Additional facts and circumstances in support of these allegations are set forth above in paragraph 21, and are incorporated herein as though set forth in full.

**THIRD CAUSE FOR DISCIPLINE**

(Compounding Requirements against Respondent Stetzer)

26. Respondent Stetzer is subject to disciplinary action under title 16 of CCR, section 1735.2 in that they compounded drug preparations that were a copy of, or essentially a copy of, one or more commercially available drug products without documentation of a shortage, and a specific medical need in the pharmacy records to justify compounding these drug products. The circumstances are such that the all Respondents compounded copies of the commercially available drug products, and dispensed the same as follows:

a. 7 prescriptions of salicylic acid 2% solution

b. 132 prescriptions of sulfacetamide 10% / sulfur 2% wash

c. 254 Prescriptions of thyroid capsules

27. Additional facts and circumstances in support of these allegations are set forth above in paragraph 21, and are incorporated herein as though set forth in full.

**FOURTH CAUSE FOR DISCIPLINE**

(Compounding Requirements against Respondent Bereliani)

28. Respondent Bereliani is subject to disciplinary action under title 16 of CCR, section 1735.2 in that they compounded drug preparations that were a copy of, or essentially a copy of, one or more commercially available drug products without documentation of a shortage, and a specific medical need in the pharmacy records to justify compounding these drug products. The circumstances are such that the all Respondents compounded copies of the commercially available drug products, and dispensed the same as follows:

a. 23 prescriptions of salicylic acid 2% solution

b. 250 prescriptions of sulfacetamide 10% / sulfur 2% wash

c. 343 Prescriptions of thyroid capsules

29. Additional facts and circumstances in support of these allegations are set forth above in paragraph 21, and are incorporated herein as though set forth in full.

**FIFTH CAUSE FOR DISCIPLINE**

(Corresponding Responsibility against Respondent Paseo)

30. Respondent Paseo is subject to disciplinary action under Code section 4301 in conjunction with Health and Safety Code (HSC) sections 11153, subdivision (a), 11164, 11152, 11164 and title 16 of CCR section 1761. The circumstances are such that Respondent Paseo failed to fulfill its corresponding responsibility by repeatedly failing to resolve irregularities and red flags, and dispensing over 5,300 tablets of oxycodone 30 mg, a Schedule II controlled substance.

31. Specifically, Respondent dispensed the following prescriptions, which were not written on controlled substance prescription security forms:

a. Prescription Number 63908, 120ml promethazine/codeine on or about March 20, 2017.

b. Prescription Number 63906, 240ml promethazine/codeine on or about March 20, 2017.

32. Additionally, prescription documents were missing at least some of the following features required for controlled substance prescription security forms as follows:

a. A watermark printed on the backside of the prescription blank which reads: "California Security Prescription, " stated "Security Prescription".

b. An identifying number assigned to the approved security printer by the Department of Justice was missing.

c. There was no lot number printed on the form, and both prescriptions appeared to have same sequential number.

d. Quantity check off boxes printed on the form so that the prescriber may indicate the quantity by checking the applicable box are required to appear as: 1-24, 25-49. 50-74,75-100. 101-150, and 151 and over. Rather, the last entry of Respondents' form read "101-150 & over".

e. Prescription blanks shall contain a statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted." Respondents' prescription blank read, "Prescription is void if the number of drugs is not noted".

33. Respondent dispensed controlled substances after ignoring, or not being aware of, objective factors which were irregular from medically legitimate prescriptions. The objective factors of illegitimacy, irregularity, and abuse included but were not limited to:

a. Sixty (60) controlled substance prescriptions from one prescriber were dispensed to 19 different patients from September 20, 2019 to February 17, 2020;

b. Cash payment was made for the overwhelming majority of these controlled substance prescriptions;

c. Patients paid over twice the cash price available at other nearby pharmacies for the same drugs;

d. Uniformity of treatment for multiple patients receiving similar or identical controlled substances on the same day;

e. All controlled substance prescriptions from this prescriber were for oxycodone 30 mg, the highest strength available;

f. All controlled substance prescriptions were for out of area patients; and

g. All controlled substance prescriptions were from out of area prescribers.

34. Additionally, ten (10) different patients, which were not tolerant to opioids from several prescribers were started on oxycodone 30 mg at no less than twice the safe recommended dose as follows: Prescription number 83235 dated April 27, 2019; Prescription number 86736 dated August 16, 2019; Prescription number 87146 dated August 30, 2019; Prescription number 87832 dated September 20, 2019; Prescription number 87834 dated September 20, 2019; Prescription number 89211 dated November 5, 2019; Prescription number 89941 dated December 2, 2019; Prescription number 90354 dated December 13, 2019; Prescription number 90484 dated December 18, 2019; and Prescription number 90587 dated December 20, 2019.

35. Additional facts and circumstances in support of these allegations are set forth above in paragraph 21, and are incorporated herein as though set forth in full.

**SIXTH CAUSE FOR DISCIPLINE**

(Unprofessional Conduct - Gross Negligence against Respondent Paseo)

36. Respondent Paseo is subject to disciplinary action under Code sections 4301, which states that the Board shall take action against any holder of a license who is guilty of unprofessional conduct, which includes but is not limited to Gross Negligence. The circumstances are such that the conduct of Respondent constituted gross negligence by ignoring, or not being aware of, objective factors which were irregular from medically legitimate prescriptions, and the pharmacy operated in a manner that was a gross deviation from the standard of safe pharmacy practice, and which could cause harm to patients or other persons in violation of pharmacy law.

37. Specifically, Respondent dispensed the following prescriptions which were not written on controlled substance prescription security forms:

a. Prescription Number 63908, 120ml promethazine/codeine on or about March 20, 2017.

b. Prescription Number 63906, 240ml promethazine/codeine on or about March 20, 2017.

38. Additionally, prescription documents were missing at least some of the following features required for controlled substance prescription security forms as follows:

a. A watermark printed on the backside of the prescription blank which reads: "California Security Prescription, " stated "Security Prescription".

b. An identifying number assigned to the approved security printer by the Department of Justice was missing.

c. There was no lot number printed on the form, and both prescriptions appeared to have same sequential number.

d. Quantity check off boxes printed on the form so that the prescriber may indicate the quantity by checking the applicable box are required to appear as: 1-24, 25-49. 50-74,75-100. 101-150, and 151 and over. Rather, the last entry of Respondents' form read "101-150 & over".

e. Prescription blanks shall contain as statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted." Respondents' prescription blank read, "Prescription is void if the number of drugs is not noted".

39. Respondent dispensed controlled substances after ignoring, or not being aware of, objective factors which were irregular from medically legitimate prescriptions. The objective factors of illegitimacy, irregularity, and abuse included but were not limited to:

a. Sixty (60) controlled substance prescriptions from one prescriber were dispensed to 19 different patients from September 20, 2019 to February 17, 2020;

b. Cash payment was made for the overwhelming majority of these controlled substance prescriptions;

c. Patients paid over twice the cash price available at other nearby pharmacies for the same drugs;

d. Uniformity of treatment for multiple patients receiving similar or identical controlled substances on the same day;

e. All controlled substance prescriptions from this prescriber were for oxycodone 30 mg, the highest strength available;

f. All controlled substance prescriptions were for out of area patients; and

g. All controlled substance prescriptions were from out of area prescribers.

40. Additionally, ten (10) different patients, which were not tolerant to opioids from several prescribers were started on oxycodone 30 mg at no less than twice the safe recommended dose as follows: Prescription number 83235 dated April 27, 2019; Prescription number 86736 dated August 16, 2019; Prescription number 87146 dated August 30, 2019; Prescription number 87832 dated September 20, 2019; Prescription number 87834 dated September 20, 2019; Prescription number 89211 dated November 5, 2019; Prescription number 89941 dated December 2, 2019; Prescription number 90354 dated December 13, 2019; Prescription number 90484 dated December 18, 2019; and Prescription number 90587 dated December 20, 2019.

41. Additional facts and circumstances in support of these allegations are set forth above in paragraph 21, and are incorporated herein as though set forth in full.

**SEVENTH CAUSE FOR DISCIPLINE**

(Unprofessional Conduct – Excessive Furnishing against Respondent Paseo)

42. Respondent Paseo is subject to disciplinary action under Code section 4301 subdivision (d) in conjunction with Health and Safety Code section 11153 subdivision (a), which states that a prescription for a controlled substance shall only be issued for a legitimate medical purpose and even though the responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, a corresponding responsibility rests with the pharmacist who fills the prescription. The circumstances are such that the conduct of Respondent constituted excessive prescribing by ignoring, or not being aware of, objective factors which were irregular from medically legitimate prescriptions, and the pharmacy operated in a manner that was a gross deviation from the standard of safe pharmacy practice, and which could cause harm to patients or other persons in violation of pharmacy law.

43. Specifically, Respondent dispensed the following prescriptions which were not written on controlled substance prescription security forms:

a. Prescription Number 63908, 120ml promethazine/codeine on or about March 20, 2017.

b. Prescription Number 63906, 240ml promethazine/codeine on or about March 20, 2017.

44. Additionally, prescription documents were missing at least some of the following features required for controlled substance prescription security forms as follows:

a. A watermark printed on the backside of the prescription blank which reads: "California Security Prescription, " stated "Security Prescription".

b. An identifying number assigned to the approved security printer by the Department of Justice was missing.

c. There was no lot number printed on the form, and both prescriptions appeared to have same sequential number.

d. Quantity check off boxes printed on the form so that the prescriber may indicate the quantity by checking the applicable box are required to appear as: 1-24, 25-49. 50-74,75-100. 101-150, and 151 and over. Rather, the last entry of Respondents' form read "101-150 & over".

e. Prescription blanks shall contain as statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted." Respondents' prescription blank read, "Prescription is void if the number of drugs is not noted".

45. Respondent dispensed controlled substances after ignoring, or not being aware of, objective factors which were irregular from medically legitimate prescriptions. The objective factors of illegitimacy, irregularity, and abuse included but were not limited to:

a. Sixty (60) controlled substance prescriptions from one prescriber were dispensed to 19 different patients from September 20, 2019 to February 17, 2020;

b. Cash payment was made for the overwhelming majority of these controlled substance prescriptions;

c. Patients paid over twice the cash price available at other nearby pharmacies for the same drugs;

d. Uniformity of treatment for multiple patients receiving similar or identical controlled substances on the same day;

e. All controlled substance prescriptions from this prescriber were for oxycodone 30 mg, the highest strength available;

f. All controlled substance prescriptions were for out of area patients; and

g. All controlled substance prescriptions were from out of area prescribers.

46. Additionally, ten (10) different patients, which were not tolerant to opioids from several prescribers were started on oxycodone 30 mg at no less than twice the safe recommended dose as follows: Prescription number 83235 dated April 27, 2019; Prescription number 86736 dated August 16, 2019; Prescription number 87146 dated August 30, 2019; Prescription number 87832 dated September 20, 2019; Prescription number 87834 dated September 20, 2019; Prescription number 89211 dated November 5, 2019; Prescription number 89941 dated December 2, 2019; Prescription number 90354 dated December 13, 2019; Prescription number 90484 dated December 18, 2019; and Prescription number 90587 dated December 20, 2019.

47. Additional facts and circumstances in support of these allegations are set forth above in paragraph 21, and are incorporated herein as though set forth in full.

**EIGHTH CAUSE FOR DISCIPLINE**

(Corresponding Responsibility against Bereliani)

48. Respondent Bereliani is subject to disciplinary action under Code section 4301 and 4306.5, in conjunction with Health and Safety Code (HSC) sections 11153, subdivision (a), 11164, 11152, 11164 and title 16 of CCR section 1761. The circumstances are such that Respondent Bereliani failed to fulfill his corresponding responsibility by repeatedly failing to resolve irregularities and red flags, and dispensing up to approximately 2500 tablets of oxycodone 30 mg, a Schedule II controlled substance.

49. Specifically, Respondent dispensed the following prescriptions which were not written on controlled substance prescription security forms:

a. Prescription Number 63908, 120ml promethazine/codeine on or about March 20, 2017.

b. Prescription Number 63906, 240ml promethazine/codeine on or about March 20, 2017.

50. Additionally, prescription documents were missing at least some of the following features required for controlled substance prescription security forms as follows:

a. A watermark printed on the backside of the prescription blank which reads: "California Security Prescription, " stated "Security Prescription".

b. An identifying number assigned to the approved security printer by the Department of Justice was missing.

c. There was no lot number printed on the form, and both prescriptions appeared to have same sequential number.

d. Quantity check off boxes printed on the form so that the prescriber may indicate the quantity by checking the applicable box are required to appear as: 1-24, 25-49. 50-74,75-100. 101-150, and 151 and over. Rather, the last entry of Respondents' form read "101-150 & over".

e. Prescription blanks shall contain a statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted." Respondents' prescription blank read, "Prescription is void if the number of drugs is not noted".

51. Respondents dispensed controlled substances after ignoring, or not being aware of, objective factors which were irregular from medically legitimate prescriptions. The objective factors of illegitimacy, irregularity, and abuse included but were not limited to:

a. Twenty – Eight (28) controlled substance prescriptions from one prescriber were to be made to 19 different patients from September 20, 2019 to February 17, 2020;

b. Cash payment was made for the overwhelming majority of these controlled substance prescriptions;

c. Patients paid over twice the cash price available at other nearby pharmacies for the same drugs;

d. Uniformity of treatment for multiple patients receiving similar or identical controlled substances on the same day;

e. All controlled substance prescriptions from this prescriber were for oxycodone 30 mg, the highest strength available;

f. All controlled substance prescriptions were for out of area patients; and

g. All controlled substance prescriptions were from out of area prescribers.

52. Additionally, four (4) different patients, which were not tolerant to opioids from several prescribers were started on oxycodone 30 mg at no less than twice the safe recommended dose as follows: Prescription number 86736 dated August 16, 2019; Prescription number 87146 dated August 30, 2019; Prescription number 89211 dated November 5, 2019; and Prescription number 89941 dated December 2, 2019.

53. Additional facts and circumstances in support of these allegations are set forth above in paragraph 21, and are incorporated herein as though set forth in full.

**NINTH CAUSE FOR DISCIPLINE**

(Corresponding Responsibility against Respondents Stetzer and Kohanmehr)

54. Respondents Stetzer and Kohanmehr are subject to disciplinary action under Code section 4301 and 4306.5, in conjunction with Health and Safety Code (HSC) sections 11153, subdivision (a), 11164, 11152, 11164 and title 16 of CCR section 1761. The circumstances are such that Respondents Stetzer and Kohanmehr failed to fulfill their corresponding responsibility by repeatedly failing to resolve irregularities and red flags, and dispensing up to approximately 5300 tablets of oxycodone 30 mg, a Schedule II controlled substance.

55. Specifically, Respondents dispensed the following prescriptions which were not written on controlled substance prescription security forms:

a. Prescription Number 63908, 120ml promethazine/codeine on or about March 20, 2017.

b. Prescription Number 63906, 240ml promethazine/codeine on or about March 20, 2017.

56. Additionally, prescription documents were missing at least some of the following features required for controlled substance prescription security forms as follows:

a. A watermark printed on the backside of the prescription blank which reads: "California Security Prescription, " stated "Security Prescription".

b. An identifying number assigned to the approved security printer by the Department of Justice was missing.

c. There was no lot number printed on the form, and both prescriptions appeared to have same sequential number.

d. Quantity check off boxes printed on the form so that the prescriber may indicate the quantity by checking the applicable box are required to appear as: 1-24, 25-49. 50-74,75-100. 101-150, and 151 and over. Rather, the last entry of Respondents' form read "101-150 & over".

e. Prescription blanks shall contain a statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted." Respondents' prescription blank read, "Prescription is void if the number of drugs is not noted".

57. Respondents dispensed controlled substances after ignoring, or not being aware of, objective factors which were irregular from medically legitimate prescriptions. The objective factors of illegitimacy, irregularity, and abuse included but were not limited to:

a. Sixty (60) controlled substance prescriptions from one prescriber were to be made to 19 different patients from September 20, 2019 to February 17, 2020;

b. Cash payment was made for the overwhelming majority of these controlled substance prescriptions;

c. Patients paid over twice the cash price available at other nearby pharmacies for the same drugs;

d. Uniformity of treatment for multiple patients receiving similar or identical controlled substances on the same day;

e. All controlled substance prescriptions from this prescriber were for oxycodone 30 mg, the highest strength available;

f. All controlled substance prescriptions were for out of area patients; and

g. All controlled substance prescriptions were from out of area prescribers.

58. Additionally, ten (10) different patients, which were not tolerant to opioids from several prescribers were started on oxycodone 30 mg at no less than twice the safe recommended dose as follows: Prescription number 83235 dated April 27, 2019; Prescription number 86736 dated August 16, 2019; Prescription number 87146 dated August 30, 2019; Prescription number 87832 dated September 20, 2019; Prescription number 87834 dated September 20, 2019;

Prescription number 89211 dated November 5, 2019; Prescription number 89941 dated December 2, 2019; Prescription number 90354 dated December 13, 2019; Prescription number 90484 dated December 18, 2019; and Prescription number 90587 dated December 20, 2019.

59. Additional facts and circumstances in support of these allegations are set forth above in paragraph 21, and are incorporated herein as though set forth in full.

**TENTH CAUSE FOR DISCIPLINE**

(Unprofessional Conduct - Gross Negligence against Respondent Bereliani)

60. Respondent Bereliani is subject to disciplinary action under Code sections 4301 and 4306.5, which states that the Board shall take action against any holder of a license who is guilty of unprofessional conduct, which includes but is not limited to Gross Negligence. The circumstances are such that the conduct of Respondent constituted gross negligence by ignoring, or not being aware of, objective factors which were irregular from medically legitimate prescriptions, and the pharmacy operated in a manner that was a gross deviation from the standard of safe pharmacy practice, and which could cause harm to patients or other persons in violation of pharmacy law.

61. Specifically, Respondents dispensed the following prescriptions which were not written on controlled substance prescription security forms:

a. Prescription Number 63908, 120ml promethazine/codeine on or about March 20, 2017.

b. Prescription Number 63906, 240ml promethazine/codeine on or about March 20, 2017.

62. Additionally, prescription documents were missing at least some of the following features required for controlled substance prescription security forms as follows:

a. A watermark printed on the backside of the prescription blank which reads: "California Security Prescription, " stated "Security Prescription".

b. An identifying number assigned to the approved security printer by the Department of Justice was missing.

c. There was no lot number printed on the form, and both prescriptions appeared to have same sequential number.

d. Quantity check off boxes printed on the form so that the prescriber may indicate the quantity by checking the applicable box are required to appear as: 1-24, 25-49. 50-74,75-100. 101-150, and 151 and over. Rather, the last entry of Respondents' form read "101-150 & over".

e. Prescription blanks shall contain as statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted." Respondents' prescription blank read, "Prescription is void if the number of drugs is not noted".

63. Respondents dispensed controlled substances after ignoring, or not being aware of, objective factors which were irregular from medically legitimate prescriptions. The objective factors of illegitimacy, irregularity, and abuse included but were not limited to:

a. Twenty - Eight (28) controlled substance prescriptions from one prescriber were dispensed to 19 different patients from September 20, 2019 to February 17, 2020;

b. Cash payment was made for the overwhelming majority of these controlled substance prescriptions;

c. Patients paid over twice the cash price available at other nearby pharmacies for the same drugs;

d. Uniformity of treatment for multiple patients receiving similar or identical controlled substances on the same day;

e. All controlled substance prescriptions from this prescriber were for oxycodone 30 mg, the highest strength available;

f. All controlled substance prescriptions were for out of area patients; and

g. All controlled substance prescriptions were from out of area prescribers.

64. Additionally, four (4) different patients, which were not tolerant to opioids from several prescribers were started on oxycodone 30 mg at no less than twice the safe recommended dose as follows: Prescription number 86736 dated August 16, 2019; Prescription number 87146 dated August 30, 2019; Prescription number 89211 dated November 5, 2019; and Prescription number 89941 dated December 2, 2019.

65. Additional facts and circumstances in support of these allegations are set forth above in paragraph 21, and are incorporated herein as though set forth in full.

**ELEVENTH CAUSE FOR DISCIPLINE**

(Unprofessional Conduct - Gross Negligence against Respondents Stetzer and Kohanmehr)

66. Respondents Stetzer and Kohanmehr are subject to disciplinary action under Code sections 4301 and 4306.5, which states that the Board shall take action against any holder of a license who is guilty of unprofessional conduct, which includes but is not limited to Gross Negligence. The circumstances are such that the conduct of Respondents constituted gross negligence by ignoring, or not being aware of, objective factors which were irregular from medically legitimate prescriptions, and the pharmacy operated in a manner that was a gross deviation from the standard of safe pharmacy practice, and which could cause harm to patients or other persons in violation of pharmacy law.

67. Specifically, Respondents dispensed the following prescriptions which were not written on controlled substance prescription security forms:

a. Prescription Number 63908, 120ml promethazine/codeine on or about March 20, 2017.

b. Prescription Number 63906, 240ml promethazine/codeine on or about March 20, 2017.

68. Additionally, prescription documents were missing at least some of the following features required for controlled substance prescription security forms as follows:

a. A watermark printed on the backside of the prescription blank which reads: "California Security Prescription, " stated "Security Prescription".

b. An identifying number assigned to the approved security printer by the Department of Justice was missing.

c. There was no lot number printed on the form, and both prescriptions appeared to have same sequential number.

d. Quantity check off boxes printed on the form so that the prescriber may indicate the quantity by checking the applicable box are required to appear as: 1-24, 25-49. 50-74,75-100. 101-150, and 151 and over. Rather, the last entry of Respondents' form read "101-150 & over".

e. Prescription blanks shall contain as statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted." Respondents' prescription blank read, "Prescription is void if the number of drugs is not noted".

69. Respondents dispensed controlled substances after ignoring, or not being aware of, objective factors which were irregular from medically legitimate prescriptions. The objective factors of illegitimacy, irregularity, and abuse included but were not limited to:

a. Sixty (60) controlled substance prescriptions from one prescriber were dispensed to 19 different patients from September 20, 2019 to February 17, 2020;

b. Cash payment was made for the overwhelming majority of these controlled substance prescriptions;

c. Patients paid over twice the cash price available at other nearby pharmacies for the same drugs;

d. Uniformity of treatment for multiple patients receiving similar or identical controlled substances on the same day;

e. All controlled substance prescriptions from this prescriber were for oxycodone 30 mg, the highest strength available;

f. All controlled substance prescriptions were for out of area patients; and

g. All controlled substance prescriptions were from out of area prescribers.

70. Additionally, Ten (10) different patients, which were not tolerant to opioids from several prescribers were started on oxycodone 30 mg at no less than twice the safe recommended dose as follows: Prescription number 83235 dated April 27, 2019; Prescription number 86736 dated August 16, 2019; Prescription number 87146 dated August 30, 2019; Prescription number 87832 dated September 20, 2019; Prescription number 87834 dated September 20, 2019; Prescription number 89211 dated November 5, 2019; Prescription number 89941 dated December

2, 2019; Prescription number 90354 dated December 13, 2019; Prescription number 90484 dated December 18, 2019; and Prescription number 90587 dated December 20, 2019.

71. Additional facts and circumstances in support of these allegations are set forth above in paragraph 21, and are incorporated herein as though set forth in full.

**DISCIPLINE CONSIDERATIONS**

72. To determine the degree of discipline, if any, to be imposed on Respondent Tooraj Bereliani, Complainant alleges that on or about December 21, 2011, in a prior disciplinary action titled In the Matter of the Accusation Against Tooraj Bereliani before the Board of Pharmacy, in Case Number 3251. Respondent's license was placed on probation for five (5) years and suspended for one hundred (100) days for manufacturing drugs sold through wholesaler, furnishing controlled substances through unlicensed wholesaler, failure to maintain written policies, failure to maintain preparation records and master formulas, failure to maintain compounding records, failure to document supervisions and pharmacy technicians, mishandling drugs, sale of misbranded drugs, and unprofessional conduct. That decision is now final.

**OTHER MATTERS**

73. Pursuant to Code section 4307, if discipline is imposed on PHY 51260, issued to Respondent Paseo, while Respondent Kohanmehr had been an officer and owner and had knowledge of or knowingly participated in any conduct for which the licensee was disciplined, Respondent Kohanmehr shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 51260 is placed on probation or until Pharmacy Permit Number PHY 51260 is reinstated if it is revoked.

**PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Permit Number PHY 51260, issued to Global Rx Inc. dba Paseo Oaks Pharmacy, Elizabeth Shaghayegh Kohanmehr;

2. Revoking or suspending Pharmacist License Number RPH 68658, issued to Sallie Ann Stetzer;

3. Revoking or suspending Pharmacist License Number RPH 55358, issued to Elizabeth Shaghayegh Kohanmehr;

4. Revoking or suspending Pharmacist License Number RPH 51817, issued to Tooraj Bereliani;

.5. Ordering Paseo Oaks Pharmacy, Sallie Ann Stetzer, Elizabeth Shaghayegh Kohanmehr, and Tooraj Bereliani, to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

6. Taking such other and further action as deemed necessary and proper.

DATED: 1/31/2021

Sodergren, Anne@DCA

Digitally signed by Sodergren, Anne@DCA
Date: 2021.01.31 17:06:04 -08'00'

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
*Complainant*

LA2020601652
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**GOVERNMENT CODE - GOV**

**TITLE 2. GOVERNMENT OF THE STATE OF CALIFORNIA [8000 - 22980]** *( Title 2 enacted by Stats. 1943, Ch. 134. )*

**DIVISION 3. EXECUTIVE DEPARTMENT [11000 - 15986]** *( Division 3 added by Stats. 1945, Ch. 111. )*

**PART 1. STATE DEPARTMENTS AND AGENCIES [11000 - 11898]** *( Part 1 added by Stats. 1945, Ch. 111. )*

**CHAPTER 5. Administrative Adjudication: Formal Hearing [11500 - 11529]** *( Heading of Chapter 5 amended by Stats. 1995, Ch. 938, Sec. 22. )*

**11521.** (a) The agency itself may order a reconsideration of all or part of the case on its own motion or on petition of any party. The agency shall notify a petitioner of the time limits for petitioning for reconsideration. The power to order a reconsideration shall expire 30 days after the delivery or mailing of a decision to a respondent, or on the date set by the agency itself as the effective date of the decision if that date occurs prior to the expiration of the 30-day period or at the termination of a stay of not to exceed 30 days which the agency may grant for the purpose of filing an application for reconsideration. If additional time is needed to evaluate a petition for reconsideration filed prior to the expiration of any of the applicable periods, an agency may grant a stay of that expiration for no more than 10 days, solely for the purpose of considering the petition. If no action is taken on a petition within the time allowed for ordering reconsideration, the petition shall be deemed denied.

(b) The case may be reconsidered by the agency itself on all the pertinent parts of the record and such additional evidence and argument as may be permitted, or may be assigned to an administrative law judge. A reconsideration assigned to an administrative law judge shall be subject to the procedure provided in Section 11517. If oral evidence is introduced before the agency itself, no agency member may vote unless he or she heard the evidence.

*(Amended by Stats. 2004, Ch. 865, Sec. 34. Effective January 1, 2005.)*

# 16B

**California State Board of Pharmacy**
2720 Gateway Oaks Drive, Ste. 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



March 29, 2023

**CERTIFIED MAIL**

Morris Ghadishah
[redacted] S. Tower Drive
Beverly Hills, CA 90211

RE: Administrative Case No. 7075
Morris Ghadishah, RPH 70585

Dear Mr. Ghadishah:

Attached is the Board of Pharmacy's Stipulated Settlement and Order regarding the above-referenced matter. Your attention is directed to pages 5-7 of the document.

Effective at 5:00 p.m. on April 28, 2023, Pharmacist License No. RPH 70585 issued to Morris Ghadishah shall be publicly reproved by the Board and subject to the terms and conditions in the decision.

If you have any questions concerning this matter, you may contact Pamela Kemp, Administrative Case Analyst, at pamela.kemp@dca.ca.gov or (916) 518-3010. Should you have any questions related to litigation of this matter, please contact the Deputy Attorney General handling this matter.

Sincerely,

Anne Sodergren
Executive Officer

By Susan Cappello

Susan Cappello
Enforcement Manager

Enclosure(s)

cc: Kevin J. Rigley, DAG

# DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Administrative Case No. 7075
Morris Ghadishah, RPH 70585

I am over 18 years of age, and not a party to the within cause; my business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed to as follows:

| NAME | CERTIFIED NO. |
|---|---|
| Morris Ghadishah<br>[redacted]S. Tower Drive<br>Beverly Hills, CA 90211 | 7022 2410 0002 4965 7872 |

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on March 29, 2023, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on March 29, 2023, at Sacramento, California.

Susan Cappello
Enforcement Manager

**BEFORE THE**
**BOARD OF PHARMACY**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

**In the Matter of the Accusation Against:**

**CENTURY PHARMACY, INC., DBA, CENTURY PHARMACY,**
**JOSEPH AMIN,**
**Pharmacy Permit No. PHY 34252;**

**MORRIS GHADISHAH**
**Pharmacist License No. RPH 70585;**

**JILA MOHAMMADI,**
**Pharmacist License No. RPH 70372;**

**SHIVA KIAEE FARZAN,**
**Pharmacist License No. RPH 44807;**

**MEHRDAD AHDOOT,**
**Pharmacist License No. RPH 43292;**

**SHIRIN AZIZZADEH,**
**Pharmacist License No. RPH 53320;**

**YOUNG SOOK CHOI,**
**Pharmacist License No. RPH 41950;**

**HENGAMEH SHAKERANEH,**
**Pharmacist License No. RPH 45821;**

**PARISA KHANI,**
**Pharmacist License No. RPH 54486;**

**SHIRIN HAROONPOOR,**
**Pharmacist License No. RPH 76314;**

**and**

**MAHSHID PAYA KHALIFIAN,**
**Pharmacist License No. RPH 44675,**

**Respondents.**

**Agency Case No. 7075; OAH No. 2022020695**

# DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order for Public Reproval is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on April 28, 2023.

It is so ORDERED on March 29, 2023.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By 

Seung W. Oh, Pharm.D.
Board President

ROB BONTA
Attorney General of California
NANCY A. KAISER
Supervising Deputy Attorney General
KEVIN J. RIGLEY
Deputy Attorney General
State Bar No. 131800
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6301
Facsimile: (916) 731-2126
*Attorneys for Complainant*

**BEFORE THE**
**BOARD OF PHARMACY**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | |
|---|---|
| In the Matter of the Accusation Against:<br><br>**JOSEPH AMIN DBA CENTURY PHARMACY**<br>**11870 Santa Monica Blvd, Ste 108**<br>**Los Angeles, CA 90025-2276**<br><br>**Permit No. PHY 34252,**<br><br>**MORRIS GHADISHAH**<br>**[redacted]S. Tower Dr.**<br>**Beverly Hills, CA 90211**<br><br>**Pharmacist License No. RPH 70585,**<br><br>**JILA MOHAMMADI**<br>**P.O. Box [redacted]**<br>**Glendale, CA 91221**<br><br>**Pharmacist License No. RPH 70372,**<br><br>**SHIVA KIAEE FARZAN**<br>**[redacted]Canasta Street**<br>**Tarzana, CA 91356**<br><br>**Pharmacist License No. RPH 44807,**<br><br>**MEHDAD AHDOOT**<br>**[redacted]Crocus Avenue**<br>**Fountain Valley, CA 92708**<br><br>**Pharmacist License No. RPH 43292,** | Case No. 7075<br><br>OAH No. 2022020695<br><br>**STIPULATED SETTLEMENT AND DISCIPLINARY ORDER AS TO RESPONDENT GHADISHAH, LICENSE NO. RPH 70585** |

**SHIRIN AZIZZADEH**
**[redacted] Evelyn Pl**
**Beverly Hills, CA 90210**

**Pharmacist License No. RPH 53320,**

**YOUNG SOOK CHOI**
**[redacted] S. Lake Street, [redacted]**
**Los Angeles, CA 90057**

**Pharmacist License No. RPH 41950,**

**HENGAMEH SHAKERANEH**
**[redacted] Greenfield Avenue**
**Los Angeles, CA 90025**

**Pharmacist License No. RPH 45821,**

**PARISA KHANI**
**P.O. Box [redacted]**
**Beverly Hills, CA 90209**

**Pharmacist License No. RPH 54486,**

**SHIRIN HAROONPOOR**
**[redacted] Missouri Avenue, [redacted]**
**Los Angeles, CA 90025**

**Pharmacist License No. RPH 76314,**

**and**

**MAHSHID PAYA KHALIFIAN**
**[redacted] Summer Holly Circle**
**Los Angeles, CA 90077**

**Pharmacist License No. RPH 44675**

Respondents.

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

## PARTIES

1. Anne Sodergren (Complainant) is the Executive Officer of the Board of Pharmacy (Board). She brought this action solely in her official capacity and is represented in this matter by

Rob Bonta, Attorney General of the State of California, by Kevin J. Rigley, Deputy Attorney General.

2. Respondent Morris Ghadisha (Respondent) is represented himself in this proceeding, and has chosen not to be represented by counsel.

3. On or about April 4, 2014, the Board issued Pharmacist License Number RPH 70585 to Respondent Ghadishah. The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2024, unless renewed.

## JURISDICTION

4. Accusation No. 7075 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on September 21, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 7075 is attached as exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, and understands the charges and allegations in Accusation No. 7075. Respondent has also carefully read, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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## CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 7075, if proven at a hearing, constitute cause for imposing discipline upon his Pharmacist License.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Pharmacist License is subject to discipline and he agrees to be bound by the Board's terms as set forth in the Disciplinary Order below.

## CONTINGENCY

12. This stipulation shall be subject to approval by the Board of Pharmacy. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Pharmacy may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. This Stipulated Settlement and Disciplinary Order is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary

Order may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

**DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Pharmacist License Number RPH 70585 issued to Respondent Morris Ghadishah (Respondent) shall be publicly reproved by the Board of Pharmacy under Business and Professions Code section 495 in resolution of Accusation No. 7075 (attached as exhibit A), on the following conditions:

**1. No Ownership or Management of Licensed Premises**. Respondent shall not own, have any legal or beneficial interest in, nor serve as a manager, administrator, member, officer, director, trustee, associate, or partner of any business, firm, partnership, or corporation currently or hereinafter licensed by the Board for a period of thirty (30) months from the effective date of the Decision and Order.

Respondent shall sell or transfer any legal or beneficial interest in any entity licensed by the Board within ninety (90) days following the effective date of this decision and shall immediately thereafter provide written proof thereof to the Board. Failure to timely divest any legal or beneficial interest(s) or provide documentation thereof shall be considered a violation of this Decision and Order.

**2. Prohibited From Serving as Pharmacist-in-Charge**. Respondent shall be prohibited from serving as Pharmacist-in-Charge at any pharmacy for a period of thirty (30) months from the effective date of this Decision and Order.

**3. No Supervision of Pharmacists or Intern Pharmacists.** Respondent shall be prohibited from supervising any Pharmacists and/or Pharmacist Interns for a period of thirty (30) months from the effective date of this Decision and Order. However, Respondent may supervise Pharmacy Technicians during this thirty (30) month period.

///

**4. Ethics Course.** Within sixty (60) calendar days of the effective date of this Decision and Order, Respondent shall enroll in a course in ethics, at Respondent's expense, approved in advance by the Board or its designee that complies with Title 16 California Code of Regulations section 1773.5. Respondent shall provide proof of enrollment upon request. Within five (5) days of completion, Respondent shall submit a copy of the certificate of completion to the Board or its designee. Failure to timely enroll in an approved ethics course, to initiate the course during the first year following the effective date of this Decision and Order, to successfully complete it before the end of the second year following the effective date of this Decision and Order, or to timely submit proof of completion to the Board or its designee, shall be considered a violation of this Decision and Order. Respondent's Pharmacist License will not be renewed until he satisfies this term, as required.

**5. Board's One-Day Training Program.** Within the first year of the effective date of the Decision and Order, Respondent shall enroll in the Board's one-day, six (6) hour, training program, "Prescription Drug Abuse and Diversion Prevention Training." Respondent shall provide proof of enrollment within five (5) days of enrollment. Within five (5) days of completion, Respondent shall submit a copy of the certificate of completion to the Board. Failure to timely enroll in the training program and/or to initiate the training program during the first year, shall be considered a violation of this Decision and Order. Respondent's Pharmacist License will not be renewed until he satisfies this term, as required.

**6. Reimbursement of Board Costs.** As a condition precedent to successful compliance of the Disciplinary Order herein, Respondent shall pay to the Board its costs of investigation and prosecution in the amount of $5,000.00. Respondent shall make said payments as follows:

Respondent shall make payments in equal monthly installments over thirty (30) months, until the costs are paid in full. Respondent's Pharmacist License will not be renewed if he fails to pay costs as required. There shall be no deviation from this schedule absent prior written approval by the Board or its designee.

**7. Full Compliance**. As a resolution of the charges in Accusation No. 7075, this stipulated settlement is contingent upon Respondent's full compliance with all of the terms of this

Decision and Order. If Respondent fails to satisfy any of these terms, Respondent shall not be permitted to renew his Pharmacist License until such unsatisfied terms are successfully completed. If Respondent violates any pharmacy laws during the thirty (30) month period following the effective date of the Decision and Order, all of the charges and allegations contained in Accusation Number 7075 shall be deemed to be true, correct, and admitted by Respondent for purposes of any disciplinary action the Board may take if such occurs.

**ACCEPTANCE**

I have carefully read the above Stipulated Settlement and Disciplinary Order and fully understand it. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

MORRIS GHADISHAH
*Respondent*

**ENDORSEMENT**

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

DATED: January 27, 2023

Respectfully submitted,

ROB BONTA
Attorney General of California
NANCY A. KAISER
Supervising Deputy Attorney General

Kevin J Rigley

KEVIN J. RIGLEY
Deputy Attorney General
*Attorneys for Complainant*

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Decision and Order. If Respondent fails to satisfy any of these terms, Respondent shall not be permitted to renew his Pharmacist License until such unsatisfied terms are successfully completed. If Respondent violates any pharmacy laws during the thirty (30) month period following the effective date of the Decision and Order, all of the charges and allegations contained in Accusation Number 7075 shall be deemed to be true, correct, and admitted by Respondent for purposes of any disciplinary action the Board may take if such occurs.

**ACCEPTANCE**

I have carefully read the above Stipulated Settlement and Disciplinary Order and fully understand it. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 01-27-2023 Morris Ghadishah

MORRIS GHADISHAH
*Respondent*

**ENDORSEMENT**

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Board of Pharmacy.

DATED: January 27, 2023

Respectfully submitted,

ROB BONTA
Attorney General of California
NANCY A. KAISER
Supervising Deputy Attorney General

Kevin J Rigley

KEVIN J. RIGLEY
Deputy Attorney General
*Attorneys for Complainant*

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# Exhibit A

## Accusation No. 7075

ROB BONTA
Attorney General of California
SHAWN P. COOK
Supervising Deputy Attorney General
KEVIN J. RIGLEY
Deputy Attorney General
State Bar No. 131800
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6301
Facsimile: (916) 731-2126
*Attorneys for Complainant*

**BEFORE THE**
**BOARD OF PHARMACY**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | |
|---|---|
| In the Matter of the Accusation Against: | Case No. 7075 |
| **JOSEPH AMIN,**<br>**DBA CENTURY PHARMACY**<br>11870 Santa Monica Blvd, Ste 108<br>Los Angeles, CA 90025-2276<br>Permit No. PHY 34252<br><br>and<br><br>**JILA MOHAMMADI**<br>PO Box [redacted]<br>Glendale, CA 91221<br>Pharmacist License No. RPH 70372<br><br>and<br><br>**MORRIS GHADISHAH**<br>[redacted] S. Tower Dr.<br>Beverly Hills, CA 90211<br>Pharmacist License No. RPH 70585<br><br>and<br><br>**MAHSHID PAYA KHALIFIAN**<br>[redacted] Summer Holly Circle<br>Los Angeles, CA 90077<br>Pharmacist License No. RPH 44675<br><br>and<br><br>(***Continued on next page***) | **ACCUSATION** |

**MEHRDAD AHDOOT**
[redacted] Crocus Avenue
Fountain Valley, CA 92708
Pharmacist License No. RPH 43292

and

**SHIVA KIAEE FARZAN**
[redacted] Canasta Street
Tarzana, CA 91356
Pharmacist License No. RPH 44807

and

**SHIRIN HAROONPOOR**
[redacted] Missouri Avenue [redacted]
Los Angeles, CA 90025
Pharmacist License No. RPH 76314

and

**YOUNG SOOK CHOI**
[redacted] S. Lake Street [redacted]
Los Angeles, CA 90057
Pharmacist License No. RPH 41950

and

**HENGAMEH SHAKERANEH**
[redacted] Greenfield Avenue
Los Angeles, CA 90025
Pharmacist License No. RPH 45821

and

**PARISA KHANI**
PO Box [redacted]
Beverly Hills, CA 90209
Pharmacist License No. RPH 54486

and

**SHIRIN AZIZZADEH**
[redacted] Evelyn Place
Beverly Hills, CA 90210
Pharmacist License No. RPH 53320

Respondents.

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Complainant alleges:

**PARTIES**

1. Anne Sodergren (complainant) brings this accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs (Board).

**Joseph Amin dba Century Pharmacy**

2. On or about May 14, 1987, the board issued Permit Number PHY 34252 to Joseph Amin, doing business as Century Pharmacy (respondent Pharmacy). The Permit, which was in full force and effect at all times relevant to the charges brought herein, expired on May 1, 2021, and was canceled.

**Jila Mohammadi (Pharmacist-in-Charge from 11/16/15 to 8/26/16)**

3. On or about December 30, 2013, the Board issued Pharmacist License Number RPH 70372 to Jila Mohammadi (respondent Mohammadi). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on January 31, 2023, unless renewed.

**Morris Ghadishah (Pharmacist-in-Charge from 5/1/14 to 11/1/15)**

4. On or about April 4, 2014, the Board issued Pharmacist License Number RPH 70585 to Morris Ghadishah (respondent Ghadishah). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2022, unless renewed.

**Mahshid Paya Khalifian (Pharmacist-in-Charge from 9/1/19 to Present)**

5. On or about August 15, 1991, the Board issued Pharmacist License Number RPH 44675 to Mashid Paya Khalifian (respondent Khalifian). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2022, unless renewed.

**Mehrdad Ahdoot (Pharmacist-in-Charge from 10/5/16 to 2/4/19)**

6. On or about March 16, 1990, the Board issued Pharmacist License Number RPH 43292 to Mehrdad Ahdoot (respondent Ahdoot). The Pharmacist License was in full force and

effect at all times relevant to the charges brought herein and will expire on October 31, 2021, unless renewed.

**Shiva Kiaee Farzan (Pharmacist-in-Charge from 5/1/19 to 7/8/19)**

7. On or about August 27, 1991, the Board issued Pharmacist License Number RPH 44807 to Shiva Farzan (respondent Farzan). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2023, unless renewed.

**Shirin Haroonpoor**

8. On or about March 6, 2017, the Board issued Pharmacist License Number RPH 76314 to Shirin Haroonpoor (respondent Haroonpoor). The Pharmacist License, which was in full force and effect at all times relevant to the charges brought herein, will expire on March 31, 2023.

**Young Sook Choi**

9. On or about August 5, 1988, the Board issued Pharmacist License Number RPH 41950 to Young Sook Choi (respondent Choi). The Pharmacist License (license), which was in full force and effect at all times relevant to the charges brought herein, was canceled on July 29, 2020.

**Hengameh Shakeraneh**

10. On or about October 9, 1992, the Board issued Pharmacist License Number RPH 45821 to Hengameh Shakeraneh (respondent Shakeraneh). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2022, unless renewed.

**Parisa Khani**

11. On or about April 25, 2003, the Board issued Pharmacist License Number RPH 54486 to Parisa Khani (respondent Khani). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2023, unless renewed.

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**Shirin Azizzadeh**

12. On or about March 20, 2002, the Board issued Pharmacist License Number RPH 53320 to Shirin Azizzadeh (respondent Azizzadeh). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2023, unless renewed.

## JURISDICTION

13. This accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

14. Section 4300 of the Code states, in pertinent part:

"(a) Every license issued may be suspended or revoked.

"(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

"(1) Suspending judgment.

"(2) Placing him or her upon probation.

"(3) Suspending his or her right to practice for a period not exceeding one year.

"(4) Revoking his or her license.

"(5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper."

15. Section 4300.1 of the Code states:

"The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license."

16. Section 4307 of the Code states:

(a) Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under

suspension, or who has been a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of any partnership, corporation, trust, firm, or association whose application for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control had knowledge of or knowingly participated in any conduct for which the license was denied, revoked, suspended, or placed on probation, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee as follows:

(1) Where a probationary license is issued or where an existing license is placed on probation, this prohibition shall remain in effect for a period not to exceed five years.

(2) Where the license is denied or revoked, the prohibition shall continue until the license is issued or reinstated.

(b) "Manager, administrator, owner, member, officer, director, associate, or partner," as used in this section and Section 4308, may refer to a pharmacist or to any other person who serves in that capacity in or for a licensee.

(c) The provisions of subdivision (a) may be alleged in any pleading filed pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code. However, no order may be issued in that case except as to a person who is named in the caption, as to whom the pleading alleges the applicability of this section, and where the person has been given notice of the proceeding as required by Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code. The authority to proceed as provided by this subdivision shall be in addition to the board's authority to proceed under Section 4339 or any other provision of law.

**STATUTORY PROVISIONS**

17. Section 4073 states:

"(a) A pharmacist filling a prescription order for a drug product prescribed by its trade or brand name may select another drug product with the same active chemical ingredients of the same strength, quantity, and dosage form, and of the same generic drug name as determined by the United States Adopted Names (USAN) and accepted by the federal Food and Drug Administration (FDA), of those drug products having the same active chemical ingredients.

"(b) In no case shall a selection be made pursuant to this section if the prescriber personally indicates, either orally or in his or her own handwriting, "Do not substitute," or words of similar meaning. Nothing in this subdivision shall prohibit a prescriber from checking a box on a prescription marked "Do not substitute"; provided that the prescriber personally initials the box or checkmark. To indicate that a selection shall not be made pursuant to this section for an electronic data transmission prescription as defined in subdivision (c) of Section 4040, a prescriber may

indicate "Do not substitute," or words of similar meaning, in the prescription as transmitted by electronic data, or may check a box marked on the prescription "Do not substitute." In either instance, it shall not be required that the prohibition on substitution be manually initialed by the prescriber.

"(c) Selection pursuant to this section is within the discretion of the pharmacist, except as provided in subdivision (b). The person who selects the drug product to be dispensed pursuant to this section shall assume the same responsibility for selecting the dispensed drug product as would be incurred in filling a prescription for a drug product prescribed by generic name. There shall be no liability on the prescriber for an act or omission by a pharmacist in selecting, preparing, or dispensing a drug product pursuant to this section. In no case shall the pharmacist select a drug product pursuant to this section unless the drug product selected costs the patient less than the prescribed drug product. Cost, as used in this subdivision, is defined to include any professional fee that may be charged by the pharmacist.

"(d) This section shall apply to all prescriptions, including those presented by or on behalf of persons receiving assistance from the federal government or pursuant to the California Medical Assistance Program set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code.

"(e) When a substitution is made pursuant to this section, the use of the cost-saving drug product dispensed shall be communicated to the patient and the name of the dispensed drug product shall be indicated on the prescription label, except where the prescriber orders otherwise."

18. Section 4104, states, in pertinent part:

"(a) Every pharmacy shall have in place procedures for taking action to protect the public when a licensed individual employed by or with the pharmacy is discovered or known to be chemically, mentally, or physically impaired to the extent it affects his or her ability to practice the profession or occupation authorized by his or her license, or is discovered or known to have engaged in the theft, diversion, or self-use of dangerous drugs.

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"(b) Every pharmacy shall have written policies and procedures for addressing chemical, mental, or physical impairment, as well as theft, diversion, or self-use of dangerous drugs, among licensed individuals employed by or with the pharmacy.

"(c) Every pharmacy shall report and provide to the board, within 14 days of the receipt or development thereof, the following information with regard to any licensed individual employed by or with the pharmacy:

"(1) Any admission by a licensed individual of chemical, mental, or physical impairment affecting his or her ability to practice.

"(2) Any admission by a licensed individual of theft, diversion, or self-use of dangerous drugs.

"(3) Any video or documentary evidence demonstrating chemical, mental, or physical impairment of a licensed individual to the extent it affects his or her ability to practice.

"(4) Any video or documentary evidence demonstrating theft, diversion, or self-use of dangerous drugs by a licensed individual.

"(5) Any termination based on chemical, mental, or physical impairment of a licensed individual to the extent it affects his or her ability to practice.

"(6) Any termination of a licensed individual based on theft, diversion, or self-use of dangerous drugs.

"(d) The report required in subdivision (c) shall include sufficient detail to inform the board of the facts upon which the report is based, including an estimate of the type and quantity of all dangerous drugs involved, the timeframe over which the losses are suspected, and the date of the last controlled substances inventory. Upon request of the board, the pharmacy shall prepare and submit an audit involving the dangerous drugs suspected to be missing."

19. Section 4113 of the Code states:

"(a) Every pharmacy shall designate a pharmacist-in-charge and, within 30 days thereof, shall notify the board in writing of the identity and license number of that pharmacist and the date he or she was designated.

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"(b) The proposed pharmacist-in-charge shall be subject to approval by the board. The board shall not issue or renew a pharmacy license without identification of an approved pharmacist-in-charge for the pharmacy.

"(c) The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

"(d) Every pharmacy shall notify the board in writing, on a form designed by the board, within 30 days of the date when a pharmacist-in-charge ceases to act as the pharmacist-in-charge, and shall on the same form propose another pharmacist to take over as the pharmacist-in-charge. The proposed replacement pharmacist-in-charge shall be subject to approval by the board. If disapproved, the pharmacy shall propose another replacement within 15 days of the date of disapproval and shall continue to name proposed replacements until a pharmacist-in-charge is approved by the board."

20. Section 4301 of the Code states, in pertinent part:

"The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been procured by fraud or misrepresentation or issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

. . . .

"(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code.

. . . .

"(f) The commission of any act involving moral turpitude, dishonesty, fraud, deceit, or corruption, whether the act is committed in the course of relations as a licensee or otherwise, and whether the act is a felony or misdemeanor or not.

"(g) Knowingly making or signing any certificate or other document that falsely represents the existence or nonexistence of a state of facts.

. . . .

"(j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.

. . . .

"(o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency."

21. Section 4305 of the Code states:

"(a) Failure by any pharmacist to notify the board in writing that he or she has ceased to act as the pharmacist-in-charge of a pharmacy, or by any pharmacy to notify the board in writing that a pharmacist-in-charge is no longer acting in that capacity, within the 30-day period specified in Sections 4101 and 4113 shall constitute grounds for disciplinary action.

"(b) Operation of a pharmacy for more than 30 days without supervision or management by a pharmacist-in-charge shall constitute grounds for disciplinary action.

"(c) Any person who has obtained a license to conduct a pharmacy, who willfully fails to timely notify the board that the pharmacist-in-charge of the pharmacy has ceased to act in that capacity, and who continues to permit the compounding or dispensing of prescriptions, or the furnishing of drugs or poisons, in his or her pharmacy, except by a pharmacist subject to the supervision and management of a responsible pharmacist-in-charge, shall be subject to summary suspension or revocation of his or her license to conduct a pharmacy."

22. Section 4306.5 of the Code states:

"Unprofessional conduct for a pharmacist may include any of the following:

"(a) Acts or omissions that involve, in whole or in part, the inappropriate exercise of his or her education, training, or experience as a pharmacist, whether or not the act or omission arises in the course of the practice of pharmacy or the ownership, management, administration, or operation of a pharmacy or other entity licensed by the board.

"(b) Acts or omissions that involve, in whole or in part, the failure to exercise or implement his or her best professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances, dangerous drugs, or dangerous devices, or with regard to the provision of services.

"(c) Acts or omissions that involve, in whole or in part, the failure to consult appropriate patient, prescription, and other records pertaining to the performance of any pharmacy function.

"(d) Acts or omissions that involve, in whole or in part, the failure to fully maintain and retain appropriate patient-specific information pertaining to the performance of any pharmacy function."

23. Health and Safety Code section 11153 states, in pertinent part:

"(a) A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Except as authorized by this division, the following are not legal prescriptions: (1) an order purporting to be a prescription which is issued not in the usual course of professional treatment or in legitimate and authorized research; or (2) an order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use.

"(b) Any person who knowingly violates this section shall be punished by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, or in a county jail not exceeding one year, or by a fine not exceeding twenty thousand dollars ($20,000), or by both that fine and imprisonment."

24. Health and Safety Code section 11162.1 states:

"(a) The prescription forms for controlled substances shall be printed with the following features:

"(1) A latent, repetitive "void" pattern shall be printed across the entire front of the prescription blank; if a prescription is scanned or photocopied, the word "void" shall appear in a pattern across the entire front of the prescription.

"(2) A watermark shall be printed on the backside of the prescription blank; the watermark shall consist of the words "California Security Prescription."

"(3) A chemical void protection that prevents alteration by chemical washing.

"(4) A feature printed in thermochromic ink.

"(5) An area of opaque writing so that the writing disappears if the prescription is lightened.

"(6) A description of the security features included on each prescription form.

"(7) (A) Six quantity check off boxes shall be printed on the form so that the prescriber may indicate the quantity by checking the applicable box where the following quantities shall appear:

"1–24

"25–49

"50–74

"75–100

"101–150

"151 and over.

"(B) In conjunction with the quantity boxes, a space shall be provided to designate the units referenced in the quantity boxes when the drug is not in tablet or capsule form.

"(8) Prescription blanks shall contain a statement printed on the bottom of the prescription blank that the "Prescription is void if the number of drugs prescribed is not noted."

"(9) The preprinted name, category of licensure, license number, federal controlled substance registration number, and address of the prescribing practitioner.

"(10) Check boxes shall be printed on the form so that the prescriber may indicate the number of refills ordered.

"(11) The date of origin of the prescription.

"(12) A check box indicating the prescriber's order not to substitute.

"(13) An identifying number assigned to the approved security printer by the Department of Justice.

"(14) (A) A check box by the name of each prescriber when a prescription form lists multiple prescribers.

"(B) Each prescriber who signs the prescription form shall identify themselves as the prescriber by checking the box by the prescriber's name.

"(15) A uniquely serialized number, in a manner prescribed by the Department of Justice in accordance with Section 11162.2.

"(b) Each batch of controlled substance prescription forms shall have the lot number printed on the form and each form within that batch shall be numbered sequentially beginning with the numeral one.

"(c) (1) A prescriber designated by a licensed health care facility, a clinic specified in Section 1200, or a clinic specified in subdivision (a) of Section 1206 that has 25 or more physicians or surgeons may order controlled substance prescription forms for use by prescribers when treating patients in that facility without the information required in paragraph (9) of subdivision (a) or paragraph (3).

"(2) Forms ordered pursuant to this subdivision shall have the name, category of licensure, license number, and federal controlled substance registration number of the designated prescriber and the name, address, category of licensure, and license number of the licensed health care facility the clinic specified in Section 1200, or the clinic specified in Section 1206 that has 25 or more physicians or surgeons preprinted on the form. Licensed health care facilities or clinics exempt under Section 1206 are not required to preprint the category of licensure and license number of their facility or clinic.

"(3) Forms ordered pursuant to this section shall not be valid prescriptions without the name, category of licensure, license number, and federal controlled substance registration number of the prescriber on the form.

"(4) (A) Except as provided in subparagraph (B), the designated prescriber shall maintain a record of the prescribers to whom the controlled substance prescription forms are issued, that shall include the name, category of licensure, license number, federal controlled substance registration number, and quantity of controlled substance prescription forms issued to each prescriber. The record shall be maintained in the health facility for three years.

"(B) Forms ordered pursuant to this subdivision that are printed by a computerized prescription generation system shall not be subject to subparagraph (A) or paragraph (7) of subdivision (a). Forms printed pursuant to this subdivision that are printed by a computerized

prescription generation system may contain the prescriber's name, category of professional licensure, license number, federal controlled substance registration number, and the date of the prescription.

"(d) Within the next working day following delivery, a security printer shall submit via web-based application, as specified by the Department of Justice, all of the following information for all prescription forms delivered:

"(1) Serial numbers of all prescription forms delivered.

"(2) All prescriber names and Drug Enforcement Administration Controlled Substance Registration Certificate numbers displayed on the prescription forms.

"(3) The delivery shipment recipient names.

"(4) The date of delivery."

25. Health and Safety Code section 11164 states, in pertinent part:

"Except as provided in Section 11167, no person shall prescribe a controlled substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirements of this section.

"(a) Each prescription for a controlled substance classified in Schedule II, III, IV, or V, except as authorized by subdivision (b), shall be made on a controlled substance prescription form as specified in Section 11162.1 and shall meet the following requirements:

"(1) The prescription shall be signed and dated by the prescriber in ink and shall contain the prescriber's address and telephone number; the name of the ultimate user or research subject, or contact information as determined by the Secretary of the United States Department of Health and Human Services; refill information, such as the number of refills ordered and whether the prescription is a first-time request or a refill; and the name, quantity, strength, and directions for use of the controlled substance prescribed.

"(2) The prescription shall also contain the address of the person for whom the controlled substance is prescribed. If the prescriber does not specify this address on the prescription, the pharmacist filling the prescription or an employee acting under the direction of the pharmacist

shall write or type the address on the prescription or maintain this information in a readily retrievable form in the pharmacy."

26. Health and Safety Code section 111295 states:

"It is unlawful for any person to manufacture, sell, deliver, hold, or offer for sale any drug or device that is adulterated."

**REGULATORY PROVISIONS**

27. California Code of Regulations, title 16, section 1714 states, in pertinent part:

. . . .

"(d) Each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices. Possession of a key to the pharmacy where dangerous drugs and controlled substances are stored shall be restricted to a pharmacist."

"(e) The pharmacy owner, the building owner or manager, or a family member of a pharmacist owner (but not more than one of the aforementioned) may possess a key to the pharmacy that is maintained in a tamper evident container for the purpose of 1) delivering the key to a pharmacist or 2) providing access in case of emergency. An emergency would include fire, flood or earthquake. The signature of the pharmacist-in-charge shall be present in such a way that the pharmacist may readily determine whether the key has been removed from the container."

28. California Code of Regulations, title 16, section 1716 states:

"Pharmacists shall not deviate from the requirements of a prescription except upon the prior consent of the prescriber or to select the drug product in accordance with Section 4073 of the Business and Professions Code. Nothing in this regulation is intended to prohibit a pharmacist from exercising commonly-accepted pharmaceutical practice in the compounding or dispensing of a prescription."

29. California Code of Regulations, title 16, section 1761 states:

"(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any

such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.

"(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose."

**DRUG CLASSIFICATIONS**

30. OxyContin, which is a brand name for oxycodone, is a Schedule II controlled substance and a dangerous drug pursuant to Health and Safety Code section 11055, subdivision (b)(1)(M), and Code section 4022. OxyContin is indicated for moderate to severe pain.

31. Xanax, which is a brand name for alprazolam, is a Schedule IV controlled substance and a dangerous drug pursuant to Health and Safety Code section 11057, subdivision(d)(1), and Code section 4022. Xanax is indicated for anxiety.

32. Soma, which is a brand name for carisoprodol, is a Schedule IV controlled substance and a dangerous drug pursuant to California Code of Regulations, title 21, section 1308.14, subdivision (c)(7), and Code section 4022. Soma is indicated for musculoskeletal conditions.

33. Phenergan with Codeine syrup, which is a brand name for promethazine with codeine syrup, is a Schedule V controlled substance and a dangerous drug pursuant to Health and Safety Code section 11058, subdivision (c)(1); and Code section 4022. Phenergan with Codeine syrup is indicated for cough.

34. Zosyn, which is a brand name for piperacillin 2 gm with tazobactam 375 mg, is an IV antibiotic and a dangerous drug pursuant to Code section 4022.

35. Vancocin, which is a brand name for vancomycin, is an IV antibiotic and a dangerous drug pursuant to Code section 4022.

36. Cleocin, which is a brand name for clindamycin, is an IV, oral, or topical antibiotic, and is a dangerous drug pursuant to Code section 4022.

37. Rocephin, which is a brand name for ceftriaxone, is an IV antibiotic and a dangerous drug pursuant to Code section 4022.

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38. Estrace, which is a brand name for estradiol, and is a dangerous drug pursuant to Code section 4022. Estrace is indicated for estrogen replacement.

39. Niaspan, which is a brand name for niacin extended-release, and is a dangerous drug pursuant to Code section 4022. Niaspan is indicated for dyslipidemia.

40. Deltasone, which is a brand name for prednisone, and is a dangerous drug pursuant to Code section 4022. Deltasone is indicated for allergic states.

41. Janumet XR, which is a brand name for sitagliptin and metformin, and is a dangerous drug pursuant to Code section 4022. Janumet XR is indicated for diabetes.

42. Lovenox, which is a brand name for enoxaparin, and is a dangerous drug pursuant to Code section 4022. Lovenox is indicated for deep vein thrombosis.

43. Pneumovax 23, which is a brand name for pneumococcal polysaccharide vaccine, 23-valent, and is a dangerous drug pursuant to Code section 4022. Pneumovax 23 is indicated for prevention of pneumococcal disease.

44. Fluvirin, which is a brand name for influenza virus vaccine (inactivated), and is a dangerous drug pursuant to Code section 4022. Fluvirin is indicated for prevention of influenza.

45. Byetta, which is a brand name for exenatide, and is a dangerous drug pursuant to Code section 4022. Byetta is indicated for diabetes.

46. Lotrel, which is a brand name for amlodipine/benazepril, and is a dangerous drug pursuant to Code section 4022. Lotrel is indicated for high blood pressure.

47. Roxicodone, sold under the generic name oxycodone, is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(M) and a dangerous drug pursuant to Business and Professions Code section 4022.

48. Hydrocodone-Acetaminophen 10/325, sold under the brand name Norco is a Schedule II controlled is substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(l)(ii), and a dangerous drug pursuant to Business and Professions Code section 4022.

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**COST RECOVERY**

49. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

**BOARD INVESTIGATION REPORT DATED JUNE 13, 2017**

50. On or about July 21, 2016, a Board Inspector conducted an investigation regarding respondent Pharmacy, which included an inspection of the pharmacy. The Board Inspector obtained documents from respondent Pharmacy, along with others from reliable sources, and thereafter determined that violations of Pharmacy Law occurred.

51. On July 21, 2016, during a routine inspection by the Board, the Board Inspector determined that respondent Pharmacy had failed to have in place a current written policy or procedures for impaired licensed employees. On or about December 3, 2008, respondent Pharmacy had previously been issued a Notice of Correction for failing to have a policy and procedures in place for impaired licensed persons. On or about June 21, 2011, respondent Pharmacy was again issued a Notice of Correction for failing to have a policy and procedures in place for impaired licensed persons. However, respondent Pharmacy and respondent Mohammadi failed to establish compliance. As of the Board inspection on July 21, 2016, when respondent Mohammadi was the PIC of respondent Pharmacy, compliance still had not been established.

52. The Board investigation further determined that on or about July 21, 2016, respondent Pharmacy, with respondent Mohammadi as PIC, had in its active stock Estradiol 1 mg with an expiration date of June 30, 2016; Niaspan 1000 mg with an expiration date of July 1, 2016; Niaspan 750 mg with an expiration date of March 25, 2016; Prednisone 1 mg with an expiration date of June 30, 2016; Janumet XR 100/1000 mg with an expiration date of November 30, 2015; Enoxaparin 60 mg/0.6 ml with an expiration date of March 31, 2016; Pneumovax 23 with an expiration date of March 3, 2014; Fluvirin with an expiration date of May 31, 2014; Amlodipine/Benazapril 10/20 mg with an expiration date of June 30, 2016; and Byetta 10 mcg

with an expiration date of January 31, 2014.

**FIRST CAUSE FOR DISCIPLINE**

**(Failure to Have Theft or Impairment Policy)**

**(As to respondents Pharmacy and Mohammadi)**

53. Respondent Pharmacy and respondent Mohammadi are subject to disciplinary action under Code sections 4301, subdivision (o), and 4113, subdivision (c), in conjunction with Code section 4104, subdivision (c), on the grounds of unprofessional conduct. Complainant hereby incorporates paragraphs 50-52 above as though set forth in full herein.

**SECOND CAUSE FOR DISCIPLINE**

**(Holding and/or Offering for Sale Adulterated Drugs)**

**(As to Respondents Pharmacy and Mohammadi)**

54. Respondent Pharmacy and respondent Mohammadi are subject to disciplinary action under Code sections 4301, subdivision (o), and 4113, subdivision (c), in conjunction with Health and Safety Code section 111295, on the grounds of unprofessional conduct. Complainant hereby incorporates paragraphs 50-52 above as though set forth in full herein.

**BOARD INVESTIGATION REPORT DATED FEBRUARY 10, 2018**

55. From December 2016 through early February 2017, the Board conducted a series of investigations regarding respondent Pharmacy. Respondent Pharmacy's controlled substances log, prescription copies, Patient Activity Reports (PARs) and other documents revealed violations of Pharmacy Law.

56. The Board investigation determined that between July 20, 2013 and July 20, 2016, respondent Pharmacy, respondent Ghadishah, and respondent Mohammadi dispensed prescriptions for controlled substances that were erroneous, uncertain, and/or fraudulent, under the prescribing authority of Dr. Prosser and Dr. Piety. Respondent Ghadishah was the PIC of respondent Pharmacy from May 1, 2014 to November 1, 2015. Respondent Mohammadi was the PIC of respondent Pharmacy from November 16, 2015 to August 26, 2016. The table below lists some of the fraudulent prescriptions filled at respondent Pharmacy:

///

| Script No. | RX No. | Date Written | Date Processed | Patient Name | Drugs Prescribed (Quantity) | Prescriber |
|---|---|---|---|---|---|---|
| 8 0204 | 578697 578698 | 3/24/2015 | 3/25/2015 | L.D. | Oxycodone 30mg(120); ibuprofen 600mg (30) | Dr. Prosser |
| 9 0706 | 579371 579372 579370 | 4/6/2015 | 4/13/2015 | A.S. | Oxycodone 30mg (120); Xanax 2mg (60); Phenergan w/codeine (480ml) | Dr. Prosser |
| 9 0728 | 579206 579207 579208 | 4/7/2015 | 4/7/2015 | M.E. | Oxycodone 30mg (120); Xanax 2mg (60); Phenergan w/Codeine (240ml) | Dr. Prosser |
| 9 0722 | 579618 579619 579620 | 4/9/2015 | 4/16/2015 | T.F. | Oxycodone 30mg (120); Xanax 2mg (60); Phenergan w/Codeine (480ml) | Dr. Prosser |
| 9 0746 | 579953 579960 579952 | 4/20/2015 | 4/28/2015 | M.P. | Oxycodone 30mg (120); Xanax 2mg (60); Phenergan w/Codeine (240ml) | Dr. Prosser |
| 2 0654 | 579918 579919 579920 | 4/23/2015 | 4/27/2015 | L.B. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (21) | Dr. Piety |
| 9 0334 | 580434 580435 580436 | 5/6/2015 | 5/12/2015 | M.E. | Oxycodone 30mg (120); Xanax 2mg (60); Phenergan w/Codeine (240ml) | Dr. Prosser |
| 2 0663 | 580427 580428 580429 | 5/6/2015 | 5/12/2015 | W.H. | Oxycodone 30mg (120); Xanax 2mg (60); Phergan w/Codeine (240ml) | Dr. Priety |
| 2 0678 | 580630 580631 580632 | 5/13/2015 | 5/18/2015 | R.J. | Oxycodone 30mg (120); Xanax 2mg (60); Ibuprofen 600mg (90) | Dr. Piety |

| | | | | | | |
|---|---|---|---|---|---|---|
| 2 0682 | 580627 | 5/13/2015 | 5/18/2015 | J.P. | Oxycodone 30mg (120); Xanax 2mg (60); Ibuprofen 600mg (90) | Dr. Piety |
| 2 0685 | 580680 580681 580679 | 5/13/2015 | 5/19/2015 | T.R. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |
| 2 0972 | 581441 581442 581444 | 6/3/2015 | 6/8/2015 | M.E. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |
| 2 0977 | 581597 581598 581599 | 6/3/2015 | 6/10/2015 | L.D. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |
| 2 0987 | 581742 581743 581744 | 6/10/2015 | 6/15/2015 | A.S. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |
| 3 0762 | 582330 582331 582332 | 6/16/2015 | 6/30/2015 | M.M. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |
| 1 0162 | 582340 582341 582342 | 6/29/2015 | 6/30/2015 | M.P. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Prosser |
| 3 0792 | 583051 583052 583053 | 7/8/2015 | 7/16/2015 | T.F. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 0786 | 582954 582955 | 7/8/2015 | 7/14/2015 | S.C. | Oxycodone 30mg (120); Phenergan w/Codeine (480ml); Amoxicillin 500mg (20) | Dr. Piety |
| 3 0796 | 582882 582883 582884 | 7/8/2015 | 7/13/2015 | M.E. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |
| 3 0798 | 582944 582945 582946 | 7/8/2015 | 7/14/2015 | D.J. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |
| 1 0186 | 583308 583309 583312 | 7/15/2015 | 7/23/2015 | L.D. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Prosser |
| 3 0814 | 583305 583306 583307 | 7/22/2015 | 7/23/2015 | A.S. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Xanax 2mg (60) | Dr. Piety |
| 3 0810 | 583318 583319 583320 | 7/22/2015 | 7/23/2015 | J.P. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Ibuprofen 600mg (90) | Dr. Piety |
| 3 0811 | 593475 583476 583477 | 7/22/2015 | 7/28/2015 | L.M. | Oxycodone 30mg (120); Phenergan w/Codeine (480ml); Xanax 2mg (60) | Dr. Piety |
| 3 0840 | 584412 584413 584414 | 8/19/2015 | 8/20/2015 | M.E. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3<br>0034 | 584644<br>584645<br>584646 | 8/26/2015 | 8/27/2015 | D.J. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |
| 3<br>0035 | 584650<br>584651<br>584652 | 8/26/2015 | 8/27/2015 | J.P. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |
| 1<br>0144 | 584641<br>584642<br>584643 | 8/26/2015 | 8/27/2015 | A.S. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Prosser |
| 3<br>0033 | 584805<br>584806<br>584807 | 8/26/2015 | 9/1/2015 | T.F. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |
| 1<br>0204 | 584897<br>584898<br>584899 | 9/1/2015 | 9/2/2015 | L.M. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Prosser |
| 1<br>0208 | 585693<br>585694<br>585695 | 9/25/2015 | 9/25/2015 | A.S. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Prosser |
| 1<br>0222 | 585786 | 9/29/2015 | 9/30/2015 | L.M. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Prosser |
| 1<br>0238 | 586380<br>586382<br>586383 | 10/12/2015 | 10/14/2015 | T.F. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Xanax 2mg (60) | Dr. Prosser |

| | | | | | | |
|---|---|---|---|---|---|---|
| 3<br>0418 | 590504<br>590505<br>590506 | 2/15/2016 | 2/16/2016 | T.F. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |
| 3<br>0426 | 590689<br>590690<br>590691 | 2/18/2016 | 2/22/2016 | T.R. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |
| 5<br>0103 | 592949<br>592951<br>592950 | 4/18/2016 | 4/22/2016 | L.Y. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |
| 3<br>0211 | 593983<br>593984<br>593985 | 5/19/2016 | 5/20/2016 | T.R. | Oxycodone 30mg (120); Phenergan w/Codeine (480ml); Amoxicillin 500mg (20) | Dr. Prosser |
| 5<br>0212 | 595031 | 6/20/2016 | 6/21/2016 | R.J. | Oxycodone 30mg (180); Ibuprofen 800mg (90) | Dr. Piety |
| 3<br>0800 | 582960 | 7/8/2015 | 7/14/2015 | S.C. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |
| SPACE INTENTIONALLY LEFT BLANK | | | | | | |
| 9<br>0741 | 579755 | 4/20/2015 | 4/21/2015 | S.C. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Prosser |
| 3<br>0786 | 582953 | 7/8/2015 | 7/14/2015 | S.C. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 0149 | 584840 | 9/1/2015 | 9/1/2015 | A.C. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Prosser |
| 3 0752 | 581954 | 6/16/2015 | 6/22/2015 | L.B. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |
| 9 0743 | 579751 | 4/20/2015 | 4/21/2015 | S.C. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Prosser |
| 3 0841 | 584400 | 8/19/2015 | 8/20/2015 | S.C. | Oxycodone 30mg (120); Phenergan w/Codeine (240ml); Amoxicillin 500mg (20) | Dr. Piety |

57. The Board investigation further determined that that between July 20, 2013, and July 20, 2016, respondent Pharmacy and respondent Ghadishah failed to exercise or implement their best professional judgment or failed to exercise or implement their corresponding responsibility to ensure that controlled substances were dispensed for a legitimate medical purpose. They failed to evaluate the totality of the circumstances to determine whether controlled substances prescriptions they filled and dispensed served legitimate medical purposes, including evaluating information from and about the patients receiving prescriptions for controlled substances, information from and about the physicians prescribing those controlled substances, and information about how the medications prescribed related to patients' diagnoses and their overall course of treatment. They also ignored information available to them that could have helped them determine whether the controlled substance prescriptions they filled were for legitimate medical purpose. Respondent Ghadisha was the PIC of respondent Pharmacy during the period between May 1, 2014 and November 1, 2015.

58. As part of its investigation from December 2016 to February 2017, Board Inspectors reviewed the pharmacy's drug inventories, its drug usage reports, selected patient prescription profiles, drug acquisition records, and reviewed reports from the Controlled Substances Utilization Review and Evaluation System, also known as CURES.

59. CURES is a system for monitoring patient controlled substance history information. (See Health and Safety Code section 11165, and Code section 209.) (See also *In the Matter of the Accusation Against Pacifica Pharmacy; Thang Tran* (August 9, 2013) Board of Pharmacy Case No. 3802, Precedential Decision No. 2013-01, page 6, n.1, available at http://www.pharmacy.ca.gov/enforcement/precedential.shtml.)

60. Health and Safety Code section 11165 requires pharmacies to report within seven (7) days to the California Department of Justice every schedule II, III and IV drug prescription that is written or dispensed, and the information provided establishes the CURES database, which includes information about the drug dispensed, drug quantity and strength, patient name, address, prescriber name, and prescriber authorization number including DEA number and prescription number. (See Health & Safety Code section 11165.) (*In the Matter of the Accusation Against Pacifica Pharmacy; Thang Tran*, *supra*, at p. 6.) The CURES database is intended to allow licensed healthcare prescribers and pharmacists the ability to access patient controlled substance history information. (See Health and Safety Code section 11165, and Code section 209 [requiring DOJ and the Department of Consumer Affairs to streamline process to allow licensed health care practitioners and pharmacists to access CURES and run reports.])

61. The following factors are some that have been determined to constitute red flags that should give a pharmacy and pharmacist inquiry notice of a potential problem with prescriptions for drugs of common abuse and invoke in them a duty of inquiry:

- Irregularities on the face of the prescription itself
- Nervous patient demeanor
- Age or presentation of patient (e.g. youthful patients seeking chronic pain medications)
- Multiple patients at the same address

- Cash payments
- Requests for early refills of prescriptions
- Prescriptions written for an unusually large quantity of drugs
- Prescriptions written for potentially duplicative drugs
- The same combinations of drugs prescribed for multiple patients
- Initial prescriptions written for strong opiates (e.g. OxyContin 80 mg)
- Long distances traveled from the patient's home, to the prescriber's office or pharmacy
- Irregularities in the prescriber's qualifications in relation to the medication(s) prescribed
- Prescriptions that are written outside of the prescriber's medical specialty
- Prescriptions for medications with no logical connection to diagnosis or treatment

62. Board Inspectors reviewed the CURES report for respondent Pharmacy for the period of July 20, 2013 through July 20, 2016. The records provided included all controlled substance prescriptions (Schedule II-IV) filled at respondent Pharmacy within that time frame.

63. According to the CURES data, respondent Pharmacy filled 5,230 controlled substance prescriptions (Schedule II-IV) during the query period. Out of these 5,230 controlled substance prescriptions, 1,572 were filled for generic oxycodone (Schedule II controlled substance); and 12 were filled for OxyContin (Schedule II controlled substance); and 1,428 were filled for generic alprazolam (Schedule IV controlled substance). Out of 1,572 generic oxycodone prescriptions, 1,559 were filled for generic oxycodone 30 mg (which was 99.1% of the total number of prescriptions filled for generic oxycodone). Because the majority of the prescriptions were filled for generic oxycodone 30 mg (a higher strength of oxycodone usually used for an opioid tolerant patient), it was a factor of irregularity or red flag for a prescriber to initially prescribe oxycodone 30 mg instead of 5 to 15 mg, which was then titrated (adjusted) based on the individual patient's response to the initial dose.

64. During the query period (based on the CURES data), approximately 24.41% of generic oxycodone 30 mg prescriptions and 17.65% of alprazolam 2 mg prescriptions filled at

respondent Pharmacy were paid for by billing prescription insurance. Approximately 35.81% of generic oxycodone 30 mg, and 22.02% of alprazolam prescriptions were paid for in "cash," meaning without the assistance of prescription insurance. Because of the higher percentage of prescriptions filled as cash for oxycodone 30 mg and alprazolam 2 mg compared to billing insurances, this was a factor of irregularity or red flag.

65. During the query period, Dr. Goldstein's oxycodone 30 mg prescriptions filled at Respondent Pharmacy by different patients, located at different addresses, had script numbers which were in consecutive order. These consecutively numbered prescriptions were all prescribed on the same day, and the majority of the prescriptions were filled for different patients on the same day, as shown in the table below:

a. Table: Prescriptions filled at respondent Pharmacy that had script numbers in consecutive order.

| **Patient** | **Date Prescribed** | **Script Number** | **Medication Prescribed and Quantity** | **Prescription Number** | **Dated Processed/Filled by Respondent Pharmacy** |
|---|---|---|---|---|---|
| Alvin B. | 10/9/2015 | 6742 | Oxycodone 30mg #150; Phenergan w/Codeine 6oz | 586329<br>586330 | 10/13/2015<br>10/13/2015 |
| Abel C. | 10/9/2015 | 6743 | Oxycodone 30mg #150; Phenergan w/Codeine 6oz | 586314<br>586315 | 10/13/2015<br>10/13/2015 |
| Angela C. | 10/9/2015 | 6744 | Oxycodone 30mg #120; Phenergan w/Codeine 16oz | 586320<br>586321 | 10/13/2015<br>10/13/2015 |
| Claudell G. | 10/9/2015 | 6746 | Oxycodone 30mg #120; Phenergan w/Codeine 16oz | 586311<br>586312 | 10/13/2015<br>10/13/2015 |

| | | | | | |
|---|---|---|---|---|---|
| Claudia F. | 10/13/2015 | 6636 | Oxycodone 30mg #120; Xanax 2mg #60; Phenergan w/Codeine 10oz | 586554<br>586555<br>586556 | 10/19/2015<br>10/19/2015<br>10/19/2015 |
| Elba R. | 10/13/2015 | 6637 | Oxycodone 30mg #120; Xanax 2mg #60; Phenergan w/Codeine 16oz | 586547<br>586548 | 10/19/2015<br>10/19/2015 |
| Andrea S. | 10/14/2015 | 6752 | Oxycodone 30mg #130; Phenergan w/Codeine 16oz; Xanax 2mg #60 | 586439<br>586440<br>586441 | 10/15/2015<br>10/15/2015<br>10/15/2015 |
| Linda Y. | 10/14/2015 | 6753 | Oxycodone 30mg #120; Phenergan w/Codeine 16oz; Soma 350mg #60 | 586374<br>586375<br>586376 | 10/14/2015 |
| Michell H. | 10/14/2015 | 6754 | Oxycodone 30mg #120; Phenergan w/Codeine 16oz | 586472<br>586473<br>586474 | 10/16/2015 |
| Mario M. | 10/14/2015 | 6755 | Oxycodone 30mg #120; Phenergan w/Codeine 16oz | 586371<br>586372 | 10/14/2015 |
| Tyrone R. | 10/14/2015 | 6756 | Oxycodone 30mg #120; Phenergan w/Codeine 16oz; Soma 350mg #60 | 586377<br>586378<br>586379 | 10/14/2015 |
| James P. | 10/13/2015 | 6757 | Oxycodone 30mg #130; Phenergan w/Codeine 16oz | 586458<br>586459 | 10/15/2015 |
| Ariel E. | 10/14/2015 | 6758 | Oxycodone 30mg #120; Phenergan w/Codeine 16oz | 586442<br>586443 | 10/15/2015 |

| | | | | | |
|---|---|---|---|---|---|
| Dejon A. | 10/15/2015 | 6799 | Oxycodone 30mg #120; Phenergan w/Codeine 16oz | 586616<br>586617 | 10/20/2015 |
| Kiemia C. | 10/15/2015 | 6800 | Oxycodone 30mg #150; Phenergan w/Codeine 8oz; Xanax 2mg #60 | 586613<br>586614<br>586615 | 10/20/2015 |
| Steve C. | 10/23/2015 | 6674 | Oxycodone 30mg #130; Phenergan w/Codeine 8oz; Xanax 2mg #60 | 587044<br>587045<br>587046 | 11/3/2015 |
| Shawtrice C. | 10/23/2015 | 6678 | Oxycodone 30mg #120; Phenergan w/Codeine 8oz | 587050<br>587051 | 11/3/2015 |
| Michelle P. | 10/23/2015 | 6679 | Oxycodone 30mg #130; Phenergan w/Codeine 16oz; Soma 350mg #60 | 587041<br>587042<br>587043 | 11/3/2015 |
| Andrea S. | 10/23/2015 | 6680 | Oxycodone 30mg #120; Phenergan w/Codeine 8oz | 587038<br>587039 | 11/3/2015 |
| Lakecha D. | 10/23/2015 | 6681 | Oxycodone 30mg #130; Phenergan w/Codeine 8oz; Xanax 2mg #60 | 587047<br>587048<br>587049 | 11/3/2015 |
| Denise J. | 10/23/2015 | 6682 | Oxycodone 30mg #120; Phenergan w/Codeine 8oz | 587271<br>587272 | 11/9/2015 |
| Marsha E. | 10/23/2015 | 6684 | Oxycodone 30mg #150; Phenergan w/Codeine 16oz; Soma 350mg #60 | 587035<br>587036<br>587037 | 11/3/2015 |

| | | | | | |
|---|---|---|---|---|---|
| Curley D. | 10/23/2015 | 6686 | Oxycodone 30mg #150; Phenergan w/Codeine 16oz | 587249 587250 | 11/9/2015 |
| Shawntrice C. | 12/15/2015 | 4518 | Oxycodone 30mg #150; Phenergan w/Codeine 8oz; Xanax 2mg #60 | 588227 588428 588429 | 12/16/2015 |
| Tina F. | 12/15/15 | 4520 | Oxycodone 30mg #120; Phenergan w/Codeine 8oz | 588433 588434 | 12/16/2015 |
| Michelle P. | 12/15/2015 | 4521 | Oxycodone 30mg #120; Phenergan w/Codeine 8oz | 588436 588437 | 12/16/2015 |
| Latosha B. | 12/15/2015 | 4522 | Oxycodone 30mg #120; Xanax 2mg #60 | 588424 588425 | 12/16/2015 |
| Lakisha M. | 12/15/2016 | 4523 | Oxycodone 30mg #120; Xanax 2mg #60 | 588430 588431 | 12/16/2015 |

b. Because nearly all of Dr. Goldstein's prescriptions written for different patients and filled at respondent Pharmacy were in consecutive order (with some of these prescriptions written for different patients filled by respondent Pharmacy on the same day), it was a factor of irregularity or red flag, since it was unlikely that prescriptions written in consecutive order, for different patients, would get filled at one pharmacy, on the same day.

66. During the query period, Dr. Goldstein, Dr. Piety, and Dr. Prosser prescribed the following total count of prescriptions dispensed at respondent Pharmacy, as shown in the table below:

a. Table: Based on CURES, count of oxycodone, alprazolam, and carisoprodol controlled substance prescriptions prescribed by the following doctors at respondent Pharmacy from July 20, 2013 to July 20, 2016.

/ / /

/ / /

| Doctor's Name | Name of Medication | Total Quantity of Prescriptions |
|---|---|---|
| Dr. Goldstein | Oxycodone HCL, 30mg, tab | 27 |
| | Alprazolam, 2mg, tab | 9 |
| | Carisoprodol, 350mg, tab | 4 |
| Dr. Piety | Oxycodone HCL, 30mg, tab | 105 |
| | Alprazolam, 2mg, tab | 14 |
| | Carisoprodol, 350mg, tab | 2 |
| Dr. Prosser | Oxycodone HCL, 30mg, tab | 57 |
| | Alprazolam, 2mg, tab | 17 |
| | Carisoprodol, 350mg, tab | 1 |

67. Because the majority of prescriptions filled at respondent Pharmacy for Dr. Goldstein, Dr. Piety, and Dr. Prosser were written for oxycodone 30mg (a pain reliever) and alprazolam (an anti-anxiety medication), it was a factor of irregularity or red flag for the patients of Dr. Goldstein, Dr. Piety, and Dr. Prosser to suffer from the same aliments necessitating the same combination of medications.

68. Two medications, oxycodone 30 mg, for quantities of 100 to 120 tablets (1,381 prescriptions of oxycodone 30 mg out of 1,572 total prescriptions filled for generic oxycodone); and generic alprazolam 2 mg, for quantities of 30 to 60 tablets (1,026 prescriptions of alprazolam 2 mg) out of 1,428 total prescriptions filled for generic alprazolam) comprised the majority of the controlled substance prescriptions dispensed by respondent Pharmacy during the query period. Because the majority of prescriptions filled at respondent Pharmacy during the query period were dispensed for large quantities of oxycodone 30 mg (the highest strength dosage of the most commonly abused controlled substance) and alprazolam 2 mg (another commonly abused controlled substance) - which were then dispensed to many different patients, this was a factor of irregularity or red flag because it was unlikely for one pharmacy to dispense mostly the same combination of drugs, in this case oxycodone 30 mg and alprazolam 2 mg, to many different patients.

69. After reviewing the CURES data for respondent Pharmacy, Board Inspectors identified patients for Dr. Prosser/Dr. Piety that also had prescriptions issued by Dr. Goldstein, who were obtaining oxycodone 30 mg and were outside of the service area for respondent Pharmacy and/or Dr. Prosser/Dr. Piety. As shown by the table below, these patients were traveling long distances between respondent Pharmacy, the provider and their residence to obtain controlled substances. In most examples, the patients were traveling long distances to both the prescriber and respondent Pharmacy to have their prescriptions filled, which was a factor of irregularity or red flag.

a. Table: Patient, prescriber, and respondent Pharmacy distance evaluation.

| **Patient Name**[1] | **Distance: Patient to MD** | **Distance: Patient to Pharmacy** | **Distance: MD to Pharmacy**[2] |
|---|---|---|---|
| Latosha B. | 23.3 miles | 12.9 miles | 30.7 miles |
| Angela C. | 26.2 miles | 10.3 miles | 30.7 miles |
| Shawntrice C. | 22.5 miles | 12.5 miles | 30.7 miles |
| Steven C. | 31.4 miles | 22.9 miles | 30.7 miles |
| Lakecha D. | 85.1 miles | 58.1 miles | 30.7 miles |
| Marsha E. | 33.6 miles | 1.0 mile | 30.7 miles |
| Ting F. | 32.5 miles | 2.0 miles | 30.7 miles |
| Willie H. | 26.6 miles | 10.9 miles | 30.7 miles |
| Rhonda J. | 20.1 miles | 18.3 miles | 30.7 miles |
| Mario M. | 30.2 miles | 5.3 miles | 30.7 miles |
| Lakisha R. | 15.1 miles | 20.7 miles | 30.7 miles |
| Michelle P. | 15.1 miles | 21.6 miles | 30.7 miles |
| James P. | 33.9 miles | 5.2 miles | 30.7 miles |
| Tyrone R. | 18.6 miles | 18.2 miles | 30.7 miles |
| Andre S. | 25.3 miles | 12.2 miles | 30.7 miles |
| Andrea S. | 25.3 miles | 12.2 miles | 30.7 miles |
| Linda Y. | 30.2 miles | 8.6 miles | 30.7 miles |

b. Prescription blanks for Dr. Goldstein had two or three different addresses listed, which included addresses in the cities of Orange, Van Nuys, and Simi Valley, California. The prescriptions were marked with either the Van Nuys or Simi Valley address. However, all of the prescriptions were typed using Dr. Goldstein's Orange, California address. Dr. Goldstein's

[1] The patients' address information is not provided in the table in order to protect the privacy rights of those individuals.

[2] The Board was unable to fully determine where Dr. Goldstein's office was located, thus only Dr. Piety and Dr. Prosser's office location was used to compare the distance traveled by the patients of Dr. Piety and Dr. Posser to their office and to respondent Pharmacy.

location in Orange, California was approximately 45.6 miles away from respondent Pharmacy, located in Los Angeles, California.

70. The factors of irregularity or red flags with respect to the listed practitioners' prescriptions were such that a prudent pharmacist could have reasonably concluded that these were not medically legitimate prescriptions. The pharmacist reviewing these prescriptions should have noted the highly irregular prescribing patterns of the practitioners, the irregular or non-compliant prescription documents, the distance patients travelled to obtain these prescriptions, and the patients' profiles consisting almost exclusively of controlled substances, often at the highest available does. In addition, the prescribing patterns for Drs. Piety and Prosser appear to be incongruent with the physicians' specialty listed on the California Medical Board website. For example, Dr. Piety and Dr. Prosser, both Family Medicine practitioners, prescribed primarily oxycodone 30 mg, promethazine/codeine cough syrup, and Xanax 2 mg tablets more often than any other medication during the query period. The red flags in the prescribers' prescriptions amounted to significant irregularities or uncertainties the pharmacist was required to address. In addition to these significant irregularities, Drs. Piety and Prosser advised a Board Inspector that they did not write the prescriptions filled at respondent Pharmacy under their prescribing authority. It appears then that Drs. Piety and Prosser would have been able to identify these fraudulent prescriptions if they had been contacted by respondent Pharmacy or respondent Ghadishah to verify or validate the prescriptions.

71. The Board investigation further determined that between July 20, 2013 and July 20, 2016, respondent Pharmacy, respondent Ghadishah, and respondent Mohammadi filled several controlled substance prescriptions under the prescribing authority of Dr. Goldstein, Dr. Prosser, and Dr. Priety, for prescriptions that were written on forms which did not comply with Health and Safety Code section 11162.1, to wit, the check boxes to indicate the number of refills were omitted from these prescription forms. Respondent Ghadishah was the PIC of respondent Pharmacy during the period between May 1, 2014 through November 1, 2015.

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**THIRD CAUSE FOR DISCIPLINE**

**(Dispensing Erroneous, Uncertain, and/or Fraudulent Prescriptions)**

**(As to respondents Pharmacy, Ghadishah, and Mohammadi)**

72. Respondent Pharmacy, respondent Ghadishah, and respondent Mohammadi are subject to disciplinary action under Code sections 4301, subdivision (o), and 4113, subdivision (c), in conjunction with California Code of Regulations, title 16, section 1761, on the grounds of unprofessional conduct. Complainant hereby incorporates paragraphs 55-56 above as though set forth in full herein.

**FOURTH CAUSE FOR DISCIPLINE**

**(Violation of Corresponding Responsibility to Verify Prescriptions)**

**(As to respondents Pharmacy and Ghadishah)**

73. Respondent Pharmacy and respondent Ghadishah are subject to disciplinary action under Code sections 4113, 4301, and 4306.5, in conjunction with Health and Safety Code section 11153 and California Code of Regulations, title 16, section 1761, on the grounds of unprofessional conduct. Complainant hereby incorporates paragraphs 55, and 57-70 above as though set forth in full herein.

**FIFTH CAUSE FOR DISCIPLINE**

**(Dispensing of Controlled Substances Based on Non-Compliant Prescription Forms)**

**(As to respondents Pharmacy, Ghadishah, and Mohammadi)**

74. Respondent Pharmacy, respondent Ghadishah, and respondent Mohammadi are subject to disciplinary action under Code sections 4113, and 4301, subdivision (j), in conjunction with Health and Safety Code sections 11162.1 and 11164, on the grounds of unprofessional conduct. Complainant hereby incorporates paragraphs 61 and 71 above as though set forth in full herein.

**BOARD INVESTIGATION REPORT DATED FEBRUARY 9, 2018**

75. From September 2017 through early February 2018, the Board conducted an investigation of respondent Pharmacy, which included an inspection of respondent Pharmacy. The Board Inspector obtained documents from respondent Pharmacy, along with others from

reliable sources, and thereafter determined that violations of Pharmacy Law occurred.

76. The Board investigation determined that respondent Pharmacy failed to ensure that possession of a key to the pharmacy where dangerous drugs and controlled substances are stored was restricted to a pharmacist. The Board investigation also determined that respondent Pharmacy failed to ensure that when a pharmacy owner has possession of a key to the pharmacy to provide access in case of an emergency, that such key be secured in a tamper-evident container. Specifically, on or about November 2, 2017, at approximately 9:00 a.m., a Board Inspector observed pharmacy technician V.N. (TCH V.N.) open respondent Pharmacy before the arrival of the pharmacist-in-charge at that time. When the pharmacist-in-charge arrived at respondent Pharmacy, the Board Inspector observed TCH V.N. retrieve a key from an amber vial and hand the key over to the pharmacist-in-charge, who then unlocked the door to respondent Pharmacy, where dangerous drugs and/or controlled substances were stored.

77. The investigation further determined that respondent Pharmacy dispensed controlled substances which deviated from the requirements of the prescriptions without the prior consent of the prescribers. Specifically, a review of respondent Pharmacy's prescription records between 2014 and 2016 revealed that respondent Pharmacy added one additional refill during the process of transferring five (5) prescriptions from Century Discount Pharmacy to respondent Pharmacy, as set forth in more detail in the table, below.

a. Table: Prescriptions filled at respondent Pharmacy with one additional refill added

| Rx No. | Date of Service | Date Written | Comment by Board Inspector |
|---|---|---|---|
| 581210 | 6/2/2015 | 6/2/2015 | Rx No. 476954 was transferred from Century Discount Pharmacy to respondent Pharmacy on 6/2/15. Rx No. 476954 was issued on 3/30/15 by Dr. Manavi with two (2) refills. Last refill date was 5/1/2015 and the remaining refill was one. This means the prescription can only dispense one time. After transferring Rx No. 476954, respondent Pharmacy dispensed Rx No. 581210 on 6/2/2015 with one (1) refill, instead of zero (0) refills. |

| | | | |
|---|---|---|---|
| 581615 | 6/10/2015 | 6/10/2015 | Rx No. 479630 was transferred from Century Discount Pharmacy to respondent Pharmacy on 6/10/15. Rx No. 479630 was issued on 6/10/15 by Dr. Zarian with two (2) refills. This means the prescription can only dispense three times. After transferring Rx No. 479630, respondent Pharmacy dispensed Rx No. 581615 on 6/10/2015 with three (3) refills, instead of two (2) refills. |
| 582285 | 6/29/2015 | 6/29/2015 | Rx No. 477335 was transferred from Century Discount Pharmacy to respondent Pharmacy on 6/29/2015. Rx No. 477335 was issued on 4/13/2015 by Dr. Nourparvar with four (4) refills. Last fill was 6/2/2015 and there were three (3) remaining refills. This means the prescription can only dispense three (3) more times. After transferring Rx No. 477335, respondent Pharmacy dispensed Rx No. 582285 on 6/29/2015 with three (3) refills, instead of two (2) refills. |
| 585320 | 9/16/2015 | 9/16/2015 | Rx No. 474842 was transferred from Century Discount Pharmacy to respondent Pharmacy on 9/16/2015. Rx No. 474842 was issued on 2/13/2015 by Dr. Azizad with three (3) refills. The last fill date was 8/11/2015 and there were two (2) remaining refills. This means the prescription can only dispense two (2) more times. After transferring Rx No. 474842, respondent Pharmacy dispensed Rx No. 585320 on 9/16/2015 with two (2) refills, instead of one (1) refill. |
| 586697 | 10/22/2015 | 10/22/2015 | Rx No. 481285 was transferred from Century Discount Pharmacy to respondent Pharmacy on 10/22/2015. Rx No. 586697 was issued on 8/19/2015 by Dr. Cairo with eleven (11) refills. The last refill date was 9/25/2015 and there were ten (10) remaining refills. This means the prescription can only dispense ten (10) more times. After transferring Rx No. 481285, Respondent Pharmacy dispensed Rx No. 586697 on 10/22/2015 with ten (10) refills, instead of nine (9) refills. |

**SIXTH CAUSE FOR DISCIPLINE**

**(Failure to Maintain Security of Pharmacy)**

**(As to respondent Pharmacy)**

78. Respondent Pharmacy is subject to disciplinary action under Code section 4301, subdivisions (j) and (o) and California Code of Regulations, title 16, section 1714 subdivisions (d) and (e). Complainant hereby incorporates paragraphs 75-76 above as though set forth in full herein.

**SEVENTH CAUSE FOR DISCIPLINE**

**(Dispensing Controlled Substances with Variations from Prescriptions)**

**(As to respondent Pharmacy)**

79. Respondent Pharmacy is subject to disciplinary action under Code section 4301, subdivision (o), for violating Code section 4063 and California Code of Regulations, title 16, section 1716. Complainant hereby incorporates paragraphs 75 and 77 above as though set forth in full herein.

**BOARD INVESTIGATION REPORT DATED SEPTEMBER 8, 2020**

80. A Board investigation at another pharmacy determined that John Korzelius, M.D. Physician's Assistant, JE (PA JE), failed to act in the usual course of her professional practice by prescribing controlled substances to patients for illegitimate medical purposes. A review of CURES records by the Board discovered that respondent Pharmacy also dispensed controlled substance prescriptions written under the prescribing authority of PA JE. Accordingly, an internal Board complaint was filed and an investigation of respondent Pharmacy was initiated to evaluate the legitimacy and appropriateness of respondent Pharmacy's dispensing of controlled substances and/or dangerous drugs.

81. This is a second corresponding responsibility case following one completed in February 2018. An internal review by the Board determined respondent Pharmacy potentially continued failing to exercise their corresponding responsibility to only dispense medically legitimate controlled substance prescriptions. The investigation substantiated the allegations and found the pharmacy continued to dispense controlled substances pursuant to orders written on

non-compliant controlled substance prescription documents, made multiple prescription errors, and operated without a pharmacist-in-charge for a period of greater than 30 days.

82. The Board Inspector analyzed the CURES data for respondent Pharmacy from April 27, 2017 – April 27, 2020 and identified factors of irregularity or red flags consistent with possible illegitimate prescribing and indiscriminate pharmacy dispensing pertaining to multiple other prescribers. Due to the Coronavirus pandemic and shelter-in-place order, the Board Inspector was unable to perform an inspection at respondent Pharmacy. Hence, on April 29, 2020, the Board Inspector sent an e-mail to respondent Pharmacy requesting the following:

- Original prescription documents potentially displaying illegitimate prescribing based on her CURES data analysis.
- Respondent Pharmacy's electronic dispensing records from 04/27/2017 - 04/27/2020.
- Any and all notes pertaining to the requested prescriptions or patients.

83. As part of this investigation, the Board Inspector requested and received from respondent Pharmacy a sample of prescriptions written under the prescribing authority of PA JE and six physicians, to wit: Bhasker Venkateswaralu, M.D., Joseph Dinglasan, M.D., Jared Piety, M.D., Rahil Khan, M.D., Randall Gilbert, M.D., and John Korzelius, M.D.

84. The following is an analysis of respondent Pharmacy's electronic dispensing records from April 27, 2017 through April 27, 2020:

- Respondent Pharmacy dispensed 60,622 prescriptions.
- Non-controlled medications: 57,192 prescriptions (94%).
- Controlled medications: 3,430 prescriptions (6%).
- The number of non-controlled medications that are commercially available is greater than controlled medications, therefore, these percentages were not unusual for a retail pharmacy.
- Payment method for all medications (controlled and non-controlled) dispensed during the query period was approximately 11% cash and 89% third party (this number includes both insurance and discount cards, which are essentially considered cash payment).
- 10% of non-controlled medications were paid for with cash.
- 39% of controlled medications were paid for with cash.

- The percentage of cash payment for controlled substances was approximately four times that of non-controlled substances. Typically, patients do not desire to pay high out-of-pocket costs for medications and therefore prefer the assistance of insurance. The high percentage of cash payment for controlled medications was irregular for a retail pharmacy.
- 65% of the schedule II controlled substance medications were paid for with cash.
- This was almost seven times greater than non-controlled medications and over 1.5 times that of all controlled substances dispensed by respondent Pharmacy, which was a factor of irregularity or red flag.
- The number one drug dispensed by respondent Pharmacy was the highly abused schedule II controlled substance, oxycodone 30 mg.
- As previously mentioned, 94% of the drugs dispensed by respondent Pharmacy were non-controlled substances.
- Schedule II controlled substances only accounted for 3% (l,675/60,622) of the drugs dispensed by the respondent Pharmacy
- Hence, it was a glaring factor of irregularity or red flag for a schedule II controlled substance to be the top drug dispensed by respondent Pharmacy.
- It was also a factor of irregularity for one drug, oxycodone 30 mg, to account for 79% (l,323/1,675) of the schedule II controlled substances dispensed by respondent Pharmacy.
- Oxycodone immediate-release tablets are available in 5, 10, 15, 20 and 30 mg tablets. All but two oxycodone prescriptions dispensed by respondent Pharmacy were for the highest strength oxycodone. This was a factor of irregularity or red flag for the following reasons:
- Given oxycodone therapy should be initiated at the lowest effective dosage as the risk associated with use, especially fatal respiratory depression, increases with higher dosages, one would expect to find lower doses dispensed by respondent Pharmacy at much greater frequencies.
- Additionally, a great variability exists between patients such as age, weight, drug allergies, medical histories, tolerance to narcotic medications, and preferences regarding their drug therapy plan. Due to this interpatient variability, a prescriber would often choose different strengths of the same medication to treat their patients.

- 73% of respondent Pharmacy's oxycodone prescriptions were paid for with cash, which was a factor of irregularity or red flag.

85. The two investigations illuminated the level of respondent Pharmacy's and its pharmacists' incompetence, negligence and flagrant disregard for the laws adopted by the California State Board of Pharmacy to protect patients. Respondent Pharmacy and its pharmacists filled non-compliant controlled substance prescriptions, ignored glaring red flags and factors of irregularity, dispensed high dose opioids to naive patients and made prescription errors. After the initial investigation, either respondent Pharmacy did not understand the underlying principles of red flags and corresponding responsibility and how to apply changes to comply with pharmacy law, or it and its pharmacists deliberately disregarded them in order to turn a profit from the illegitimate distribution of controlled substances. In either case, the actions of respondent Pharmacy were more aligned with those of a pill-mill rather than a legitimate pharmacy entrusted with the public's well-being and safety.

**Allegations against respondent Pharmacy**

86. As documented in the Board Investigation Report dated September 8, 2020, the Board Inspector determined that between April 27, 2017 and April 27, 2020, respondent Pharmacy committed multiple violations of Pharmacy Law, as follows.

87. Respondent Pharmacy dispensed at least 1,274 controlled substance prescriptions (and 122,307.5 units of controlled substances) in the presence of multiple factors of irregularity or red flags, evidencing that they were not written for legitimate medical purposes. These multiple factors of irregularity or red flags included the following:

- A large percentage of the prescription written by various prescribers were for highly abused controlled substances.
- Utilizing cash payment instead of a third party for controlled substances.
- The prescribing profiles of various prescribers being seemingly incongruent with their self- reported areas of practice on the Board of Medicine's online database. Additionally, their prescribing patterns were unusually limited, with a small number of commonly abused controlled substances accounting for a large percentage of the total prescriptions.

- The highest strength of oxycodone, 30 mg, was prescribed by various prescribers to all patients receiving the medication without regard for interpatient variability. Most of the prescriptions listed identical quantities and directions for use.
- Multiple patients being diagnosed with similar or identical ailments by the same prescriber.
- Patients travelling excessive distances between the medical offices of various prescribers and the pharmacy.
- Patients presenting to the pharmacy with prescriptions for identical controlled substances, strengths and directions for use. These prescriptions were assigned consecutive or nearly consecutive pharmacy prescription numbers indicating they were processed sequentially.
- Prescriptions for controlled substances written on prescription documents lacking multiple security features and failing to comply with HSC section 11162.1.
- Respondent Pharmacy dispensed at least 539 controlled substance prescriptions (and 50,427 tablets of controlled substances) written on non-compliant prescription documents.
- Opioid naïve patients (those who had not filled an opioid for over two months) presenting with prescriptions for the highest strength oxycodone, 30 mg, and mostly at total daily doses of almost three times the recommended safe dose.
- Supporting documentation intimated CURES was checked by respondent Pharmacy to inquire about the controlled substance dispensing histories of the various patients. However, the information was either inappropriately scrutinized or simply ignored, as respondent Pharmacy dispensed 446 prescriptions to opioid naïve patients.

88. The Board investigation determined that during the period in question, respondent Pharmacy dispensed 19 prescriptions with incorrect directions for use and two prescriptions written for OxyContin 30 mg as oxycodone 30 mg.

89. The Board investigation further determined that during the period in question, respondent Pharmacy dispensed 539 controlled substance prescriptions which were written on prescription documents lacking multiple required security features and failing to comply with Health and Safety Code section 11162.1.

90. The Board investigation also determined that according to Board of Pharmacy records, respondent Pharmacy was operating without a PIC from February 5, 2019 to April 30, 2019.

**Allegations against respondent Khalifian**

91. As documented in the Board Investigation Report dated September 8, 2020, the Board Inspector determined that between April 27, 2017 and April 27, 2020, respondent Khalifian committed multiple violations of Pharmacy Law, as follows.

92. While respondent Khalifian was employed as PIC at respondent Pharmacy, the pharmacy dispensed at least 357 controlled substance prescriptions (and 31,850 units of controlled substances) in the presence of multiple factors of irregularity or red flags, evidencing that they were not written for legitimate medical purposes. These multiple factors of irregularity or red flags included the following:

- A large percentage of the prescriptions written by various prescribers were for highly abused controlled substances.
- Utilizing cash payment instead of a third party for controlled substances.
- The prescribing profiles of various prescribers being seemingly incongruent with their self- reported areas of practice on the Board of Medicine's online database. Additionally, their prescribing patterns were unusually limited, with a small number of commonly abused controlled substances accounting for a large percentage of the total prescriptions.
- The highest strength of oxycodone, 30 mg, was prescribed by various prescribers to all patients receiving the medication without regard for interpatient variability. Most of the prescriptions listed identical quantities and directions for use.
- Multiple patients being diagnosed with similar or identical ailments by the same prescriber.
- Patients travelling excessive distances between the medical offices of various prescribers and the pharmacy.

- Patients presenting to the pharmacy with prescriptions for identical controlled substances, strengths and directions for use. These prescriptions were assigned consecutive or nearly consecutive pharmacy prescription numbers indicating they were processed sequentially.
- Opioid naïve patients (those who had not filled an opioid for over two months) presenting with prescriptions for the highest strength oxycodone, 30 mg, and mostly at total daily doses of almost three times the recommended safe dose.
- Supporting documentation intimated CURES was checked to inquire about the controlled substance dispensing histories of the various patients. However, the information was either inappropriately scrutinized or simply ignored as respondent Pharmacy dispensed 114 prescriptions to opioid naïve patients.

93. While employed as a pharmacist at respondent Pharmacy, respondent Khalifian personally dispensed:

- At least 190 controlled substance prescriptions (and 16,340 tablets of controlled substances) in the presence of multiple factors of irregularity or red flags.
- At least 53 prescriptions of the highest strength oxycodone, 30 mg, and mostly at total daily doses of almost three times the recommended safe dose, to opioid naive patients.

94. While employed as a pharmacist at respondent Pharmacy, respondent Khalifian dispensed one prescription with incorrect directions for use (RX 630155) and two prescriptions written for Oxycontin 30 mg as oxycodone 30 mg (RXs 625503 and 625856).

**Allegations against respondent Ahdoot**

95. As documented in the Board Investigation Report dated September 8, 2020, the Board Inspector determined that between April 27, 2017 and April 27, 2020, respondent Ahdoot committed multiple violations of Pharmacy Law, as follows.

96. While respondent Ahdoot was employed as PIC at Respondent Pharmacy, the pharmacy dispensed at least 670 controlled substance prescriptions (and 69,357.5 units of controlled substances) in the presence of multiple factors of irregularity or red flags, evidencing that they were not written for legitimate medical purposes. These multiple factors of irregularity or red flags included the following:

- A large percentage of the prescriptions written by various prescribers were for highly abused controlled substances.
- Utilizing cash payment instead of a third party for controlled substances.
- The prescribing profiles of various prescribers being seemingly incongruent with their self- reported areas of practice on the Board of Medicine's online database. Additionally, their prescribing patterns were unusually limited, with a small number of commonly abused controlled substances accounting for a large percentage of the total prescriptions.
- The highest strength of oxycodone, 30 mg, was prescribed by various prescribers to all patients receiving the medication without regard for interpatient variability. Most of the prescriptions listed identical quantities and directions for use.
- Multiple patients being diagnosed with similar or identical ailments by the same prescriber.
- Patients travelling excessive distances between the medical offices of various prescribers and respondent Pharmacy.
- Patients presenting to respondent Pharmacy with prescriptions for identical controlled substances, strengths and directions for use. These prescriptions were assigned consecutive or nearly consecutive pharmacy prescription numbers indicating they were processed sequentially.
- Prescriptions for controlled substances written on prescription documents lacking multiple security features and failing to comply with HSC section 11162.1.
- Respondent Pharmacy dispensed at least 539 controlled substance prescriptions (and 50,427 tablets) written on non-compliant prescription documents.
- Opioid naïve patients (those who had not filled an opioid for over two months) presenting with prescriptions for the highest strength oxycodone, 30 mg, and mostly at total daily doses of almost three times the recommended safe dose.
- Supporting documentation intimated CURES was checked to inquire about the controlled substance dispensing histories of the various patients. However, the information was either inappropriately scrutinized or simply ignored as respondent Pharmacy dispensed 253 prescriptions to opioid naïve patients.

97. While employed as a pharmacist at respondent Pharmacy, respondent Ahdoot personally dispensed:

- At least 229 prescriptions of the highest strength oxycodone, 30 mg, and mostly at total daily doses of almost three times the recommended safe dose, to opioid naive patients.
- At least 584 controlled substance prescriptions (and 60,281 units of controlled substances) in the presence of multiple factors of irregularity or red flags.

98. While employed as a pharmacist at respondent Pharmacy, respondent Ahdoot personally dispensed one prescription with incorrect directions for use (RX 610681).

99. While respondent Ahdoot was employed as PIC at respondent Pharmacy, the pharmacy dispensed 539 controlled substance prescriptions (50,427 tablets) that were written on prescription documents lacking multiple required security features and failing to comply with Health and Safety Code section 11162.1.

100. While employed as a pharmacist at respondent Pharmacy, respondent Ahdoot personally dispensed 488 controlled substance prescriptions (45,557 tablets) written on non-compliant prescription documents.

**Allegations against respondent Farzan**

101. As documented in the Board Investigation Report dated September 8, 2020, the Board Inspector determined that between April 27, 2017 and April 27, 2020, respondent Farzan committed multiple violations of Pharmacy Law, as follows.

102. While respondent Farzan was employed as PIC at respondent Pharmacy, the pharmacy dispensed at least 80 controlled substance prescriptions (and 6,660 tablets of controlled substances) in the presence of multiple factors of irregularity or red flags, evidencing that they were not written for legitimate medical purposes. These multiple factors of irregularity or red flags included the following:

- A large percentage of the prescriptions written by various prescribers were for highly abused controlled substances.
- Utilizing cash payment instead of a third party for controlled substances.

- The prescribing profiles of various prescribers being seemingly incongruent with their self- reported areas of practice on the Board of Medicine's online database. Additionally, their prescribing patterns were unusually limited, with a small number of commonly abused controlled substances accounting for a large percentage of the total prescriptions.
- The highest strength of oxycodone, 30 mg, was prescribed by various prescribers to all patients receiving the medication without regard for interpatient variability. Most of the prescriptions listed identical quantities and directions for use.
- Multiple patients being diagnosed with similar or identical ailments by the same prescriber.
- Patients travelling excessive distances between the medical offices of various prescribers and the pharmacy.
- Patients presenting to the pharmacy with prescriptions for identical controlled substances, strengths and directions for use. These prescriptions were assigned consecutive or nearly consecutive pharmacy prescription numbers indicating they were processed sequentially.
- Opioid naïve patients (those who had not filled an opioid for over two months) presenting with prescriptions for the highest strength oxycodone, 30 mg, and mostly at total daily doses of almost three times the recommended safe dose.
- Supporting documentation intimated CURES was checked to inquire about the controlled substance dispensing histories of the various patients. However, the information was either inappropriately scrutinized or simply ignored as respondent Farzan dispensed 20 prescriptions to opioid naïve patients.

103. While employed as a pharmacist at respondent Pharmacy, respondent Farzan personally dispensed:

- At least 80 controlled substance prescriptions (and 7,020 tablets of controlled substances) in the presence of multiple factors of irregularity or red flags.
- At least 28 prescriptions of the highest strength oxycodone, 30 mg, and mostly at total daily doses of almost three times the recommended safe dose, to opioid naive patients.

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**Allegations against respondent Haroonpoor**

104. As documented in the Board Investigation Report dated September 8, 2020, the Board Inspector determined that between April 27, 2017 and April 27, 2020, respondent Haroonpoor committed multiple violations of Pharmacy Law, as follows.

105. While employed as a pharmacist at respondent Pharmacy, respondent Haroonpoor dispensed at least 155 controlled substance prescriptions (and 13,950 tablets of controlled substances) in the presence of multiple factors of irregularity or red flags, evidencing that they were not written for legitimate medical purposes. These multiple factors of irregularity or red flags included the following:

- A large percentage of the prescriptions written by various prescribers were for highly abused controlled substances.
- Utilizing cash payment instead of a third party for controlled substances.
- The prescribing profiles of various prescribers being seemingly incongruent with their self- reported areas of practice on the Board of Medicine's online database. Additionally, their prescribing patterns were unusually limited, with a small number of commonly abused controlled substances accounting for a large percentage of the total prescriptions.
- The highest strength of oxycodone, 30 mg, was prescribed by various prescribers to all patients receiving the medication without regard for interpatient variability. Most of the prescriptions listed identical quantities and directions for use.
- Multiple patients being diagnosed with similar or identical ailments by the same prescriber.
- Patients travelling excessive distances between the medical offices of various prescribers and the pharmacy.
- Patients presenting to the pharmacy with prescriptions for identical controlled substances, strengths and directions for use. These prescriptions were assigned consecutive or nearly consecutive pharmacy prescription numbers indicating they were processed sequentially.

- Opioid naïve patients (those who had not filled an opioid for over two months) presenting with prescriptions for the highest strength oxycodone (30 mg) and mostly at total daily doses of almost three times the recommended safe dose.
- Supporting documentation intimated CURES was checked to inquire about the controlled substance dispensing histories of the various patients. However, the information was either inappropriately scrutinized or simply ignored as respondent Haroonpoor dispensed 46 prescriptions to opioid naïve patients.

106. While employed as a pharmacist at respondent Pharmacy, respondent Haroonpoor dispensed 13 prescriptions with incorrect directions for use.

**Allegations against respondent Choi**

107. As documented in the Board Investigation Report dated September 8, 2020, the Board Inspector determined that between April 27, 2017 and April 27, 2020, respondent Choi committed multiple violations of Pharmacy Law, as follows.

108. While employed as a pharmacist at respondent Pharmacy, respondent Choi dispensed at least 65 controlled substance prescriptions (5,790 tablets of controlled substances) in the presence of multiple factors of irregularity or red flags, evidencing that they were not written for legitimate medical purposes. These multiple factors of irregularity or red flags included the following:

- A large percentage of the prescriptions written by various prescribers were for highly abused controlled substances.
- Utilizing cash payment instead of a third party for controlled substances.
- The prescribing profiles of various prescribers being seemingly incongruent with their self- reported areas of practice on the Board of Medicine's online database. Additionally, their prescribing patterns were unusually limited, with a small number of commonly abused controlled substances accounting for a large percentage of the total prescriptions.
- The highest strength of oxycodone, 30 mg, was prescribed by various prescribers to all patients receiving the medication without regard for interpatient variability. Most of the prescriptions listed identical quantities and directions for use.

- Multiple patients being diagnosed with similar or identical ailments by the same prescriber.
- Patients travelling excessive distances between the medical offices of various prescribers and the pharmacy.
- Patients presenting to the pharmacy with prescriptions for identical controlled substances, strengths and directions for use. These prescriptions were assigned consecutive or nearly consecutive pharmacy prescription numbers indicating they were processed sequentially.
- Opioid naïve patients (those who had not filled an opioid for over two months) presenting with prescriptions for the highest strength oxycodone, 30 mg, and mostly at total daily doses of almost three times the recommended safe dose.
- Supporting documentation intimated CURES was checked to inquire about the controlled substance dispensing histories of the various patients. However, the information was either inappropriately scrutinized or simply ignored as respondent Choi dispensed 24 prescriptions to opioid naïve patients.

109. While employed as a pharmacist at respondent Pharmacy, respondent Choi dispensed one prescription with incorrect directions for use (RX 622734).

**Allegations against respondent Shakeraneh**

110. As documented in the Board Investigation Report dated September 8, 2020, the Board Inspector determined that between April 27, 2017 and April 27, 2020, respondent Shakeraneh committed multiple violations of Pharmacy Law, as follows.

111. While employed as a pharmacist at respondent Pharmacy, respondent Shakeraneh dispensed at least 61 controlled substance prescriptions (and 5,300 tablets of controlled substances) in the presence of multiple factors of irregularity or red flags, evidencing that they were not written for legitimate medical purposes. These multiple factors of irregularity or red flags included the following:

- A large percentage of the prescriptions written by various prescribers were for highly abused controlled substances.
- Utilizing cash payment instead of a third party for controlled substances.

- The prescribing profiles of various prescribers being seemingly incongruent with their self-reported areas of practice on the Board of Medicine's online database. Additionally, their prescribing patterns were unusually limited, with a small number of commonly abused controlled substances accounting for a large percentage of the total prescriptions.
- The highest strength of oxycodone, 30 mg, was prescribed by various prescribers to all patients receiving the medication without regard for interpatient variability. Most of the prescriptions listed identical quantities and directions for use.
- Multiple patients being diagnosed with similar or identical ailments by the same prescriber.
- Patients travelling excessive distances between the medical offices of various prescribers and the pharmacy.
- Patients presenting to the pharmacy with prescriptions for identical controlled substances, strengths and directions for use. These prescriptions were assigned consecutive or nearly consecutive pharmacy prescription numbers indicating they were processed sequentially.
- Opioid naïve patients (those who had not filled an opioid for over two months) presenting with prescriptions for the highest strength oxycodone, 30 mg, and mostly at total daily doses of almost three times the recommended safe dose.
- Supporting documentation intimated CURES was checked to inquire about the controlled substance dispensing histories of various patients. However, the information was either inappropriately scrutinized or simply ignored as respondent Shakeraneh dispensed 23 prescriptions to opioid naïve patients.

112. While employed as a pharmacist at respondent Pharmacy, respondent Shakeraneh dispensed three prescriptions with incorrect directions for use (RXs 628862, 628865 and 628869).

**Allegations against respondent Khani**

113. As documented in the Board Investigation Report dated September 8, 2020, the Board Inspector determined that between April 27, 2017 and April 27, 2020, respondent Khani committed multiple violations of Pharmacy Law, as follows.

114. While employed as a pharmacist at respondent Pharmacy, respondent Khani dispensed at least 65 controlled substance prescriptions (and 7,0565.5 units of controlled substances) in the presence of multiple factors of irregularity or red flags, evidencing that they were not written for legitimate medical purposes. These multiple factors of irregularity or red flags included the following:

- A large percentage of the prescriptions written by various prescribers were for highly abused controlled substances.
- Utilizing cash payment instead of a third party for controlled substances.
- The prescribing profiles of various prescribers being seemingly incongruent with their self- reported areas of practice on the Board of Medicine's online database. Additionally, their prescribing patterns were unusually limited, with a small number of commonly abused controlled substances accounting for a large percentage of the total prescriptions.
- The highest strength of oxycodone, 30 mg, was prescribed by various prescribers to all patients receiving the medication without regard for interpatient variability. Most of the prescriptions listed identical quantities and directions for use.
- Multiple patients being diagnosed with similar or identical ailments by the same prescriber.
- Patients travelling excessive distances between the medical offices of various prescribers and the pharmacy.
- Patients presenting to the pharmacy with prescriptions for identical controlled substances, strengths and directions for use. These prescriptions were assigned consecutive or nearly consecutive pharmacy prescription numbers indicating they were processed sequentially.
- Prescriptions for controlled substances written on prescription documents lacking multiple security features and failing to comply with HSC section 11162.1.
- Respondent Khani dispensed at least 35 controlled substance prescriptions (and 3,330 tablets) written on non-compliant prescription documents.

- Opioid naïve patients (those who had not filled an opioid for over two months) mostly presenting with prescriptions for the highest strength oxycodone, 30 mg, at total daily doses of between three and five times the recommended safe dose.
- Supporting documentation intimated CURES was checked to inquire about the controlled substance dispensing histories of various patients. However, the information was either inappropriately scrutinized or simply ignored as respondent Khani dispensed 17 prescriptions to opioid naïve patients.

115. While employed as a pharmacist at respondent Pharmacy, respondent Khani dispensed 35 controlled substance prescriptions which were written on prescription documents lacking multiple required security features and failing to comply with Health and Safety Code section 11162.l.

**Allegations against respondent Azizzadeh**

116. As documented in the Board Investigation Report dated September 8, 2020, the Board Inspector determined that between April 27, 2017 and April 27, 2020, respondent Azizzadeh committed multiple violations of Pharmacy Law, as follows.

117. While employed as a pharmacist at respondent Pharmacy, respondent Azizzadeh dispensed 16 controlled substance prescriptions which were written on prescription documents lacking multiple required security features and failing to comply with Health and Safety Code section 11162.1.

118. While employed as a pharmacist at respondent Pharmacy, respondent Azizzadeh dispensed at least six prescriptions (RXs 617039, 617817, 617822, 617945, 617950 and 617954) for the highest strength oxycodone, 30 mg, to opioid naïve patients (those who had not filled an opioid for over two months) at total daily doses of between three and five times the recommended safe dose. Supporting documentation intimated CURES was checked to inquire about the controlled substance dispensing histories of the various patients, however, the information was either inappropriately scrutinized or simply ignored.

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**EIGHTH CAUSE FOR DISCIPLINE**

**(Violation of Corresponding Responsibility to Verify Prescriptions)**

**(As to respondent Pharmacy)**

119. Respondent Pharmacy is subject to disciplinary action under Code sections 4301 and 4306.5, Health and Safety Code section 11153, subdivision (a), and California Code of Regulations, title 16, section 1761, subdivisions (a) and (b). Complainant hereby incorporates paragraphs 80-87 above as though set forth in full herein.

**NINTH CAUSE FOR DISCIPLINE**

**(Variation from Prescriptions)**

**(As to respondent Pharmacy)**

120. Respondent Pharmacy is subject to disciplinary action under California Code of Regulations, title 16, section 1716, and Code section 4073. Complainant hereby incorporates paragraphs 80-86 and 88 above as though set forth in full herein.

**TENTH CAUSE FOR DISCIPLINE**

**(Dispensed Controlled Substance Prescriptions Written on Prescription Documents Lacking Multiple Required Security Features)**

**(As to respondent Pharmacy)**

121. Respondent Pharmacy is subject to disciplinary action under Health and Safety Code sections 11164, subdivision (a), and 11162.1. Complainant hereby incorporates paragraphs 80-86 and 89 above as though set forth in full herein.

**ELEVENTH CAUSE FOR DISCIPLINE**

**(Operating Without Pharmacist-in-Charge for More Than 30 Days)**

**(As to respondent Pharmacy)**

122. Respondent Pharmacy is subject to disciplinary action under Code sections 4113, subdivision (d), and 4305. Complainant hereby incorporates paragraphs 80-86 and 90 above as though set forth in full herein.

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**TWELFTH CAUSE FOR DISCIPLINE**

**(Violation of Corresponding Responsibility to Verify Prescriptions)**

**(As to respondent Khalifian)**

123. Respondent Khalifian is subject to disciplinary action under Code sections 4113, 4301, and 4306.5, Health and Safety Code section 11153, subdivision (a), and California Code of Regulations, title 16, section 1761, subdivisions (a) and (b). Complainant hereby incorporates paragraphs 80-85, and 91-93 above as though set forth in full herein.

**THIRTEENTH CAUSE FOR DISCIPLINE**

**(Variation from Prescriptions)**

**(As to respondent Khalifian)**

124. Respondent Khalifian is subject to disciplinary action under California Code of Regulations, title 16, section 1716, and Code section 4073. Complainant hereby incorporates paragraphs 80-85, 91, and 94 above as though set forth in full herein.

**FOURTEENTH CAUSE FOR DISCIPLINE**

**(Violation of Corresponding Responsibility to Verify Prescriptions)**

**(As to respondent Ahdoot)**

125. Respondent Ahdoot is subject to disciplinary action under Code sections 4113, 4301, and 4306.5, Health and Safety Code section 11153, subdivision (a), and California Code of Regulations, title 16, section 1761, subdivisions (a) and (b). Complainant hereby incorporates paragraphs 80-85, and 95-97 above as though set forth in full herein.

**FIFTEENTH CAUSE FOR DISCIPLINE**

**(Variation from Prescriptions)**

**(As to respondent Ahdoot)**

126. Respondent Ahdoot is subject to disciplinary action under California Code of Regulations, title 16, section 1716, and Code section 4073. Complainant hereby incorporates paragraphs 80-85, 95, and 98 above as though set forth in full herein.

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**SIXTEENTH CAUSE FOR DISCIPLINE**

**(Dispensed Controlled Substance Prescriptions Written on Prescription Documents Lacking Multiple Required Security Features)**

**(As to respondent Ahdoot)**

127. Respondent Ahdoot is subject to disciplinary action under Health and Safety Code sections 11164, subdivision (a), and 11162.1. Complainant hereby incorporates paragraphs 80-85, 95, and 99-100 above as though set forth in full herein.

**SEVENTEENTH CAUSE FOR DISCIPLINE**

**(Violation of Corresponding Responsibility to Verify Prescriptions)**

**(As to respondent Farzan)**

128. Respondent Farzan is subject to disciplinary action under Code sections 4113, 4301, and 4306.5, Health and Safety Code section 11153, subdivision (a), and California Code of Regulations, title 16, section 1761, subdivisions (a) and (b). Complainant hereby incorporates paragraphs 80-85, and 101-103 above as though set forth in full herein.

**EIGHTEENTH CAUSE FOR DISCIPLINE**

**(Violation of Corresponding Responsibility to Verify Prescriptions)**

**(As to respondent Haroonpoor)**

129. Respondent Haroonpoor is subject to disciplinary action under Code sections 4301 and 4306.5, Health and Safety Code section 11153, subdivision (a), and California Code of Regulations, title 16, section 1761, subdivisions (a) and (b). Complainant hereby incorporates paragraphs 80-85, and 104-105 above as though set forth in full herein

**NINETEENTH CAUSE FOR DISCIPLINE**

**(Variation from Prescriptions)**

**(As to respondent Haroonpoor)**

130. Respondent Haroonpoor is subject to disciplinary action under California Code of Regulations, title 16, section 1716, and Code section 4073. Complainant hereby incorporates paragraphs 80-85, 104, and 106 above as though set forth in full herein.

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**TWENTIETH CAUSE FOR DISCIPLINE**

**(Violation of Corresponding Responsibility to Verify Prescriptions)**

**(As to respondent Choi)**

131. Respondent Choi is subject to disciplinary action under Code sections 4301 and 4306.5, Health and Safety Code section 11153, subdivision (a), and California Code of Regulations, title 16, section 1761, subdivisions (a) and (b). Complainant hereby incorporates paragraphs 80-85, and 107-108 above as though set forth in full herein

**TWENTY-FIRST CAUSE FOR DISCIPLINE**

**(Variation from Prescriptions)**

**(As to respondent Choi)**

132. Respondent Choi is subject to disciplinary action under California Code of Regulations, title 16, section 1716, and Code section 4073. Complainant hereby incorporates paragraphs 80-85, 107, and 109 above as though set forth in full herein.

**TWENTY-SECOND CAUSE FOR DISCIPLINE**

**(Violation of Corresponding Responsibility to Verify Prescriptions)**

**(As to respondent Shakeraneh)**

133. Respondent Shakeraneh is subject to disciplinary action under Code sections 4301 and 4306.5, Health and Safety Code section 11153, subdivision (a), and California Code of Regulations, title 16, section 1761, subdivisions (a) and (b). Complainant hereby incorporates paragraphs 80-85, and 110-111 above as though set forth in full herein.

**TWENTY-THIRD CAUSE FOR DISCIPLINE**

**(Variation from Prescriptions)**

**(As to respondent Shakeraneh)**

134. Respondent Shakeraneh is subject to disciplinary action under California Code of Regulations, title 16, section 1716, and Code section 4073. Complainant hereby incorporates paragraphs 80-85, 110, and 112 above as though set forth in full herein.

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**TWENTY-FOURTH CAUSE FOR DISCIPLINE**

**(Violation of Corresponding Responsibility to Verify Prescriptions)**

**(As to respondent Khani)**

135. Respondent Khani is subject to disciplinary action under Code sections 4301 and 4306.5, Health and Safety Code section 11153, subdivision (a), and California Code of Regulations, title 16, section 1761, subdivisions (a) and (b). Complainant hereby incorporates paragraphs 80-85, and 113-114 above as though set forth in full herein.

**TWENTY-FIFTH CAUSE FOR DISCIPLINE**

**(Dispensed Controlled Substance Prescriptions Written on Prescription Documents Lacking Multiple Required Security Features)**

**(As to respondent Khani)**

136. Respondent Khani is subject to disciplinary action under Health and Safety Code sections 11164, subdivision (a), and 11162.1. Complainant hereby incorporates paragraphs 80-85, 113, and 115 above as though set forth in full herein.

**TWENTY-SIXTH CAUSE FOR DISCIPLINE**

**(Dispensed Controlled Substance Prescriptions Written on Prescription Documents Lacking Multiple Required Security Features)**

**(As to respondent Azizzadeh)**

137. Respondent Azizzadeh is subject to disciplinary action under Health and Safety Code sections 11164, subdivision (a), and 11162.1. Complainant hereby incorporates paragraphs 80-85, and 116-117 above as though set forth in full herein.

**TWENTY-SEVENTH CAUSE FOR DISCIPLINE**

**(Erroneous or Uncertain Prescriptions)**

**(As to respondent Azizzadeh)**

138. Respondent Azizzadeh is subject to disciplinary action under California Code of Regulations, title 16, section 1761, subdivisions (a) and (b). Complainant hereby incorporates paragraphs 80-85, 116, and 118 above as though set forth in full herein.

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**DISCIPLINE CONSIDERATIONS**

139. To determine the degree of discipline, if any, to be imposed on respondent Pharmacy, complainant alleges that on or about April 27, 2005, in a previous matter entitled *In the Matter of the Accusation and First Amended Accusation and Supplemental Accusation against Joseph Amin dba Century Pharmacy and Javad Ferdowsi*, Board of Pharmacy Case No. 2280, the Board issued a citation as to respondent Pharmacy in the amount of $2,500 for violating the following: Business and Professions Code section 4081, in conjunction with Code of Federal Regulations, title 21, section 1304.21, subdivision (a) [failure to maintain accurate DEA inventory of dangerous drugs/controlled substances] and Business and Professions Code section 4059, subdivision (a) [furnishing a drug or controlled substance without a prescription for a person unlawfully authorized to prescribe]. That citation is now final and is incorporated by reference as if fully set forth herein.

140. To determine the degree of discipline, if any, to be imposed on respondent Pharmacy, with Joseph Amin, as owner, complainant alleges that on or about June 11, 2018, in a previous matter entitled *In the Matter of the Second Amended Accusation against Century Discount Pharmacy, Inc. Farhad D. Sharim and Joseph Amin, owners, et al.*, Board of Pharmacy Case No. 4829, Century Discount Pharmacy, Inc.'s Pharmacy Permit Number PHY 39871 was surrendered. Century Discount Pharmacy, Inc., with Farhad D. Sharim and Joseph Amin, as owners, were ordered to pay the Board its costs of investigation and enforcement in the amount of $37,199.25 prior to the issuance of a new or reinstated license. That decision is now final and is incorporated by reference as if fully set forth herein.

141. To determine the degree of discipline, if any, to be imposed on respondent Pharmacy, complainant alleges that on or about June 21, 2021, in a previous matter entitled *In the Matter of the Accusation against Joseph Amin dba Century Pharmacy and Javad Ferdowsi*, Board of Pharmacy Case No. 4670, the Board ultimately withdrew its accusation and issued a citation as to respondent Pharmacy in the amount of $1,000 for the following violations: Code sections 4301(f) and (g); 4113(c) [Insurance Fraud]; Code sections 4301(g) and (o), and 4113(c), in conjunction with Code section 4076(a) [False and Improper Prescription Labels]; Code sections 4301(o), and

4113(c), in conjunction with California Code of Regulations, title 16, section 1761 [Dispensing Erroneous or Uncertain Prescriptions]; Code sections 4301(o), and 4113(c), in conjunction with Code section 4081(a) [Records of Dangerous Drugs Open for Inspection]; Code sections 4301(o), and 4113(c), in conjunction with California Code of Regulations, title 16, section 1715 [Failure to Complete a Self-Assessment]; Code sections 4301(o), and 4113(c), in conjunction with Code of Federal Regulations, title 16, section 1304.11(a) and (c) [Failure to Keep Controlled Substance Inventory]; Code sections 4301(o), and 4113(c), in conjunction with Code of Federal Regulations, title 16, section 1304.04(h) [Failure to Maintain controlled Substance Inventory]; Code sections 4301(o), and 4113(c), in conjunction with Code section 4076(a)(11) [Violation of Prescription Container Labeling Requirement]; and Code sections 4301(o), and 4113(c), in conjunction with Code section 4104(b) [Failure to Have Theft or Impairment Policy]. That citation is now final and is incorporated by reference as if fully set forth herein.

142. To determine the degree of discipline, if any, to be imposed on respondent Ghadishah, complainant alleges that on or about February 28, 2018, the Board issued Citation Number CI 2017 78968 to respondent Ghadishah for violating Business and Professions Code section 4063, in conjunction with California Code of Regulations, title 16, section 1716. Respondent Ghadishah was ordered to pay a fine of $1,000. That citation is now final and is incorporated herein by reference as if fully set forth herein.

143. To determine the degree of discipline, if any, to be imposed on respondent Choi, complainant alleges that on or about July 29, 2020, in a previous matter entitled *In the Matter of the Accusation against I.MC16, Inc. dba R & X Compounding Pharmacy, Young Sook Choi, Owner and Young Sook Choi*, Board of Pharmacy Case No. 5922, respondent Choi's Pharmacist License Number 41950 was surrendered. Respondent Choi was ordered to pay the Board its costs of investigation and enforcement in the amount of $55,572.75 prior to the issuance of a new or reinstated license. The decision is now final and is incorporated herein by reference as if fully set forth herein.

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**OTHER MATTERS**

144. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 34252, issued to Joseph Amin (Amin), doing business as Century Pharmacy, while acting as the manager, administrator, owner, member, office, director, associate, or partner of Century Pharmacy, had knowledge of or knowingly participated in any conduct for which Pharmacy Permit Number PHY 34252, issued to Joseph Amin, doing business as Century Pharmacy was revoked, suspended or placed on probation, Amin shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number 34252 issued to Joseph Amin, doing business as Century Pharmacy is placed on probation or until Pharmacy Permit Number PHY 34252 issued to Joseph Amin, doing business as Century Pharmacy is reinstated if it is revoked.

145. Pursuant to Code section 4307, if Pharmacist License Number RPH 70372, issued to Jila Mohammadi, is disciplined as part of the Board's Decision, then Jila Mohammadi shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 70372 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision.

146. Pursuant to Code section 4307, if Pharmacist License Number RPH 70585, issued to Morris Ghadishah, is disciplined as part of the Board's Decision, then Morris Ghadishah shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 70585 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision.

147. Pursuant to Code section 4307, if Pharmacist License Number RPH 44675, issued to Mahshid Paya Khalifian, is disciplined as part of the Board's Decision, then Mahshid Paya Khalifian shall be prohibited from serving as a manager, administrator, owner, member, officer,

director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 44675 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision.

148. Pursuant to Code section 4307, if Pharmacist License Number RPH 43292, issued to Mehrdad Ahdoot, is disciplined as part of the Board's Decision, then Mehrdad Ahdoot shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 43292 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision.

149. Pursuant to Code section 4307, if Pharmacist License Number RPH 44807, issued to Shiva Kiaee Farzan, is disciplined as part of the Board's Decision, then Shiva Kiaee Farzan shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 44807 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision.

150. Pursuant to Code section 4307, if Pharmacist License Number RPH 76314, issued to Shirin Haroonpoor, is disciplined as part of the Board's Decision, then Shirin Haroonpoor shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 76314 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision.

151. Pursuant to Code section 4307, if Pharmacist License Number RPH 41950, issued to Young Sook Choi, is disciplined as part of the Board's Decision, then Young Sook Choi shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate,

partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 41950 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision.

152. Pursuant to Code section 4307, if Pharmacist License Number RPH 45821, issued to Hengameh Shakeraneh, is disciplined as part of the Board's Decision, then Hengameh Shakeraneh shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 45821 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision.

153. Pursuant to Code section 4307, if Pharmacist License Number RPH 54486, issued to Parisa Khani, is disciplined as part of the Board's Decision, then Parisa Khani shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 54486 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision.

154. Pursuant to Code section 4307, if Pharmacist License Number RPH 53320, issued to Shirin Azizzadeh, is disciplined as part of the Board's Decision, then Shirin Azizzadeh shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 53320 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision.

## PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board issue a decision:

1. Revoking or suspending Permit Number PHY 34252, issued to Joseph Amin, doing business as Century Pharmacy;

2. Prohibiting Joseph Amin, pursuant to Business and Professions Code section 4307, from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacy Permit Number PHY 34252 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision;

3. Revoking or suspending Pharmacist License Number RPH 70372, issued to Jila Mohammadi;

4. Prohibiting Jila Mohammadi, pursuant to Business and Professions Code section 4307, from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 70372 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision;

5. Revoking or suspending Pharmacist License Number RPH 70585, issued to Morris Ghadishah;

6. Prohibiting Morris Ghadishah, pursuant to Business and Professions Code section 4307, from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 70585 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision;

7. Revoking or suspending Pharmacist License Number RPH 44675, issued to Mahshid Paya Khalifian;

8. Prohibiting Mahshid Paya Khalifian, pursuant to Business and Professions Code section 4307, from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period

(1) not to exceed five years if Pharmacist License Number RPH 44675 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision;

9. Revoking or suspending Pharmacist License Number RPH 43292, issued to Mehrdad Ahdoot;

10. Prohibiting Mehrdad Ahdoot, pursuant to Business and Professions Code section 4307, from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 43292 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision;

11. Revoking or suspending Pharmacist License Number RPH 44807, issued to Shiva Kiaee Farzan;

12. Prohibiting Shiva Kiaee Farzan, pursuant to Business and Professions Code section 4307, from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 44807 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision;

13. Revoking or suspending Pharmacist License Number RPH 76314, issued to Shirin Haroonpoor;

14. Prohibiting Shirin Haroonpoor, pursuant to Business and Professions Code section 4307, from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 76314 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision;

15. Revoking or suspending Pharmacist License Number RPH 41950, issued to Young Sook Choi;

16. Prohibiting Young Sook Choi, pursuant to Business and Professions Code section 4307, from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 41950 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision;

17. Revoking or suspending Pharmacist License Number RPH 45821, issued to Hengameh Shakeraneh;

18. Prohibiting Hengameh Shakeraneh, pursuant to Business and Professions Code section 4307, from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 45821 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision;

19. Revoking or suspending Pharmacist License Number RPH 54486, issued to Parisa Khani;

20. Prohibiting Parisa Khani, pursuant to Business and Professions Code section 4307, from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to exceed five years if Pharmacist License Number RPH 54486 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision;

21. Revoking or suspending Pharmacist License Number RPH 53320, issued to Shirin Azizzadeh;

22. Prohibiting Shirin Azizzadeh, pursuant to Business and Professions Code section 4307, from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee for a period (1) not to

exceed five years if Pharmacist License Number RPH 53320 is placed on probation as part of the Board's decision, or (2) until said license is reinstated if it is revoked as part of the Board's decision;

23. Ordering Joseph Amin, doing business as Century Pharmacy, Jila Mohammadi, Morris Ghadishah, Mahshid Paya Khalifian, Mehrdad Ahdoot, Shiva Kiaee Farzan, Shirin Haroonpoor, Young Sook Choi, Hengameh Shakeraneh, Parisa Khani, and Shirin Azizzadeh, jointly and severally, to pay the Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and

24. Taking such other and further action as deemed necessary and proper.

DATED: 9/20/2021

Sodergren, Anne@DCA
Digitally signed by Sodergren, Anne@DCA
Date: 2021.09.20 15:27:22 -07'00'

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
*Complainant*

# 16C

**California State Board of Pharmacy**
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8614
www.pharmacy.ca.gov



Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor

December 6, 2021

**CERTIFIED MAIL**

Melanie Denise Joe
[redacted] The City Drive South
Rt 32 Pharmacy
Orange, CA 92868

RE: Administrative Case No. 6997
Melanie Denise Joe, RPH 49712

Dear Ms. Joe:

Attached is the Board of Pharmacy's Stipulated Settlement and Disciplinary Order for Public Reproval regarding the above-referenced matter. Your attention is directed to pages 4-5 of the document.

Effective at 5:00 p.m. on January 5, 2022, Pharmacy License Number RPH 49712 issued to Melanie Denise Joe shall be publicly reproved by the Board and shall also be subject to terms and conditions in the decision.

If you wish to file a petition for reconsideration pursuant to Government Code section 11521, the petition must be received prior to the effective date of the decision. However, please be aware the Board needs approximately five days to process a petition for reconsideration. Attached is a copy of the Government Code section for your review. **Please note that reconsideration is NOT available to you if you entered into a stipulated settlement with the Board.**

If you have any questions concerning this matter, you may contact Pamela Kemp, Administrative Case Analyst, at (916) 518-3010. Should you have any questions related to litigation of this matter, please contact the Deputy Attorney General handling this matter.

Sincerely,

ANNE SODERGREN
Executive Officer

By Susan Cappello

Susan Cappello
Enforcement Program Manager

SC:pk
Enclosure(s)
cc: Shannon M. Brubaker, DAG
Herbert L. Weinberg, Esq.

# DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: Melanie Denise Joe, RPH 49712 Case No. 6997

I am over 18 years of age, and not a party to the within cause; my business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833. I served a copy of the:

LETTER AND DECISION

on each of the following, by placing same in an envelope(s) addressed to as follows:

| NAME | CERTIFIED NO. |
|---|---|
| Melanie Denise Joe<br>[redacted] The City Drive South<br>Rt 32 Pharmacy<br>Orange, CA 92868 | 7019 1120 0000 6822 0195 |
| Herbert L. Weinberg, Esq.<br>Fenton Law Group, LLP<br>1990 South Bundy Drive, Suite 777<br>Los Angeles, CA 90025 | 7019 1120 0000 6822 0201 |

and that said envelope was then sealed and deposited and certified in the United States Post Office at Sacramento, California, on December 6, 2021, as certified mail with postage fully prepaid thereon and return receipt service by United States mail between the place of mailing and the place so addressed.

I declare under penalty of perjury that the foregoing is true and correct. Executed on December 6, 2021 at Sacramento, California.

Pamela Kemp, Administrative Case Analyst

**BEFORE THE**
**BOARD OF PHARMACY**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

**In the Matter of the Accusation Against:**

**THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, DBA UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER,**
**Terry Belmont-Chief Operating Officer**
**Original Hospital Pharmacy Permit Number HPE 49819**
**Sterile Compounding Permit Number LSE 100230;**

**KATHERINE Y. BOHENEK,**
**Pharmacist License Number RPH 49572;**

**DANIEL PHUONG HOANG,**
**Pharmacist License Number 59004;**

**SHIKHA SANJIV PARIKH,**
**Pharmacist License Number RPH 72781;**

**KEVIN M. KONG,**
**Pharmacist License Number RPH 39458;**

**and**

**MELANIE DENISE JOE,**
**Pharmacist License Number RPH 49712**

**Respondents.**

# Agency Case No. 6997

# OAH No. 2021030749

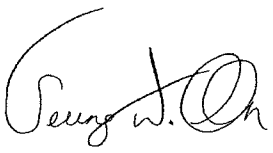
# DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order for Public Reproval is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on January 5, 2022.

It is so ORDERED on December 6, 2021.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By 

Seung W. Oh, Pharm.D.
Board President

ROB BONTA
Attorney General of California
GREGORY J. SALUTE
Supervising Deputy Attorney General
SHANNON M. BRUBAKER
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Facsimile: (619) 645-2061
*Attorneys for Complainant*

**BEFORE THE**
**BOARD OF PHARMACY**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | |
|---|---|
| In the Matter of the Accusation Against: | Case No. 6997 |
| **THE REGENTS OF THE UNIVERSITY OF CALIFORNIA,**<br>**DBA UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER**<br>**Terry Belmont – Chief Operating Officer**<br>**Bldg. 23, 2nd Floor**<br>**101 The City Drive, Rt. 32, Bldg. 23**<br>**Orange, CA 92868**<br><br>**Original Hospital Pharmacy Permit Number HPE 49819**<br>**Sterile Compounding Permit Number LSE 100230,**<br><br>**KATHERINE Y. BOHENEK**<br>**[redacted] Flores**<br>**Foothill Ranch, CA 92610**<br><br>**Pharmacist License Number RPH 49572,**<br><br>**DANIEL PHUONG HOANG**<br>**[redacted]Lupari**<br>**Irvine, CA 92618**<br><br>**Pharmacist License Number RPH 59004,** | OAH No. 2021030749<br><br>**STIPULATED SETTLEMENT AND DISCIPLINARY ORDER FOR PUBLIC REPROVAL AS TO RESPONDENT MELANIE DENISE JOE ONLY**<br><br>**[Bus. & Prof. Code § 495]** |

**SHIKHA SANJIV PARIKH**
**[redacted] Desert Pine**
**Irvine, CA 92620**
**Pharmacist License Number RPH 72781,**

**KEVIN M. KONG**
**[redacted] Climbing Vine**
**Irvine, CA 92603-9497**

**Pharmacist License Number RPH 39458,**

**and**

**MELANIE DENISE JOE**
**[redacted] The City Drive South**
**Rt. 32 – Pharmacy**
**Orange, CA 92868**

**Pharmacist License Number RPH 49712**

Respondents.

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

## PARTIES

1. Anne Sodergren (Complainant) is the Executive Officer of the Board of Pharmacy (Board). She brought this action solely in her official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Shannon M. Brubaker, Deputy Attorney General.

2. Respondent Melanie Denise Joe (Respondent) is represented in this proceeding by attorney Herb Weinberg of Fenton Law Group, LLP, whose address is: 1990 S. Bundy Drive, Suite 777, Los Angeles, California 90025.

## JURISDICTION

3. On or about August 27, 1997, the Board issued Pharmacist License Number RPH 49712 to Respondent. The Pharmacist License was in full force and effect at all times relevant to the charges brought in Accusation Number 6997 and will expire on September 30, 2023, unless renewed.

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4. Accusation Number 6997 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 1, 2020. Respondent timely filed her Notice of Defense contesting the Accusation. A copy of Accusation Number 6997 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation Number 6997. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order for Public Reproval.

6. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation Number 6997, if proven at a hearing, constitute cause for imposing discipline upon her Pharmacist License.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in Accusation Number 6997, and that Respondent hereby gives up her right to contest those charges.

10. Respondent agrees that in any future disciplinary proceeding before the Board against Respondent, the allegations set forth in Accusation Number 6997 shall be deemed admitted.

11. Respondent agrees that her Pharmacist License is subject to discipline and she agrees to be bound by the Disciplinary Order below.

**CONTINGENCY**

12. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order for Public Reproval shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order for Public Reproval, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

14. This Stipulated Settlement and Disciplinary Order for Public Reproval is intended by the parties to be an integrated writing representing the complete, final, and exclusive embodiment of their agreement. It supersedes any and all prior or contemporaneous agreements, understandings, discussions, negotiations, and commitments (written or oral). This Stipulated Settlement and Disciplinary Order for Public Reproval may not be altered, amended, modified, supplemented, or otherwise changed except by a writing executed by an authorized representative of each of the parties.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

**DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Pharmacist License Number RPH 49712 issued to Respondent Melanie Denise Joe (Respondent) shall be publicly reproved by the Board of

Pharmacy under Business and Professions Code section 495 in resolution of Accusation Number 6997, attached as Exhibit A. This Decision constitutes a record of discipline and shall become a part of Respondent's license history with the Board.

**Remedial Education**. No later than two years from the effective date of the Decision, Respondent, at her own expense, shall enroll, successfully complete and submit verification of ten (10) hours of remedial education in sterile compounding, including high risk drugs. Respondent shall obtain prior approval from the Board before enrolling in the course(s), and at least 50% of the course(s) shall be live webinar or in-person. Respondent shall submit to the Board the original transcripts or certificates of completion for the above-required course(s).

**Cost Recovery**. Within one year of the effective date of the Decision, Respondent shall pay $1,707.78 to the Board for its costs associated with the investigation and enforcement of this matter pursuant to Business and Professions Code Section 125.3. Respondent shall be permitted to pay these costs in a payment plan approved by the Board. If Respondent fails to pay the Board costs as ordered, Respondent shall not be allowed to renew her Pharmacist License until Respondent pays costs in full.

**Full Compliance**. As a resolution of the charges in Accusation Number 6997, this stipulated settlement is contingent upon Respondent's full compliance with all conditions of this Order. If Respondent fails to satisfy any of these conditions, such failure to comply constitutes cause for discipline, including outright revocation, of Respondent's Pharmacist License Number RPH 49712.

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## ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Herb Weinberg. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: _____

MELANIE DENISE JOE
*Respondent*

I have read and fully discussed with Respondent Melanie Denise Joe the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: _____

HERB WEINBERG
*Attorney for Respondent*

## ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reproval is hereby respectfully submitted for consideration by the Board of Pharmacy, Department of Consumer Affairs.

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
GREGORY J. SALUTE
Supervising Deputy Attorney General

SHANNON M. BRUBAKER
Deputy Attorney General
*Attorneys for Complainant*

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## ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reproval and have fully discussed it with my attorney, Herb Weinberg. I understand the stipulation and the effect it will have on my Pharmacist License. I enter into this Stipulated Settlement and Disciplinary Order for Public Reproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Pharmacy.

DATED: 10-19-2021

MELANIE DENISE JOE
*Respondent*

I have read and fully discussed with Respondent Melanie Denise Joe the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reproval. I approve its form and content.

DATED: 10/19/2021

HERB WEINBERG
*Attorney for Respondent*

## ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reproval is hereby respectfully submitted for consideration by the Board of Pharmacy, Department of Consumer Affairs.

DATED: October 19, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
GREGORY J. SALUTE
Supervising Deputy Attorney General

SHANNON M. BRUBAKER
Deputy Attorney General
*Attorneys for Complainant*

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# Exhibit A

## Accusation Number 6997

XAVIER BECERRA
Attorney General of California
MARICHELLE S. TAHIMIC
Supervising Deputy Attorney General
BRIAN WEISEL
Deputy Attorney General
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San Diego, CA 92186-5266
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Facsimile: (619) 645-2061
E-mail: Brian.Weisel@doj.ca.gov
*Attorneys for Complainant*

**BEFORE THE**
**BOARD OF PHARMACY**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | |
|---|---|
| In the Matter of the Accusation Against: | Case Number 6997 |
| **THE REGENTS OF THE UNIVERSITY OF CALIFORNIA,**<br>**DBA UNIVERSITY OF CALIFORNIA IRVINE MEDICAL CENTER,**<br>**Terry Belmont – Chief Operating Officer**<br>**Bldg. 23, 2nd Floor**<br>**[redacted]The City Drive, Rt. 32, Bldg. 23**<br>**Orange, CA 92868**<br><br>**Original Hospital Pharmacy Permit Number HPE 49819**<br>**Sterile Compounding Permit Number LSE 100230,**<br><br>**KATHERINE Y. BOHENEK**<br>**[redacted]Flores**<br>**Foothill Ranch, CA 92610**<br><br>**Pharmacist License Number RPH 49572,**<br><br>**DANIEL PHUONG HOANG**<br>**[redacted]Lupari**<br>**Irvine, CA 92618**<br><br>**Pharmacist License Number RPH 59004,** | **ACCUSATION** |

**SHIKHA SANJIV PARIKH**
**[redacted] Desert Pine**
**Irvine, CA 92620**

**Pharmacist License Number RPH 72781,**

**KEVIN M. KONG**
**[redacted]Climbing Vine**
**Irvine, CA 92603-9497**

**Pharmacist License Number RPH 39458,**

**and**

**MELANIE DENISE JOE**
**[redacted] The City Drive South**
**Rt. 32 - Pharmacy**
**Orange, CA 92868**

**Pharmacist License Number RPH 49712**

Respondents.

## PARTIES

1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs (Board).

2. On or about December 22, 2008, the Board issued Original Hospital Pharmacy Permit Number HPE 49819 to The Regents of the University of California, doing business as the University of California Irvine Medical Center (Respondent UCIMC).. The Original Hospital Pharmacy Permit was in full force and effect at all times relevant to the charges brought herein and will expire on July 1, 2021, unless renewed.

3. On or about June 19, 2014, the Board issued Sterile Compounding Permit Number LSE 100230 to Respondent UCIMC. The Sterile Compounding Permit was in full force and effect at all times relevant to the charges brought herein and will expire on July 1, 2021, unless renewed.

4. On or about August 21, 1997, the Board issued Pharmacist License Number RPH 49572 to Katherine Y. Bohenek (Respondent Bohenek). The Pharmacist License was in full force

and effect at all times relevant to the charges brought herein and will expire on November 30, 2020, unless renewed.

5. On or about October 17, 2006, the Board issued Pharmacist License Number RPH 59004 to Daniel Phuong Hoang (Respondent Hoang). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2022, unless renewed.

6. On or about July 9, 2015, the Board issued Pharmacist License Number RPH 72781 to Shikha Sanjiv Parikh (Respondent Parikh). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2021, unless renewed.

7. On or about August 27, 1985, the Board issued Pharmacist License Number RPH 39458 to Kevin M. Kong (Respondent Kong). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2021, unless renewed.

8. On or about August 27, 1997, the Board issued Pharmacist License Number RPH 49712 to Melanie Denise Joe (Respondent Joe). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2021, unless renewed.

**JURISDICTION**

9. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

10. Section 4011 of the Code provides that the Board shall administer and enforce both the Pharmacy Law [Code section 4000 et seq.] and the Uniform Controlled Substances Act [Health & Safety Code section 11000 et seq.].

11. Section 4032 defines "license" to include any license, permit, registration, certificate or exemption issued by the Board.

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12. Section 4300 of the Code states, in pertinent part:

(a) Every license issued may be suspended or revoked.

(b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:

(1) Suspending judgment.

(2) Placing him or her upon probation.

(3) Suspending his or her right to practice for a period not exceeding one year.

(4) Revoking his or her license.

(5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper.

. . .

(e) The proceedings under this article shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code, and the board shall have all the powers granted therein. The action shall be final, except that the propriety of the action is subject to review by the superior court pursuant to Section 1094.5 of the Code of Civil Procedure.

13. Section 4300.1 of the Code states:

The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

**STATUTORY AND REGULATORY PROVISIONS**

14. Section 4306.5 of the Code states:

Unprofessional conduct for a pharmacist may include any of the following:

(a) Acts or omissions that involve, in whole or in part, the inappropriate exercise of his or her education, training, or experience as a pharmacist, whether or not the act or omission arises in the course of the practice of pharmacy or the ownership, management, administration, or operation of a pharmacy or other entity licensed by the board.

(b) Acts or omissions that involve, in whole or in part, the failure to exercise or implement his or her best professional judgment or corresponding responsibility

with regard to the dispensing or furnishing of controlled substances, dangerous drugs, or dangerous devices, or with regard to the provision of services.

(c) Acts or omissions that involve, in whole or in part, the failure to consult appropriate patient, prescription, and other records pertaining to the performance of any pharmacy function.

(d) Acts or omissions that involve, in whole or in part, the failure to fully maintain and retain appropriate patient-specific information pertaining to the performance of any pharmacy function.

15. Section 4307, subdivision (a) of the Code states:

(a) Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under suspension, or who has been a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of any partnership, corporation, trust, firm, or association whose application for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control had knowledge of or knowingly participated in any conduct for which the license was denied, revoked, suspended, or placed on probation, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a licensee as follows:

(1) Where a probationary license is issued or where an existing license is placed on probation, this prohibition shall remain in effect for a period not to exceed five years.

(2) Where the license is denied or revoked, the prohibition shall continue until the license is issued or reinstated.

16. Section 4113 of the Code states, in pertinent part:

(a) Every pharmacy shall designate a pharmacist-in-charge and, within 30 days thereof, shall notify the board in writing of the identity and license number of that pharmacist and the date he or she was designated.

(b) The proposed pharmacist-in-charge shall be subject to approval by the board. The board shall not issue or renew a pharmacy license without identification of an approved pharmacist-in-charge for the pharmacy.

(c) The pharmacist-in-charge shall be responsible for a pharmacy's compliance with all state and federal laws and regulations pertaining to the practice of pharmacy.

. . .

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17. Section 4127.1, subdivision (f), of the Code states:

> Adverse effects reported or potentially attributable to a pharmacy's sterile drug product shall be reported to the board within 12 hours and immediately reported to the MedWatch program of the federal Food and Drug Administration.

18. Section 4301 of the Code states:

> The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:
>
> . . .
>
> (b) Incompetence
>
> . . .
>
> (j) The violation of any of the statutes of this state, of any other state, or of the United States regulating controlled substances and dangerous drugs.
>
> . . .
>
> (o) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this chapter or of the applicable federal and state laws and regulations governing pharmacy, including regulations established by the board or by any other state or federal regulatory agency.
>
> . . .

19. California Code of Regulations, Title 16, section 1761, states:

> (a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.
>
> . . .

**COST RECOVERY**

20. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

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## DEFINITIONS

21. Etoposide, sold under the brand name Vepesid or Etopophos, is a chemotherapy medication used for the treatments of a number of types of cancer.

22. Intrathecal Administration is a route of drug administration directly into the spinal canal, so that it reaches the cerebrospinal fluid, which is sometimes used for administration of chemotherapy or anesthesia.

## FACTUAL ALLEGATIONS

23. At all times relevant herein, Respondents Bohenek, Hoang, and Joe were employed as licensed pharmacists for the University of California, Irvine Medical Center (Respondent UCIMC). Respondent Joe was the pharmacist in charge of the UCIMC hospital pharmacy.

24. In 2013, Patient J.A. was diagnosed with Medulloblastoma (commonly known as a brain tumor). Patient J.A. received Radiosurgery in August 2017. On or about July 27, 2017, Patient J.A. also began a cycle of intrathecal chemotherapy through Respondent UCIMC.

25. Sometime between July and November, 2017, UCIMC converted its pharmacy software program from "AllScript" to the "EPIC" software program. Part of this transition included the pharmacist manually entering the previous prescriptions into the new system.

26. Among her chemotherapy treatments, Patient J.A. was prescribed 0.5 mg of intrathecal etoposide. On or about November 14, 2017, during one of her treatments, J.A. received a dosage of 100 mg of intrathecal etoposide, 200 times the prescribed dose. Doses of up to 150 mg of etoposide are not uncommon when given intravenously (IV), but such a dose is orders of magnitude outside the accepted range for spinal administration, which normally falls from ranges of 0.5 mg to 2.5 mg.

27. Almost immediately after the November dose, Patient J.A. developed a severe burning headache, nausea, vomiting, dizziness, and restlessness. J.A. was admitted to the hospital and treated for possible chemical meningitis secondary to chemotherapy.

28. Approximately three days after the incorrect dosage, J.A. stopped responding to stimulus, became fully non-responsive, and required a ventilator to breathe. J.A.'s condition did not improve, and on April 8, 2018, J.A. was released from life support and died.

29. The error in dosage was systemic, requiring numerous checks to be failed before a patient could receive such a high dosage of chemotherapy directly into the spinal canal.

30. Respondent Kong incorrectly transferred Patient J.A.'s order from AllScript to EPIC, entering 100 mg intrathecal instead of 0.5 mg intrathecal. The new EPIC program did not have an obvious code for intrathecal administration of the drug; therefore, the transcribing pharmacist used the usual IV code. The transcribing pharmacist, and all subsequent treating pharmacists, should have known that a dose as high as 100 mg was far outside the standard of care for a spinal injection.

31. According to the logged initials within the software program, the erroneous prescription was handled by several pharmacists at UCIMC, none of whom questioned the extremely high dosage for spinal injection, specifically:

a. Respondent Kong transferred the order from the AllScript program to the EPIC program with the incorrect administration procedure, keeping the dosage common for a normal IV treatment, as opposed to a spinal treatment.

b. Respondent Parikh reviewed and verified the treatment plan with the order.

c. Respondent Hoang reviewed and verified the treatment plan with the order.

e. Respondent Bohenek verified the compound preparation and labeling of the order.

f. The EPIC program contained a "detailed" view screen which, if viewed, would have shown the proper route of administration of the drug; however, policy under UCIMC and Respondent Joe did not require the verifying pharmacist to view this data screen to verify the drug delivery method.

32. Though Respondent UCIMC reported the above to the California Department of Public Health, none of the Respondents reported the above to the Board until a civil settlement with the family of J.A. was reached nearly one year later, on or about November 30, 2018.

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**FIRST CAUSE FOR DISCIPLINE**

**(Incompetence by Respondent UCIMC)**

33. Respondent Regents of California, doing business as University of California Irvine Medical Center, is subject to disciplinary action under Code section 4301, subsection (b), in that it was incompetent when it failed to implement policy to prevent a system failure leading to the excessive and fatal dosage to the patient, as further discussed in paragraphs 23 through 32, which are herein incorporated by reference.

**SECOND CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct by Respondent UCIMC)**

34. Respondent Regents of California, doing business as University of California Irvine Medical Center, is subject to disciplinary action under Code section 4306.5, subsections (a) and (b), and California Code of Regulation section 1761, subdivision (a), as the facility's acts or omissions in the administration of etoposide 100 mg intrathecal were an inappropriate exercise of the education, training, or experience as a licensed hospital pharmacy and sterile compounding facility. Further, Respondent UCIMC did not report the adverse effects potentially attributable to the pharmacy's sterile drug product as required in Code section 4127.1(f), as further discussed in paragraphs 23 through 32, above, which are herein incorporated by reference.

**THIRD CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct by Respondent Katherine Y. Bohenek)**

35. Respondent Katherine Bohenek is subject to disciplinary action under Code section 4306.5, subsections (a) and (b), and California Code of Regulation section 1761, subdivision (a), in that her acts or omissions in verifying the compounded preparation and labeling of intrathecal etoposide were an inappropriate exercise of her education, training, or experience as a pharmacist, as further discussed in paragraphs 23 through 32, above, which are herein incorporated by reference.

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**FOURTH CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct by Respondent Daniel Phuong Hoang)**

36. Respondent Daniel Phuong Hoang is subject to disciplinary action under Code section 4306.5, subsections (a) and (b) and California Code of Regulation section 1761, subdivision (a), as his acts or omissions in reviewing and verifying the treatment plan for etoposide 100 mg intrathecal were an inappropriate exercise of his education, training, or experience as a pharmacist, as further discussed in paragraphs 23 through 32, above, which are herein incorporated by reference.

**FIFTH CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct by Shikha Sanjiv Parikh)**

37. Respondent Shikha Sanjiv Parikh is subject to disciplinary action under Code section 4306.5, subsections (a) and (b), and California Code of Regulation section 1761, subdivision (a), as her acts or omissions in reviewing and verifying the treatment plan for etoposide 100 mg intrathecal were an inappropriate exercise of her education, training, or experience as a pharmacist, as further discussed in paragraphs 23 through 32, above, which are herein incorporated by reference.

**SIXTH CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct by Respondent Kevin Kong)**

38. Respondent Kevin Kong is subject to disciplinary action under Code section 4306.5, subsections (a) and (b), and California Code of Regulation section 1761, subdivision (a), in that his acts or omissions in transferring the order for etoposide from the AllScript program to the EPIC program with the incorrect administration procedure and keeping the dosage common for a normal IV treatment, as opposed to intrathecal administration were an inappropriate exercise of his education, training, or experience as a pharmacist, as further discussed in paragraphs 23 through 32, above, which are herein incorporated by reference.

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**SEVENTH CAUSE FOR DISCIPLINE**

**(Incompetence by Respondent Melanie Denise Joe)**

39. Respondent Melanie Denise Joe is subject to disciplinary action under Code section 4301, subsection (b), in that she was incompetent as pharmacist-in-charge of UCIMC pharmacy when she failed to implement a policy to prevent a system failure leading to the excessive and fatal dosage to the patient, as further discussed in paragraphs 23 through 32, which are herein incorporated by reference.

**EIGHTH CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct by Respondent Melanie Denise Joe)**

40. Respondent Melanie Denise Joe is subject to disciplinary action under Code section 4113, subsection (c), 4306.5, subsections (a) and (b), and California Code of Regulation section 1761, subdivision (a), as her acts or omissions as pharmacist-in-charge of UCIMC in dispensing etoposide 100 mg intrathecal were an inappropriate exercise of the education, training, or experience as a licensed pharmacist as further discussed in paragraphs 23 through 32, above, which are herein incorporated by reference.

**OTHER MATTERS**

41. Pursuant to Section 4307, if Original Hospital Pharmacy Permit Number HPE 49819 issued to the Regents of the University of California, doing business as the University of California Irvine Medical Center is suspended, revoked or placed on probation, Respondent UCIMC shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee of the Board.

42. Pursuant to Section 4307, if Sterile Compounding Permit Number LSE 100230 issued to the Regents of the University of California, doing business as the University of California Irvine Medical Center is suspended, revoked or placed on probation, Respondent UCIMC shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee of the Board.

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43. Pursuant to Section 4307, if Pharmacist License Number RPH 49572 issued to Katherine Y. Bohenek is suspended, revoked or placed on probation, Respondent Bohenek shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee of the Board.

44. Pursuant to Section 4307, if Pharmacist License Number RPH 59004 issued to Daniel Phuong Hoang is suspended or revoked, Respondent Hoang shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee.

45. Pursuant to Section 4307, if Pharmacist License Number RPH 72781 issued to Shikha Sanjiv Parikh is suspended or revoked, Respondent Parikh shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee.

46. Pursuant to Section 4307, if Pharmacist License Number RPH 39458 issued to Kevin M. Kong is suspended or revoked, Respondent Kong shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee.

47. Pursuant to Section 4307, if Pharmacist License Number RPH 49712 issued to Melanie Denise Joe is suspended or revoked, Respondent Joe shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee.

## PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Original Hospital Pharmacy Permit Number HPE 49819, issued to The Regents of the University of California, dba University of California Irvine Medical Center;

2. Revoking or suspending Sterile Compounding Permit Number LSE 100230, issued to The Regents of the University of California, dba University of California Irvine Medical Center;

3. Revoking or suspending Pharmacist License Number RPH 49572, issued to Katherine Y. Bohenek;

4. Revoking or suspending Pharmacist License Number RPH 59004, issued to Daniel Phuong Hoang;

5. Revoking or suspending Pharmacist License Number RPH 72781, issued to Shikha Sanjiv Parikh;

6. Revoking or suspending Pharmacist License Number RPH 39458, issued to Kevin M. Kong;

7. Revoking or suspending Pharmacist License Number RPH 49712, issued to Melanie Denise Joe;

8. Prohibiting The Regents of the University of California, dba University of California Irvine Medical Center from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Original Hospital Pharmacy Permit Number HPE 49819 or Sterile Compounding Permit Number LSE 100230 is placed on probation or Original Hospital Pharmacy Permit Number HPE 49819 or Sterile Compounding Permit Number LSE 100230 is reinstated if Original Hospital Pharmacy Permit Number HPE 49819 or Sterile Compounding Permit Number LSE 100230 issued to The Regents of the University of California, dba University of California Irvine Medical Center are revoked;

9. Prohibiting Respondent Katherine Y. Bohenek from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacist License Number RPH 49572 is placed on probation or until Pharmacist License Number RPH 49572 is reinstated if Pharmacist License Number RPH 49572 issued to Katherine Y. Bohenek is revoked;

10. Prohibiting Respondent Daniel Phuong Hoang from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacist License Number RPH 59004 is placed on probation or until Pharmacist License Number RPH 59004 is reinstated if Pharmacist License Number RPH 59004 issued to Daniel Phuong Hoang is revoked;

11. Prohibiting Respondent Shikha Sanjiv Parikh from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacist License Number RPH 72781 is placed on probation or until Pharmacist License

Number RPH 72781 is reinstated if Pharmacist License Number RPH 72781 issued Shikha Sanjiv Parikh is revoked;

12. Prohibiting Respondent Kevin M. Kong from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacist License Number RPH 39458 is placed on probation or until Pharmacist License RPH 39458 is reinstated if Pharmacist License Number RPH 39458 issued to Kevin M. Kong is revoked;

13. Prohibiting Respondent Melanie Denise Joe from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacist License Number RPH 49712 is placed on probation or until Pharmacist License Number RPH 49712 is reinstated if Pharmacist License Number RPH 49712 issued Melanie Denise Joe is revoked;

14. Ordering the Regents of the University of California, Katherine Y. Bohenek, Daniel Phuong Hoang, Shikha Sanjiv Parikh, Kevin M. Kong and Melanie Denise Joe to pay, jointly or severally, the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

15. Taking such other and further action as deemed necessary and proper.

DATED: 11/16/2020

Sodergren, Anne@DCA

Digitally signed by Sodergren, Anne@DCA
Date: 2020.11.16 05:41:40 -08'00'

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
*Complainant*

SD2020800691

# 16D

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*Attorneys for Complainant*

**BEFORE THE**
**BOARD OF PHARMACY**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | |
|---|---|
| In the Matter of the Accusation Against:<br><br>**CENTURY PICO PHARMACY INC. DBA CENTURY PICO PHARMACY INC., JOSEPH AMIN, BAHRAM SAMOUHA,**<br><br>**HASTI ASHLYN ELAHI,**<br><br>**SHIRIN AZIZZADEH,**<br><br>**and**<br><br>**BAHRAM SAMOUHA**<br><br>Respondents. | Case No. 7005<br><br>**STATEMENT TO RESPONDENT**<br><br>[Gov. Code §§ 11504, 11505(b)] |

TO RESPONDENT:

Enclosed is a copy of the Accusation that has been filed with the Board of Pharmacy of the Department of Consumer Affairs (Board), and which is hereby served on you.

Unless a written request for a hearing signed by you or on your behalf is delivered or mailed to the Board, represented by Deputy Attorney General Nancy Calero, within fifteen (15) days after a copy of the Accusation was personally served on you or mailed to you, you will be deemed to have waived your right to a hearing in this matter and the Board may proceed upon the Accusation without a hearing and may take action thereon as provided by law.

/ / /

The request for hearing may be made by delivering or mailing one of the enclosed forms entitled "Notice of Defense," or by delivering or mailing a Notice of Defense as provided in section 11506 of the Government Code, to

**Nancy Calero**
**Deputy Attorney General**
**Ronald Reagan Building**
**300 South Spring Street, Suite 1702**
**Los Angeles, CA 90013**

You may, but need not, be represented by counsel at any or all stages of these proceedings.

The enclosed Notice of Defense, if signed and filed with the Board, shall be deemed a specific denial of all parts of the Accusation, but you will not be permitted to raise any objection to the form of the Accusation unless you file a further Notice of Defense as provided in section 11506 of the Government Code within fifteen (15) days after service of the Accusation on you.

If you file any Notice of Defense within the time permitted, a hearing will be held on the charges made in the Accusation.

The hearing may be postponed for good cause. If you have good cause, you are obliged to notify the Office of Administrative Hearings, 320 West Fourth Street, Suite 630, Los Angeles, CA 90013, within ten (10) working days after you discover the good cause. Failure to notify the Office of Administrative Hearings within ten (10) days will deprive you of a postponement.

Copies of sections 11507.5, 11507.6, and 11507.7 of the Government Code are enclosed.

If you desire the names and addresses of witnesses or an opportunity to inspect and copy the items mentioned in section 11507.6 of the Government Code in the possession, custody or control of the Board you may send a Request for Discovery to the above designated Deputy Attorney General.

**NOTICE REGARDING STIPULATED SETTLEMENTS**

It may be possible to avoid the time, expense and uncertainties involved in an administrative hearing by disposing of this matter through a stipulated settlement. A stipulated settlement is a binding written agreement between you and the government regarding the matters

charged and the discipline to be imposed. Such a stipulation would have to be approved by the Board of Pharmacy but, once approved, it would be incorporated into a final order.

Any stipulation must be consistent with the Board's established disciplinary guidelines; however, all matters in mitigation or aggravation will be considered. A copy of the Board's Disciplinary Guidelines will be provided to you on your written request to the state agency bringing this action.

If you are interested in pursuing this alternative to a formal administrative hearing, or if you have any questions, you or your attorney should contact Deputy Attorney General Nancy Calero at the earliest opportunity.

Dated: January 22, 2021

XAVIER BECERRA
Attorney General of California
SHAWN P. COOK
Supervising Deputy Attorney General

NANCY CALERO
Deputy Attorney General
*Attorneys for Complainant*

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*Attorneys for Complainant*

**BEFORE THE**
**BOARD OF PHARMACY**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | |
|---|---|
| In the Matter of the Accusation Against: | Case No. 7005 |
| **CENTURY PICO PHARMACY INC. DBA CENTURY PICO PHARMACY INC., JOSEPH AMIN, BAHRAM SAMOUHA**<br>**8722 Pico Blvd**<br>**Los Angeles, CA 90035**<br><br>**Permit No. PHY 41037,**<br><br>**HASTI ASHLYN ELAHI**<br>**[redacted] W. California Ave, #306**<br>**Glendale, CA 91203**<br><br>**Pharmacist License No. RPH 79647,**<br><br>**SHIRIN AZIZZADEH**<br>**[redacted]Evelyn Pl**<br>**Beverly Hills, CA 90210**<br><br>**Pharmacist License No. RPH 53320,**<br><br>**BAHRAM SAMOUHA**<br>**[redacted] N. Palm Dr.**<br>**Beverly Hills, CA 90210**<br><br>**Pharmacist License No. RPH 45531**<br><br>**And** | **ACCUSATION** |

**PARISA KHANI**
**P.O. BOX 16025,**
**Beverly Hills, CA 90209**

**Pharmacist License No. RPH 54486**

Respondents.

## PARTIES

1. Anne Sodergren (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Board of Pharmacy, Department of Consumer Affairs.

2. On or about October 24, 1995, the Board of Pharmacy issued Permit Number PHY 41037 to Century Pico Pharmacy Inc. dba Century Pico Pharmacy Inc., Joseph Amin, Bahram Samouha (Respondent Pico). The Permit was in full force and effect at all times relevant to the charges brought herein and will expire on October 1, 2021.

3. On or about October 12, 2018, the Board of Pharmacy issued Pharmacist License Number RPH 79647 to Hasti Ashlyn Elahi (Respondent Elahi). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2022, unless renewed.

4. On or about March 20, 2002, the Board of Pharmacy issued Pharmacist License Number RPH 53320 to Shirin Azizzadeh (Respondent Azizzadeh). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2021, unless renewed.

5. On or about August 14, 1992, the Board of Pharmacy issued Pharmacist License Number RPH 45531 to Bahram Samouha (Respondent Samouha). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2022, unless renewed.

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6. On or about April 25, 2003, the Board of Pharmacy issued Pharmacist License Number RPH 54486 to Parisa Khani (Respondent Khani). The Pharmacist License was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2021, unless renewed.

## JURISDICTION

7. This Accusation is brought before the Board of Pharmacy (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

8. Section 118, subdivision (b), of the Code provides that the suspension/ expiration/ surrender/ cancellation of a license shall not deprive the Board/Registrar/Director of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

9. Section 4300 of the Code states:

> (a) Every license issued may be suspended or revoked.
>
> (b) The board shall discipline the holder of any license issued by the board, whose default has been entered or whose case has been heard by the board and found guilty, by any of the following methods:
>
> (1) Suspending judgment.
>
> (2) Placing him or her upon probation.
>
> (3) Suspending his or her right to practice for a period not exceeding one year.
>
> (4) Revoking his or her license.
>
> (5) Taking any other action in relation to disciplining him or her as the board in its discretion may deem proper.
>
> . . .
>
> (e) The proceedings under this article shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code, and the board shall have all the powers granted therein. The action shall be final, except that the propriety of the action is subject to review by the superior court pursuant to Section 1094.5 of the Code of Civil Procedure.

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10. Section 4300.1 of the Code states:

> The expiration, cancellation, forfeiture, or suspension of a board-issued license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license.

11. Section 4307 of the Code states:

(a) Any person who has been denied a license or whose license has been revoked or is under suspension, or who has failed to renew his or her license while it was under suspension, or who has been a manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of any partnership, corporation, trust, firm, or association whose application for a license has been denied or revoked, is under suspension or has been placed on probation, and while acting as the manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control had knowledge of or knowingly participated in any conduct for which the license was denied, revoked, suspended, or placed on probation, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, partner, or in any other position with management or control of a licensee as follows:

(1) Where a probationary license is issued or where an existing license is placed on probation, this prohibition shall remain in effect for a period not to exceed five years.

(2) Where the license is denied or revoked, the prohibition shall continue until the license is issued or reinstated.

(b) Manager, administrator, owner, member, officer, director, associate, partner, or any other person with management or control of a license as used in this section and Section 4308, may refer to a pharmacist or to any other person who serves in such capacity in or for a licensee.

(c) The provisions of subdivision (a) may be alleged in any pleading filed pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code. However, no order may be issued in that case except as to a person who is named in the caption, as to whom the pleading alleges the applicability of this section, and where the person has been given notice of the proceeding as required by Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of the Government Code. The authority to proceed as provided by this subdivision shall be in addition to the board's authority to proceed under Section 4339 or any other provision of law.

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## STATUTORY PROVISIONS

12. Section 4301 of the Code states:

The board shall take action against any holder of a license who is guilty of unprofessional conduct or whose license has been issued by mistake. Unprofessional conduct shall include, but is not limited to, any of the following:

. . .

(c) Gross negligence.

(d) The clearly excessive furnishing of controlled substances in violation of subdivision (a) of Section 11153 of the Health and Safety Code.

. . .

13. Section 4022 of the Code states

Dangerous drug or dangerous device means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: Caution: federal law prohibits dispensing without prescription, Rx only, or words of similar import.

(b) Any device that bears the statement: Caution: federal law restricts this device to sale by or on the order of a _____, Rx only, or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

14. Section 4306.5 of the Code states in pertinent part, unprofessional conduct for a pharmacist may include any of the following:

(a) Acts or omissions that involve, in whole or in part, the inappropriate exercise of his or her education,

(b) Training, or experience as a pharmacist, whether or not the act or omission arises in the course of the practice of pharmacy or the ownership, management, administration, or operation of a pharmacy or other entity licensed by the Board

(c) Acts or omissions that involve, in whole or in part, the failure to exercise or implement his or her best

(d) Professional judgment or corresponding responsibility with regard to the dispensing or furnishing of controlled substances, dangerous drugs, or dangerous devices, or with regard to the provision of services

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(e) Acts or omissions that involve, in whole or in part, the failure to consult appropriate patient, prescription, and other records pertaining to the performance of any pharmacy function

(f) Acts or omissions that involve, in whole or in part, the failure to fully maintain and retain appropriate patient specific information pertaining to the performance of any pharmacy function.

15. Health and Safety Code section 11152 states:

No Person shall write, issue, fill, compound, or dispense a prescription that does not conform to this division

16. Health and Safety Code section 11153 states in pertinent part:

(a) A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription. Except as authorized by this division, the following are not legal prescriptions:

(1) An order purporting to be a prescription which is issued not in the usual course of professional treatment or in legitimate and authorized research; or

(2) An order for an addict or habitual user of controlled substances, which is issued not in the course of professional treatment or as part of an authorized narcotic treatment program, for the purpose of providing the user with controlled substances, sufficient to keep him or her comfortable by maintaining customary use.

17. Health and Safety Code section 11164 states in pertinent part:

No person shall prescribe a controlled substance, nor shall any person fill, compound, or dispense a prescription for a controlled substance, unless it complies with the requirement of this section.

(a) Each Prescription for a controlled substance classified in Schedule II, III, IV, or V, except as authorized by subdivision (b), shall be made on a controlled substance prescription form as specified in section 11162.1 and shall meet the following requirements:

(1) The prescription shall be signed and dated by the prescriber in ink

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## REGULATORY PROVISIONS

18. California Code of Regulations, title 16, section 1761, states:

(a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.

(b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

## COST RECOVERY

19. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licentiate found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

## DEFINITIONS

20. Oxycodone is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b)(1)(M) and is a dangerous drug pursuant to Business and Professions Code section 4022. Oxycodone is a narcotic analgesic used for more moderate to severe pain and it has a high potential for abuse.

## FACTUAL ALLEGATIONS

21. The Board initiated an investigation of Respondents based upon information that controlled substance prescriptions were dispensed by Respondent Pico, which may have not been in compliance with prescription security form requirements. Respondent Samouha was the owner of Century Pico Pharmacy. Respondents, Elahi, Azzizadeh were employed as a pharmacist in charge at the pharmacy. Respondent Khani was employed as a pharmacist at the pharmacy.

22. The Board Inspector obtained and reviewed Respondent Pico's CURES records, dispensing records and original prescriptions documents.

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**All Respondents**

23. The Board's Investigation revealed that between February 3, 2017 and March 24, 2020 the pharmacy dispensed at least 422 controlled substance prescriptions (over 37,000 tablets) from prescribers with patterns of irregularities and red flags for potential abuse without ensuring the prescriptions were issued for a legitimate medical purpose in the usual course of professional practice. This included dispensing at least 18 prescriptions which were not written on valid controlled substance prescription security forms:

| Date | Number | Drug | Qty |
|---|---|---|---|
| 10/19/18 | 667289 | hydrocodone/APAP 10-325 | 100 |
| 10/19/18 | 667292 | hydrocodone/APAP 10-325 | 100 |
| 10/19/18 | 667294 | hydrocodone/ APAP 10-325 | 100 |
| 10/19/18 | 667296 | oxycodone 30 mg | 90 |
| 10/19/18 | 667298 | oxycodone 30 mg | 90 |
| 10/19/18 | 667299 | oxycodone 30 mg | 90 |
| 10/19/18 | 667300 | oxycodone 30 mg | 90 |
| 10/22/18 | 667377 | oxycodone 30 mg | 90 |
| 10/22/18 | 667382 | oxycodone 30 mg | 90 |
| 10/22/18 | 667388 | oxycodone 30 mg | 90 |
| 10/22/18 | 667390 | hydrocodone/APAP 10-325 | 100 |
| 10/26/18 | 667737 | hydrocodone/APAP 10-325 | 100 |
| 10/31/18 | 668069 | oxycodone 30 mg | 90 |
| 11/01/18 | 668097 | oxycodone 30 mg | 90 |
| 11/01/18 | 668099 | oxycodone 30 mg | 90 |
| 11/01/18 | 668129 | oxycodone 30 mg | 90 |
| 11/01/18 | 668131 | oxycodone 30 mg | 90 |
| 11/01/18 | 668133 | oxycodone 30 mg | 90 |
| 11/01/18 | 668137 | oxycodone 30 mg | 90 |

24. These prescription documents were missing the following features required for controlled prescription security forms:

1. A watermark printed on the backside of the prescription blank which reads: "California Security Prescription."

a. Read: "DocuGard"

2. A lot number printed on the form.

25. In addition, Repondent Pico, Respondent Elahi, Respondent Samouha, Respondent Azizzadeh, and Respondent Khani dispensed controlled substances after ignoring, or not being aware of, objective factors which were irregular from medically legitimate prescriptions. The object factors of illegitimacy, irregularity, and abuse included, but were not limited to, the following:

(a) Sudden influx of oxycodone prescriptions on 10/18/2018, with no recent use by the pharmacy;

(b) Oxycodone 30 mg was the only strength dispensed, no lower strengths of oxycodone dispensed;

(c) Oxycodone 30 mg always had cash payment;

(d) Cash payment for oxycodone was over ten times more common than non-controlled substances;

(e) More money in total paid by patients for oxycodone 30 mg than any other drug;

(f) Oxycodone 30 mg dispensed to almost all patients from certain prescribers;

(g) Multiple patients receiving similar or identical treatment with oxycodone on the same days, up to ten patients a day;

(h) Almost all patients (161) from one prescriber with the same diagnosis;

(i) The same combinations of drugs prescribed for multiple patients;

(1) Uniformity of treatment for many patients with oxycodone 30 mg;

(j) Initial prescriptions written for strong opiates;

(1) 152 different patients started on at least twice the safe starting dose of oxycodone on 173 occasions.

26. Pharmacy records from 02/03/2017 – 03/24/2020 included prescriptions by PA Jennifer Edwards, Dr. Joseph Dinglasan, Dr. Glasberg, Dr. Friedman, Dr. Venkateswaralu, and Dr. Korzelius.

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27. Jennifer Edward's area of practice was not indicated. Prescription documents from PA Edwards listed addresses in Huntington Park and Redondo Beach. For PA Edwards, pharmacy records revealed:

(a) 161 of the 162 patients were prescribed oxycodone;

(b) All oxycodone prescriptions were for 30mg, the highest strength available;

(c) All controlled substance prescriptions were for cash payments;

(d) Uniformity of treatment for multiple patients receiving similar or identical controlled substances;

(e) Multiple patients (up to seven a day) receiving identical or similar prescriptions on the same days;

(f) Same diagnosis for almost all patients;

(g) Sudden influx of these prescriptions on 11/20/2018

28. Dr. Dinglasan's area of practice was not indicated. Prescription documents listed addresses in Huntington Park and Los Angeles. For Dr. Dinglasan, pharmacy records revealed:

(a) 63 of 64 patients were prescribed oxycodone;

(b) All but one oxycodone prescription was for 30 mg, the highest strength available;

(c) All controlled substance prescriptions were for cash payment;

(d) Uniformity of treatment for multiple patients receiving similar or identical controlled substances;

(e) Multiple patients (up to six a day) receiving identical or similar prescriptions on the same days.

29. Dr. Glasberg's primary area of practice was listed as neurology. Prescription documents listed an address in Los Angeles. For Dr. Glasberg, pharmacy records revealed:

(a) 30 of 30 patients were prescribed oxycodone;

(b) All oxycodone prescriptions were for 30 mg, the highest strength available;

(c) All controlled substance prescriptions were for cash payment;

(d) Uniformity of treatment for multiple patients receiving similar or identical controlled substances;

(e) Multiple patients (up to ten a day) receiving identical or similar prescriptions on the same days.

30. Dr. Friedman's primary area of practice was not listed, but a secondary practice of pain management was listed. Prescription documents listed an address in Los Angeles. For Dr. Friedman, pharmacy records revealed:

(a) 21 of 21 patients were prescribed oxycodone;

(b) All oxycodone prescriptions were for 30 mg, the highest strength available;

(c) All controlled substance prescriptions were for cash payment;

(d) Uniformity of treatment for multiple patients receiving similar or identical controlled substances;

(e) Multiple patients (up to 5 a day) receiving identical or similar prescriptions on the same days.

31. Dr. Venkateswaralu's primary area of practice was listed as internal medicine. Prescription documents list an address in Los Angeles. For Dr. Venkateswarlu, pharmacy records revealed:

(a) 14 of 19 patients were prescribed oxycodone;

(b) All controlled substance prescription forms were invalid;

(c) All oxycodone prescriptions were for 30 mg, the highest strength available;

(d) All controlled substance prescriptions were for cash payment;

(e) Uniformity of treatment for multiple patients receiving similar or identical controlled substances;

(f) Multiple patients receiving identical or similar prescriptions on the same days.

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32. Dr. Korzelius primary area of practice is listed as general practice. Prescription documents dispensed under the name of Dr. Korzelious are believed to have been signed by PA Edwards. For Dr. Korzelius, pharmacy records revealed:

(a) 9 of 10 patients were prescribed oxycodone;

(b) All oxycodone prescriptions were for 30 mg, the highest strength available;

(c) All controlled substance prescriptions were for cash payment;

(d) Uniformity of treatment for multiple patients receiving similar or identical controlled substances;

(e) Multiple patients receiving identical or similar prescriptions on the same days.

**Respondent Elahi**

33. Respondent Elahi failed to use available records and information, and her education training, and experience, and best professional judgement, in the evaluation of controlled substance dispensing decisions when she personally approved for dispensing 129 oxycodone prescriptions with high starting doses.

**Respondent Khani**

34. Respondent Khani failed to use available records and information, and her education, training and experience, and best professional judgement, in evaluation of controlled substance dispensing decisions when she personally approved for dispensing 6 controlled substance prescriptions for 540 tablets of oxycodone 30 mg which had irregularities and red flags of illegitimacy.

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**FIRST CAUSE FOR DISCIPLINE**

(Unprofessional Conduct: Failure to Exercise Corresponding Responsibility)

(Against Respondent Pico, Respondent Elahi, Respondent Samouha, Respondent Azizzadeh and Respondent Khani.)

35. Respondent Pico, Respondent Elahi, Respondent Samouha, Respondent Azizzadeh and Respondent Khani are each and severally subject to disciplinary action under section 4301, subdivisions (c) and (d) and section 4306.5 of the Code, Health and Safety code section 11152, and section 11153, subdivision (a), and section 11164 subdivision (a)(1) and California Code of Regulations, title 16, section 1761, subdivisions (a) and (b), in that Respondents operated in a grossly negligent matter, which constituted unprofessional conduct, by excessively furnishing controlled substances, with an established history of a high potential abuse, despite multiple cues of irregularity and uncertainty related to patient and prescriber factors, and in failing to comply with their corresponding responsibility to ensure that controlled substances are dispensed for a legitimate medical purpose. Complainant refers to, and by this reference, incorporates the allegations set forth above in paragraphs 23-34, as though set forth fully.

**OTHER MATTERS**

36. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 41037 issued to Century Pico Pharmacy Inc., dba Century Pico Pharmacy Inc., while Joseph Amin has been an owner and had knowledge of or knowingly participated in any conduct for which the licensee was discipline, Joseph Amin, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 41037 is placed on probation or until Pharmacy Permit Number PHY 41037 is reinstated if it is revoked.

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37. Pursuant to Code section 4307, if discipline is imposed on Pharmacy Permit Number PHY 41037 issued to Century Pico Pharmacy Inc., dba Century Pico Pharmacy Inc., while Bahram Samouha has been an owner and had knowledge of or knowingly participated in any conduct for which the licensee was discipline, Bahram Samouha, shall be prohibited from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a licensee for five years if Pharmacy Permit Number PHY 41037 is placed on probation or until Pharmacy Permit Number PHY 41037 is reinstated if it is revoked.

**PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Pharmacy issue a decision:

1. Revoking or suspending Permit Number PHY 41037, issued to Century Pico Pharmacy Inc. dba Century Pico Pharmacy Inc., Joseph Amin, Bahram Samouha;

2. Revoking or suspending Pharmacist License Number RPH 79647, issued to Hasti Ashlyn Elahi;

3. Revoking or suspending Pharmacist License Number RPH 53320, issued to Shirin Azizzadeh;

4. Revoking or suspending Pharmacist License Number RPH 45531, issued to Bahram Samouha;

5. Revoking or suspending Pharmacist License Number RPH 54486, issued to Parisa Khani;

6. Prohibiting Century Pico Pharmacy Inc., dba Century Pico Pharmacy Inc., (PHY 41037) from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a license for five years if Pharmacy Permit Number PHY 41037 is placed on probation or until Pharmacy Permit Number PHY 41037 is reinstated if Pharmacy Permit Number 41037 issued to Century Pico Pharmacy Inc., dba Century Pico Pharmacy Inc., is revoked;

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7. Prohibiting Joseph Amin from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a license for five years if Pharmacy Permit Number PHY 41037 is placed on probation or until Pharmacy Permit Number PHY 41037 is reinstated if Pharmacy Permit Number 41037 issued to Century Pico Pharmacy Inc., dba Century Pico Pharmacy Inc., is revoked.

8. Prohibiting Bahram Samouha from serving as a manager, administrator, owner, member, officer, director, associate, or partner of a license for five years if Pharmacy Permit Number PHY 41037 is placed on probation or until Pharmacy Permit Number PHY 41037 is reinstated if Pharmacy Permit Number 41037 issued to Century Pico Pharmacy Inc., dba Century Pico Pharmacy Inc., is revoked.

9. Ordering Century Pico Pharmacy Inc., Hasti Ashlyn Elahi, Shirin Azizzadeh, Bahram Samouha and Parisa Khani to pay the Board of Pharmacy the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and,

10. Taking such other and further action as deemed necessary and proper.

DATED: 1/14/2021

Sodergren, Anne@DCA

Digitally signed by Sodergren, Anne@DCA
Date: 2021.01.14 08:34:02 -08'00'

ANNE SODERGREN
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
*Complainant*

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**BEFORE THE**
**BOARD OF PHARMACY**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | |
|---|---|
| In the Matter of the Accusation Against: | Case No. 7005 |
| **CENTURY PICO PHARMACY INC. DBA CENTURY PICO PHARMACY INC., JOSEPH AMIN, BAHRAM SAMOUHA,** | **NOTICE OF DEFENSE** |
| **HASTI ASHLYN ELAHI,** | (Gov. Code §§ 11505 and 11506) |
| **SHIRIN AZIZZADEH,** | |
| **and** | |
| **BAHRAM SAMOUHA** | |
| Respondents. | |

I hereby acknowledge receipt of a copy of the Accusation in the above-entitled proceeding, as well as the Statement to Respondent, Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery, and two copies of a Notice of Defense.

I further acknowledge that by filing this Notice of Defense, a Respondent is entitled to a hearing on the merits of the Accusation, and that under Government Code section 11506, a Respondent has a right to file a further Notice of Defense within the time specified in that section.

This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself.

_____

_____

Date: _____

Print Your Name: _____

Your Signature: _____

Respondent's Mailing Address: _____

_____

Phone: _____

E-mail _____

**Check one box:**

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name _____

Counsel's Mailing Address _____

_____

Phone: _____

E-mail: _____

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

**Check box if applicable:**

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

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**BEFORE THE**
**BOARD OF PHARMACY**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | |
|---|---|
| In the Matter of the Accusation Against: | Case No. 7005 |
| **CENTURY PICO PHARMACY INC. DBA CENTURY PICO PHARMACY INC., JOSEPH AMIN, BAHRAM SAMOUHA,** | **NOTICE OF DEFENSE** |
| **HASTI ASHLYN ELAHI,** | (Gov. Code §§ 11505 and 11506) |
| **SHIRIN AZIZZADEH,** | |
| **and** | |
| **BAHRAM SAMOUHA** | |
| Respondents. | |

I hereby acknowledge receipt of a copy of the Accusation in the above-entitled proceeding, as well as the Statement to Respondent, Government Code sections 11507.5, 11507.6 and 11507.7, Complainant's Request for Discovery, and two copies of a Notice of Defense.

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This Notice of Defense is filed on my own behalf as a Respondent or in my capacity as an authorized representative of an entity named as a Respondent in the Accusation.

Print the name of each Respondent for whom this Notice of Defense is filed. You must be legally authorized to file a Notice of Defense on behalf of any Respondent other than yourself:

_____

_____

Date: _____

Print Your Name: _____

Your Signature: _____

Respondent's Mailing Address: _____

_____

Phone:

E-mail

**Check one box:**

☐ I am represented by counsel, whose name, address and telephone number appear below:
Counsel's Name

Counsel's Mailing Address

Phone:

E-mail:

☐ I am not now represented by counsel. If and when counsel is retained, immediate notification of the attorney's name, address and telephone number will be filed with the Office of Administrative Hearings and a copy sent to the Deputy Attorney General who represents Complainant so that Respondent's counsel will be on record to receive legal notices, pleadings and other papers.

**Check box if applicable:**

☐ I wish to avoid a hearing if possible and be considered for a stipulated settlement or stipulated surrender of license.

The agency taking the action described in the Accusation may have formulated disciplinary guidelines. You may obtain a copy of the guidelines by requesting them in writing from the agency. A link to the agency's website can be found on-line at https://www.dca.ca.gov/about_us/entities.shtml.

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XAVIER BECERRA
Attorney General of California
SHAWN P. COOK
Supervising Deputy Attorney General
NANCY CALERO
Deputy Attorney General
State Bar No. 261370
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6351
Facsimile: (916) 731-2126
*Attorneys for Complainant*

**BEFORE THE**
**BOARD OF PHARMACY**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

| | |
|---|---|
| In the Matter of the Accusation Against:<br><br>CENTURY PICO PHARMACY INC. DBA CENTURY PICO PHARMACY INC., JOSEPH AMIN, BAHRAM SAMOUHA,<br><br>HASTI ASHLYN ELAHI,<br><br>SHIRIN AZIZZADEH,<br><br>and<br><br>BAHRAM SAMOUHA<br><br>Respondents. | Case No. 7005<br><br>**REQUEST FOR DISCOVERY** |

TO RESPONDENT:

Under section 11507.6 of the Government Code of the State of California, parties to an administrative hearing, including the Complainant, are entitled to certain information concerning the opposing party's case. A copy of the provisions of section 11507.6 of the Government Code concerning such rights is included among the papers served.

PURSUANT TO SECTION 11507.6 OF THE GOVERNMENT CODE, YOU ARE HEREBY REQUESTED TO:

1. Provide the names and addresses of witnesses to the extent known to the Respondent, including, but not limited to, those intended to be called to testify at the hearing, and

2. Provide an opportunity for the Complainant to inspect and make a copy of any of the following in the possession or custody or under control of the Respondent:

a. A statement of a person, other than the Respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the Respondent as to this person is the basis for the administrative proceeding;

b. A statement pertaining to the subject matter of the proceeding made by any party to another party or persons;

c. Statements of witnesses then proposed to be called by the Respondent and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

d. All writings, including but not limited to reports of mental, physical and blood examinations and things which the Respondent now proposes to offer in evidence;

e. Any other writing or thing which is relevant and which would be admissible in evidence, including but not limited to, any patient or hospital records pertaining to the persons named in the pleading;

f. Investigative reports made by or on behalf of the Respondent pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

IN ADDITION, if cost recovery is requested in the pleading prayer, provide all writings which will support any objection which may be made by the Respondent, to Respondent's payment of investigation and enforcement costs to the Board.

///

For the purpose of this Request for Discovery, "statements" include written statements by the person, signed, or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

YOU ARE HEREBY FURTHER NOTIFIED that nothing in this Request for Discovery should be deemed to authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as attorney's work product.

Your response to this Request for Discovery should be directed to the undersigned attorney for the Complainant at the address on the first page of this Request for Discovery within 30 days after service of the Accusation.

Failure without substantial justification to comply with this Request for Discovery may subject the Respondent to sanctions pursuant to sections 11507.7 and 11455.10 to 11455.30 of the Government Code.

Dated: January 22, 2021

XAVIER BECERRA
Attorney General of California
SHAWN P. COOK
Supervising Deputy Attorney General

NANCY CALERO
Deputy Attorney General
*Attorneys for Complainant*

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# COPY OF GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7 PROVIDED PURSUANT TO GOVERNMENT CODE SECTIONS 11504 AND 11505

## SECTION 11507.5: Exclusivity of discovery provisions

The provisions of Section 11507.6 provide the exclusive right to and method of discovery as to any proceeding governed by this chapter.

## SECTION 11507.6: Request for discovery

After initiation of a proceeding in which a respondent or other party is entitled to a hearing on the merits, a party, upon written request made to another party, prior to the hearing and within 30 days after service by the agency of the initial pleading or within 15 days after the service of an additional pleading, is entitled to (1) obtain the names and addresses of witnesses to the extent known to the other party, including, but not limited to, those intended to be called to testify at the hearing, and (2) inspect and make a copy of any of the following in the possession or custody or under the control of the other party:

(a) A statement of a person, other than the respondent, named in the initial administrative pleading, or in any additional pleading, when it is claimed that the act or omission of the respondent as to this person is the basis for the administrative proceeding;

(b) A statement pertaining to the subject matter of the proceeding made by any party to another party or person;

(c) Statements of witnesses then proposed to be called by the party and of other persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, not included in (a) or (b) above;

(d) All writings, including, but not limited to, reports of mental, physical and blood examinations and things which the party then proposes to offer in evidence;

(e) Any other writing or thing which is relevant and which would be admissible in evidence;

(f) Investigative reports made by or on behalf of the agency or other party pertaining to the subject matter of the proceeding, to the extent that these reports (1) contain the names and addresses of witnesses or of persons having personal knowledge of the acts, omissions or events which are the basis for the proceeding, or (2) reflect matters perceived by the investigator in the course of his or her investigation, or (3) contain or include by attachment any statement or writing described in (a) to (e), inclusive, or summary thereof.

For the purpose of this section, "statements" include written statements by the person signed or otherwise authenticated by him or her, stenographic, mechanical, electrical or other recordings, or transcripts thereof, of oral statements by the person, and written reports or summaries of these oral statements.

Nothing in this section shall authorize the inspection or copying of any writing or thing which is privileged from disclosure by law or otherwise made confidential or protected as the attorney's work product.

**SECTION 11507.7: Petition to compel discovery; Order; Sanctions**

(a) Any party claiming the party's request for discovery pursuant to Section 11507.6 has not been complied with may serve and file with the administrative law judge a motion to compel discovery, naming as respondent the party refusing or failing to comply with Section 11507.6. The motion shall state facts showing the respondent party failed or refused to comply with Section 11507.6, a description of the matters sought to be discovered, the reason or reasons why the matter is discoverable under that section, that a reasonable and good faith attempt to contact the respondent for an informal resolution of the issue has been made, and the ground or grounds of respondent's refusal so far as known to the moving party.

(b) The motion shall be served upon respondent party and filed within 15 days after the respondent party first evidenced failure or refusal to comply with Section 11507.6 or within 30 days after request was made and the party has failed to reply to the request, or within another time provided by stipulation, whichever period is longer.

(c) The hearing on the motion to compel discovery shall be held within 15 days after the motion is made, or a later time that the administrative law judge may on the judge's own motion for good cause determine. The respondent party shall have the right to serve and file a written answer or other response to the motion before or at the time of the hearing.

(d) Where the matter sought to be discovered is under the custody or control of the respondent party and the respondent party asserts that the matter is not a discoverable matter under the provisions of Section 11507.6, or is privileged against disclosure under those provisions, the administrative law judge may order lodged with it matters provided in subdivision (b) of Section 915 of the Evidence Code and examine the matters in accordance with its provisions.

(e) The administrative law judge shall decide the case on the matters examined in camera, the papers filed by the parties, and such oral argument and additional evidence as the administrative law judge may allow.

(f) Unless otherwise stipulated by the parties, the administrative law judge shall no later than 15 days after the hearing make its order denying or granting the motion. The order shall be in writing setting forth the matters the moving party is entitled to discover under Section 11507.6. A copy of the order shall forthwith be served by mail by the administrative law judge upon the parties. Where the order grants the motion in whole or in part, the order shall not become effective until 10 days after the date the order is served. Where the order denies relief to the moving party, the order shall be effective on the date it is served.

**********

**DECLARATION OF SERVICE BY CERTIFIED MAIL AND FIRST CLASS MAIL**
(Separate Mailings)

Case Name: **In the Matter of the Accusation Against: Century Pico Pharmacy Inc. dba Century Pico Pharmacy Inc., Joseph Amin, Hasti Ashlyn Elahi, Shirin Azizzadeh, Bahram Samouha**

Board Case No.: **7005**

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service with postage thereon fully prepaid that same day in the ordinary course of business.

On January 22, 2021, I served the attached **STATEMENT TO RESPONDENT; ACCUSATION; NOTICE OF DEFENSE (2 COPIES); REQUEST FOR DISCOVERY; GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7** by placing a true copy thereof enclosed in a sealed envelope as certified mail with return receipt requested, and another true copy of the **STATEMENT TO RESPONDENT; ACCUSATION; NOTICE OF DEFENSE (2 COPIES); REQUEST FOR DISCOVERY; GOVERNMENT CODE SECTIONS 11507.5, 11507.6 AND 11507.7** was enclosed in a second sealed envelope as first class mail in the internal mail collection system at the Office of the Attorney General at 300 South Spring Street, Suite 1702, Los Angeles, CA 90013, addressed as follows:

| | |
|---|---|
| Herbert L. Weinberg<br>**Fenton Law Group, LLP**<br>1990 South Bundy Drive, Suite 777<br>Los Angeles, CA 90025<br>**Counsel for Respondents Century Pico Pharmacy Inc and Bahram Samouha** | Certified Article Number<br>9414 7266 9904 2178 2745 30<br>SENDER'S RECORD |
| Rob D. Cucher<br>**Law Offices of Rob D. Cucher**<br>315 S. Beverly Drive, Suite 310<br>Beverly Hills, CA 90212<br>**Counsel for Respondent Hasti Elahi** | Certified Article Number<br>9414 7266 9904 2178 2745 47<br>SENDER'S RECORD |
| Century Pico Pharmacy Inc.<br>[redacted] Pico Blvd<br>Los Angeles, CA 90035<br>**Respondent** | Certified Article Number<br>9414 7266 9904 2178 2745 78<br>SENDER'S RECORD |
| Joseph Amin<br>**Century Pico Pharmacy Inc.**<br>[redacted] Pico Blvd | Certified Article Number<br>9414 7266 9904 2178 2745 85<br>SENDER'S RECORD |

| | |
|---|---|
| Los Angeles, CA 90035<br>**Respondent** | |
| Joseph Amin<br>[redacted] Pico Blvd<br>Los Angeles, CA 90035<br>**Respondent** | Certified Article Number<br>9414 7266 9904 2178 2745 92<br>SENDER'S RECORD |
| Hasti Ashlyn Elahi<br>**Century Pico Pharmacy Inc.**<br>[redacted] Pico Blvd<br>Los Angeles, CA 90035<br>**Respondent** | Certified Article Number<br>9414 7266 9904 2178 2746 08<br>SENDER'S RECORD |
| Hasti Ashlyn Elahi<br>[redacted] Pico Blvd<br>Los Angeles, CA 90035<br>**Respondent** | Certified Article Number<br>9414 7266 9904 2178 2746 15<br>SENDER'S RECORD |
| Shirin Aizzadeh<br>**Century Pico Pharmacy Inc.**<br>[redacted] Pico Blvd<br>Los Angeles, CA 90035<br>**Respondent** | Certified Article Number<br>9414 7266 9904 2178 2746 22<br>SENDER'S RECORD |
| Shirin Aizzadeh<br>[redacted] Pico Blvd<br>Los Angeles, CA 90035<br>**Respondent** | Certified Article Number<br>9414 7266 9904 2178 2746 39<br>SENDER'S RECORD |
| Shirin Azizzadeh<br>[redacted] Evelyn Pl<br>Beverly Hills, CA 90210<br>**Respondent** | Certified Article Number<br>9414 7266 9904 2178 2746 46<br>SENDER'S RECORD |
| Bahram Samouha<br>**Century Pico Pharmacy Inc.**<br>[redacted] Pico Blvd<br>Los Angeles, CA 90035<br>**Respondent** | Certified Article Number<br>9414 7266 9904 2178 2746 53<br>SENDER'S RECORD |
| Bahram Samouha<br>[redacted] Pico Blvd<br>Los Angeles, CA 90035<br>**Respondent** | Certified Article Number<br>9414 7266 9904 2178 2772 58<br>SENDER'S RECORD |
| Bahram Samouha<br>[redacted] N. Palm Dr.<br>Beverly Hills, CA 90210<br>**Respondent** | Certified Article Number<br>9414 7266 9904 2178 2772 65<br>SENDER'S RECORD |
| Hasti Ashlyn Elahi<br>**Century Pico Pharmacy Inc.** | Certified Article Number<br>9414 7266 9904 2178 2772 72<br>SENDER'S RECORD |

| | |
|---|---|
| [redacted] Pico Blvd<br>Los Angeles, CA 90035<br>**Respondent** | |
| Hasti Ashlyn Elahi<br>[redacted] Pico Blvd<br>Los Angeles, CA 90035<br>**Respondent** | Certified Article Number<br>9414 7266 9904 2178 2772 89<br>SENDER'S RECORD |
| Hasti Ashlyn Elahi<br>[redacted] W. California Ave, #306<br>Glendale, CA 91203<br>**Respondent** | Certified Article Number<br>9414 7266 9904 2178 2772 96<br>SENDER'S RECORD |
| Parisa Khani<br>**Century Pico Pharmacy Inc.**<br>[redacted] Pico Blvd<br>Los Angeles, CA 90035<br>**Respondent** | Certified Article Number<br>9414 7266 9904 2178 2773 02<br>SENDER'S RECORD |
| Parisa Khani<br>[redacted] Pico Blvd<br>Los Angeles, CA 90035<br>**Respondent** | Certified Article Number<br>9414 7266 9904 2178 2773 19<br>SENDER'S RECORD |
| Parisa Khani<br>P.O. Box [redacted]<br>Beverly Hills CA 90209<br>**Respondent** | Certified Article Number<br>9414 7266 9904 2178 2773 26<br>SENDER'S RECORD |

I declare under penalty of perjury under the laws of the State of California and the United States of America the foregoing is true and correct and that this declaration was executed on January 22, 2021, at Los Angeles, California.

S. Hearn
Declarant

Signature

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# 16E

**HON. SHELLY T. O'NEILL**
Department 2




**VERONICA LOPEZ**
Court Administrator

September 14, 2023

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway
Reno, Nevada 89521

RE: City of Reno v. Pasang Sherpa
Case No. 23CR-02277

Dear Nevada State Board Pharmacy,

Mr. Pasang Sherpa is participating in the United States Department of Justice sanctioned CAMO-RNO ("*Courts Assisting Military Offenders*") Veteran's Treatment Court, which allows for treatment of veterans who have been charged with a misdemeanor. The treatment court, which occurs over a 12-18 month period, allows, upon successful completion of the program, for the dismissal of charges and sealing of any criminal record within the statutory time frame.

The CAMO-RNO Treatment Court meets ***every Tuesday afternoon at 2:00 p.m.*** as guided by each phase requirement. The best practices as set forth by the National Association of Drug Court Professionals (NADCP) and the U.S. Department of Justice require, at a minimum, weekly participation for the first ninety (90) days of the program. Thereafter, as the participant progresses, the court appearances are reduced to every other week, every three weeks, to monthly, until all four phases of the one (1) year minimum program requirements are met.

We believe that all Veterans and active military, deserve an opportunity to seek and receive treatment for adverse conditions they may experience as a result of their service to our country.

On behalf of Mr. Sherpa, and our entire CAMO-RNO Team, we extend our appreciation to the Nevada State Board of Pharmacy for allowing Mr. Sherpa to apply for the renewal of his professional license, continue providing his public service as a pharmacist to a community in need, and his ongoing treatment with our highly successful program.

Should you have any questions or require further information relative to the Defendant and/or the CAMO-RNO program, please do not hesitate to contact me.

Sincerely,

RENO MUNICIPAL COURT

Hon. Shelly T. O'Neill
CAMO RNO Veterans Court Judge
*oneills@reno.gov*

STO/mdm

cc: Kathrine Berning, Esq. Defense Counsel for CAMO-RNO
Iris Yowell, Esq., Reno City Attorney and Prosecutor for CAMO-RNO
Pasang Sherpa, United States Veteran, CAMO-RNO Participant

# 17

# 17A

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## CONTROLLED SUBSTANCE APPLICATION

**Non-Refundable $200 fee**

Rev (01/05/2023)

**(This application cannot be used by PA's or APRN's)**

**Select the Controlled Substance Schedules you are applying to prescribe (optometrists are limited to schedules III, IV, and V.)**

☐ Schedule I ☑ Schedule II ☑ Schedule III ☑ Schedule IV ☑ Schedule V

**Section 1: Personal Information**

First: David Middle: Romeo Last: Espinosa

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Home Address: [redacted] Wasatch Ridge Circle

City: Las Vegas State: NV Zip: 89149

Telephone: [redacted] Email: [redacted]

Degree: DVM Practitioner License #: 2419-A Specialty: _____

(You MUST have a current and active practice license with your respective BOARD to apply for and maintain a controlled substance registration.)

**Section 2: Practice Information (A practice address is required for processing of your application.)**

Practice Name (if any): Creature Comforts Animal Hospital

Practice Address: 5741 Sky Pointe Drive Suite #: _____

City: Las Vegas State: NV Zip: 89130

Telephone: 725-222-5313 Fax: 702-839-1792 Email: creaturecomfortsanimalhospital@yahoo.com

| Section 3: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | ✓ |

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | ✓ |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | |

| Section 5: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | ✔ |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | ✔ | |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | ✔ | |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | ✔ |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 5 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

This is in response to Question # 2,3 . **Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| 01/28/2013 | 10/22/2014 | Texas | Beaumont | Jefferson County |

| Case # | Governing, licensing, Arresting Presiding Body/Agency/Court |
|---|---|
| 13-16686 | 252ND Judicial District |

| Reason/Charge |
|---|
| Lesser Included Attempted Possession of Controlled Substance |

| Plaintiff/Defendant/Claimant/Respondent | Lawsuit/Arbitration/Bankruptcy |
|---|---|
| David Espinosa | Deferred Adjudication |

| Name of Business/Industry/Entity |
|---|
| |

**Provide explanation below:**

On January 28, 2013, a charge was filed by the State of Texas for attempting to possess a controlled substance, alprazolam, by fraud. I did not fully appreciate the gravity of the situation and inadvertently forgot to inform the Texas Board of Veterinary Medical Examiners pending investigation. Thus, an informal conference was held on March 24, 2014. An Agreed Order was agreed upon for the violation of Rule 537.70, Reporting of Criminal Activity.
On October 22, 2014, the Judge Presiding on the case, Lindsey Scott, granted a deferred adjudication order for a "Lesser Included Attempted Possession of a Controlled Substance". I have fully complied with all court orders. Since December 15, 2015, I have maintained an active veterinary license in good standing with the Nevada Veterinary Board. I was enrolled in Professionals Reaching Nevada (PRN) on December 9, 2015 and completed the PRN program on November 29, 2018. On October 16, 2023, I was approached by Curo Pet Management Corporation to become co-owner and medical director of a new veterinary hospital in Las Vegas, Nevada. In order to proceed with the agreement, I must maintain an active DEA registration.



Original Signature (electronic, copies or stamps not accepted)

10/28/2023

Date

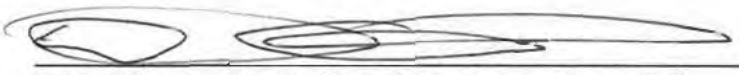
**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

David Espinosa

Print Name (First, Last)

10/28/2023

Date



Original Signature (electronic, copies or stamps not accepted)

10/28/2023

Date

Board Use Only: Date Processed: _____ Amount: $200 - check #551

DocuSign Envelope ID: D4607199-D924-45E3-B74F-F3991942A3FF



**CONFIDENTIAL**

CURO
PET CARE

**October 16, 2023**

This summary of terms ("Summary of Terms Agreement") sets forth the principal terms of Dr. David Espinosa's potential investment into and employment at general practice veterinary hospital to be established by Curo Pet Management Corp. or its assigns in Las Vegas (the "Hospital"). No legally binding obligations will be created until definitive agreements related to the ownership of the Hospital are executed and delivered by all parties. Notwithstanding the foregoing, the parties hereto agree to be bound by the provisions contained in the paragraphs entitled "Documentation", "Confidentiality" and "Governing Law".

| | |
|---|---|
| ***Parties:*** | **CURO PET MANAGEMENT CORP.** or its assigns ("Curo Pet")<br>**DR. David Espinosa** ("Dr. Espinosa") |
| ***Dr. Espinosa's investment into the Hospital:*** | The Parties anticipate Dr. Espinosa acquiring 30% of the Hospital's stock from Curo Pet. |
| ***Purchase Price:*** | The purchase price for the shares of the Hospital acquired by Dr. Espinosa shall be 30% of Curo Pet's total investment into the Hospital. |
| ***Ownership of the Hospital following the acquisition:*** | Following Dr. Espinosa's investment, the ownership of the Hospital shall be as follows: |

| **Curo Pet** | **Dr. Espinosa** |
|---|---|
| 70% | 30% |

| | |
|---|---|
| ***Borrowing:*** | To finance Dr. Espinosa's acquisition of the Hospital's shares, Curo Pet will make a loan to Dr. Espinosa in the amount equal to Dr. Espinosa's investment in the Hospital's stock less $50,000 ("Loan"). The Loan will bear interest at 7% interest per annum. The Loan's term will be 7 years with a 10-year amortization schedule. $25,000 will be due at signing of partnership documents / lease execution, and $25,000 will be due when construction of the hospital begins. |
| ***Distributions:*** | The Parties anticipate that the Hospital will distribute excess cash flow from operations on at least a quarterly basis. Each distribution made by the Hospital will be effected to the Parties pro rata based on ownership percentage. |
| ***Drag-along and Tag-along Rights:*** | The definitive agreements will include drag along rights for the Company in the event of a sale or acquisition of the Company and tag along rights for members. |

| | |
|---|---|
| ***Employment Agreement and Non-Compete:*** | Concurrent with the purchase of the Hospital, the Hospital and Dr. Espinosa shall enter into an employment agreement providing for the following terms: (i) Dr. Espinosa's production compensation of 22% for medical services, and 10% for super products; (ii) a base salary of $406,000 per year. Other terms of the employment agreement and non-compete agreement will be finalized with the establishment of the Hospital. |
| ***Documentation and Expenses:*** | The acquisition of the Hospital's stake by Dr. Espinosa and the borrowing documentation will be documented by the Bylaws, shareholders' agreement, secured promissory note and a security agreement. Each party shall bear its own expenses in connection with the drafting, negotiation and execution of the legal documentation. |
| ***Confidentiality:*** | The Parties will not disclose the terms of this Summary of Terms to any person or entity except for the Party's accountants and attorneys, without the written consent of the other Party. |
| ***Governing Law:*** | This Summary of Terms Agreement and the definitive documents shall be governed by and construed in accordance with the laws of the State of Nevada. |

The undersigned hereby agree to the foregoing terms. This instrument may be executed in one or more counterparts and by facsimile or electronic transmission, each of which will constitute an original, and all of which will constitute one and the same instrument.

**CURO PET MANAGEMENT CORP.:**

DocuSigned by:
By: _____
6616B8127DB6459...
Name: Jonas Pilkauskas
Title: Chairman

**Dr. David Espinosa, DVM:**

DocuSigned by:
_____
0FBC72B70F89491...

**From:** Jennifer Pedigo
**Sent:** Thursday, November 29, 2018 2:49 PM
**To:** drespi09@mac.com
**Subject:** PRN Status

Dr. Espinosa,

I just wanted to confirm that I have received notification from the PRN program that you have successfully been released having fulfilled your requirements for the PRN program. Thank you for your participation and congratulations on your successful completion. I have noted the status in our file, and I thank you for time and efforts. Please let me know if you have any other questions or concerns, and again, congratulations.

Sincerely,

Jennifer Pedigo
Executive Director
State of Nevada Board of Veterinary Medical Examiners
4600 Kietzke Ln. Suite O-265
Reno, NV 89502
Phone: (775) 688-1788
Fax (775) 688-1808
vetbdinfo@vetboard.nv.gov

# PRN-PRN

Professionals Reaching Nevada- VETERINARIANS /Techs
Recovery Network

Name: _David Espinosa _ _ _____Date 12/09/15_____
Address Phone # [redacted]

The impaired VETERINARIANS Contract is a document, which specifies the terms under which the PRN-PRN agrees to counsel, aid, and monitor an impaired technician within the program. The purpose of this contract is to prevent any misunderstandings of the terms and the time specified. It is specifically designed to meet the needs of individuals. All provisions may not apply to every individual; however, all provisions will apply unless specifically indicated for omission.

1. I agree to the terms of this contract for a period of 5 years from the date of this contract and to be reevaluated at that time.
2. I understand that all expenses connected with my treatment in the Programs are my responsibility.

_____

3. I agree to the following terms concerning my treatment and aftercare: (Indicate provisions that apply):

_____ To enter _____N/A _____ hospital for detoxification.

To enter_____ _N/A_____ treatment center for outpatient Treatment for a period of____0_ weeks.

To participate in the aftercare Peer Group Counseling with PRN-PRN the FIRST Tuesday of each month and any one Wednesday at 6: PM for the period of the duration of this contract. I agree to attend every Peer Group Counseling meeting, Participants may be excused only once with prior approval of the PRN-PRN office AND PRN-PRN Steering Committee, and may miss a maximum of 2 Peer Group Counseling Meetings per year. After the 3rd absence, the NEVADA STATE BOARD OF VETERINARIANS will be notified of the event.

Upon completion of inpatient treatment, I will attend AA, CA, or NA (self-help Group) weekly meetings, in addition to any aftercare requirements, and to supply monthly reports to PRN-PRN with a list of meetings attended which have been signed by the secretary of the group. Until relived of this commitment by the committee.

I realize that my recovery is my responsibility and in order to get the most from the program I must follow the suggested guidelines. Therefore, I will get a sponsor within my first 90 days of recovery and I will work the twelve steps to the best of my ability.

If the participant is not comfortable with AA, NA, or CA meetings, a written alternative and demonstrated success may be submitted for consideration. I agree to suspend my practice as a VETERINARIAN for a period of __N/A_____ months. At the end of this time my readiness to practice pharmacy will be evaluated by PRN-PRN in cooperation with my doctor (s) and counselor (s).

I agree to the following terms as they apply to my individual problem:

_____ _____N/A_____ _____

_____

_____

4. I agree to completely abstain from any mood-altering drugs except on Prescription from any family physician after consultation with PRN-PRN. I will give PRN-PRN a copy of the prescription and call each day that I take the medication.

_____

5. I agree to payment of all financial obligations.

_____

6. I agree to provide urine/ serum samples for drug screens at the discretion of the PRN-PRN Advisory Committee. These tests will be random and unannounced. I will follow the instructions attached regarding laboratory procedures. Urine screens are to be completed four (4) hours after receiving the call. If at work within two (2) hours after leaving work.

_____

7. I agree to identify a primary care physician before leaving the hospital/ treatment center.

__N/A___

8. At the discretion of the PRN-PRN Steering Committee, I agree to be evaluated by a psychiatrist for through examination and recommendation for therapy at any time during my contract.

_____

9. I agree to no more than one(1) individual counselor in addition to PRN-PRN Clinical Director.

_____

10. I agree to notify the PRN-PRN office immediately if I will not be available at the regular phone numbers on file in the PRN-PRN office.

_____

11. I agree to an appearance before the PRN-PRN Advisory Committee every six (6) months during the duration of this contract.

N/A

12. I agree to notify the PRN-PRN office of any change of address, home phone number, employer, or work phone number within 72 hours.

_____

13. I understand that documentation of my progress will be kept confidential at the PRN-PRN headquarters. I understand that this contract is valid for five years from the date of signature or until my termination from the PRN-PRN Program whichever is later.

_____

14. I WILL NOTIFY ~~MY EMPLOYER~~ N/A THAT I AM PRN AND THAT BI-YEARLY EVALUATION IS REQUIRED. I UNDERSTAND AND AGREE THAT MY FAILURE TO COMPLY WITH ANY OF THE PROVISIONS OF THIS CONTRACT WILL RESULT IN NOTIFICATION TO THE NEVADA STATE BOARD OF VETERINARIANS AND MY CURRENT EMPLOYER THAT:

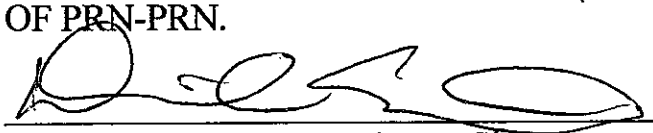
   A. I AM AN IMPAIRED VETERINARIAN WHO HAS BEEN ENROLLED IN THE PRN-PRN PROGRAM.

   B. I HAVE FAILED TO LIVE UP TO THE TERMS OF MY AGREEMENT WITH PRN-PRN CONCERNING MY TREATMENT AND AFTERCARE.

   C. URINE SAMPLES/ SERUM SAMPLES FOR DRUG

SCREENS INDICATE THE PRESENCE OF any mood altering drugs (SPECIFIC SUBSTANCE DETECTED).

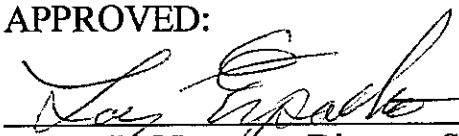
IN ADDITION TO FURNISHING THE NEVADA STATE BOARD OF VETERINARIANS WITH THE ABOVE INFORMATION, PRN-PRN IS EXPRESSLY AUTHORIZED TO FURNISH THE STATE BOARD OF VETERINARIANS COPIES OF THIS CONTRACT, MEDICAL RECORDS INCLUDING URINE/ SERUM SAMPLES FOR DRUG SCREENS AND ANY OTHER RECORDS WHICH PERTAIN TO MY TREATMENT AND AFTERCARE, WHICH ARE IN THE POSSESSION OF PRN-PRN.



12/9/15

Impaired VETERINARIAN/TECH Signature Date

APPROVED:



12/15/15

PRN-PRN Program Director Signature Date

WITNESS:

_____ _____

Full Name Date

_____ _____

Full Name Date

3039

Nevada State Board of
Veterinary Medical Examiners

**LICENSE CARD**

This is to certify that
**David Espinosa**
holds

status as a
**Veterinarian**
in the state of Nevada in accordance with
Nevada Revised Statutes Chapter 630.

License #
**2419-A**

Issue Date:
**December 15, 2015**

Expiration Date:
**June 30, 2025**

For the most up-to-date information about this licensee
please visit our online licensee lookup at medboard.nv.gov.

**PLEASE NOTIFY THE NEVADA STATE BOARD OF VETERINARY MEDICAL EXAMINERS OF ANY CHANGE OF ADDRESS IMMEDIATELY**

# Nevada State Board of Pharmacy

For licensing inquires please send an email to, pharmacy@pharmacy.nv.gov (mailto:pharmacy@pharmacy.nv.gov).

For current information on **disciplinary actions taken against licensees**, please send an email to teambc@pharmacy.nv.gov (mailto:teambc@pharmacy.nv.gov).

## VERIFY LICENSE

| Last Name | First Name | License# | License Status | License Expiration Date | City | State | Discipline | Action |
|---|---|---|---|---|---|---|---|---|
| Espinosa | David | DV00311 | Active | 10/31/2024 | Las Vegas | NV | N | |

| Last Name | First Name | License# | License Status | License Expiration Date | City | State | Discipline | Action |
|---|---|---|---|---|---|---|---|---|

3041

**License Number :** DV00311

**Name :** Espinosa, David

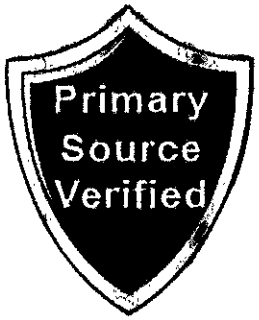
**License Type :** Dispensing Vet

**License Status :** Active

**License Date :** 12/11/2019

**Discipline :** None

**Expiration Date :** 10/31/2024




Drop file(s) here to upload or click here to browse and select file(s) to upload. ()

Complete Upload Reset

| Document Type | Date | Name | Other Name | Is Public? | Status | Uploaded By | Link | Actions |
|---|---|---|---|---|---|---|---|---|

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# TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS

## CERTIFICATE OF VALID LICENSE ISSUED

Nevada Board of Veterinary Medical Examiners
4600 KIETZKE LN BLDG O #265
RENO NV 89502

Licensee: David Romeo Espinosa, DVM

This is to certify that the records of the Texas Board of Veterinary Medical Examiners for the above named individual are as follows:

License Number: 12828 (see attachments)

License Type: Veterinarian

Date of Issue: April 22, 2013

Expiration Date: March 1, 2014

License Status: Cancelled March 1, 2015

License Method: State Board Exam

Disciplinary Action:
No disciplinary action on file.
X The attached disciplinary action is on file concerning this licensee.

November 30, 2015
DATE

SIGNATURE

Wanda Bennett
PRINT NAME

(SEAL)

Administrative Assistant
TITLE

Phone: 512-305-7863
Email: wanda@veterinary.texas.gov

# TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS

November 30, 2015

**Attachment for David Romeo Espinosa, DVM**

**Dr. David Romeo Espinosa** was also issued Provisional License **#2013-P24,** after examination, on **January 9, 2013,** which allowed him to practice veterinary medicine in Texas until he could sit for the State Board Exam.

Sincerely,

(SEAL)

Wanda Bennett
Administrative Assistant
512-305-7863
wanda@veterinary.texas.gov

# TEXAS BOARD OF VETERINARY MEDICAL EXAMINERS

November 30, 2015

**Attachment for David Romeo Espinosa, DVM**

**Dr. David Romeo Espinosa** was issued **Special License #0365-S on July 2, 2009,** following a successful examination pertaining to the laws and rules governing the veterinary profession in this State. It was valid only for the performance of his duties at Texas A&M University, College of Veterinary Medicine, in College Station TX, and as long as **he** continued employment with the entity for which this special license was necessary, his license was renewable. Practicing outside the scope of his employment was prohibited. His Special License cancelled April 22, 2013.

Sincerely,

(SEAL)

Wanda Bennett
Administrative Assistant
512-305-7863
wanda.bennett@veterinary.texas.gov

M1/5

Attachment M

Received

APR 29 2014

Texas State Board of Veterinary Medical Examiners

DOCKET NO. 2014-118

| | | |
|---|---|---|
| IN THE MATTER OF | § | TEXAS BOARD OF |
| THE LICENSE OF | § | VETERINARY |
| DAVID ESPINOSA, D.V.M. | § | MEDICAL EXAMINERS |

## AGREED ORDER

On this, the ___ day of _____, 2014 came on to be considered by the Texas Board of Veterinary Medical Examiners ("Board") the matter of the license of DAVID ESPINOSA, D.V.M. ("Respondent"). Pursuant to Section 801.408, Texas Occupations Code, and Board Rule 575.29, an informal conference was held on March 24, 2014. Respondent attended the informal conference and was not represented by counsel. The Board was represented at the conference by the Board's Enforcement Committee.

Respondent, without admitting the truth of the findings and conclusions set out in this Agreed Order, wishes to waive a formal adjudicative hearing and thereby informally dispose of the issues without a formal adjudication. Respondent agrees to comply with the terms and conditions set forth in this Order. In waiving an adjudicative hearing, Respondent acknowledges his understanding of the alleged violations and the adequacy and sufficiency of the notice provided to him.

Upon the recommendation of the Enforcement Committee and with Respondent's consent, the Board makes the following Findings of Fact and Conclusions of Law and enters this Agreed Order as set forth below.

### Findings of Fact

1. Respondent, DAVID ESPINOSA, D.V.M. of Nederland, Texas, holds Texas veterinary license 12828.

2. The Board has jurisdiction over the subject matter and Respondent. Respondent received notice, which may be required by law and by the rules of the Board. All jurisdictional requirements have been satisfied under Tex. Occ. Code Ann. Title 4 (Act). By entering into this Agreed Order, Respondent waives any defect in the notice and any further right to notice and hearing under the Act; Tex. Gov't Code Ann. §§ 2001.051-.054; and the Rules of the Texas Board of Veterinary Medical Examiners (Board Rules) (22 Tex. Admin. Code, Chapter 575).

3. On July 9, 2013, the Jefferson County District Attorney's Office informed the Board that Respondent was indicted in Jefferson County on May 9, 2013, for attempted possession of a

controlled substance, namely Alprazolam, listed in Schedule IV of the Texas Controlled Substances Act by misrepresentation, forgery, fraud, deception, and subterfuge, by presenting a pharmacist with a forged prescription of a veterinarian whose clinic Respondent had done some relief work at. Respondent was indicted for a third degree felony violation of Section 481.129 of the Texas Health and Safety Code.

4. Respondent did not inform the Board of his indictment for a felony.

5. On July 18, 2013, Board staff sent Respondent a letter requesting "in narrative form, the facts and circumstances surrounding [his] indictment. Please provide specific information pertaining to the incident(s) that contributed to this indictment...Please provide the Board with the circumstances pertaining to why this indictment was not reported to the Board as required by Rule 573.70." Respondent failed to provide any written response to this request.

**Conclusions of Law**

1. Respondent is required to comply with the provisions of the Veterinary Licensing Act, Chapter 801, Texas Occupations Code, and with the Board's Rules.

2. Based on Findings of Fact 1 through 8, Respondent has violated Based on the foregoing paragraphs, Dr. Espinosa has violated Rule 573.70, REPORTING OF CRIMINAL ACTIVITY, of the Board's Rules of Professional Conduct, which states that a licensee shall report to the Board any indictment for a felony within 30 days of that indictment.

3. Based on Finding of Facts 1 through 8 and Conclusions of Law 1 and 2, Respondent has violated Section 801.402 (6) of the Veterinary Licensing Act, Texas Occupations Code, and is subject to disciplinary action by the Board:

> 801.402. GENERAL GROUNDS FOR LICENSE DENIAL OR DISCIPLINARY ACTION. A person is subject to denial of a license or to disciplinary action under Section 801.401 if the person:
>
> (6) engages in practices or conduct that violates the board's rules of professional conduct.

4. Based on Conclusions of Law 1 through 3, Respondent is subject to disciplinary action under Section 801.401 of the Veterinary Licensing Act, Texas Occupations Code:

> 801.401. DISCIPLINARY POWERS OF BOARD. (a) If an applicant or license holder is subject to denial of a license or to disciplinary action under Section 801.402, the Board may:
>
> (1) refuse to examine an applicant or to issue or renew a license;
> (2) revoke or suspend a license;
> (3) place on probation a license holder or person whose license has been

suspended;

(4) reprimand a license holder; or

(5) impose an administrative penalty.

5. Based on Conclusions of Law 2 and 3, Respondent may be disciplined in the manner set out in Section 801.451, IMPOSITION OF ADMINISTRATIVE PENALTY, of the Veterinary Licensing Act, which authorizes an administrative penalty for violations of the Act and Board rules.

NOW, THEREFORE, THE BOARD AND RESPONDENT AGREE AS FOLLOWS:

Based on the above Findings of Fact and Conclusions of Law, the Board ORDERS that DAVID ESPINOSA, D.V.M., receive an INFORMAL REPRIMAND.

The Board ORDERS that Respondent pay, within 45 days of the date of this Order, an ADMINISTRATIVE PENALTY of FIVE HUNDRED DOLLARS ($500.00). If Respondent fails to pay the administrative penalty within 45 days of the date of this Order, the Board may apply any payment to the Board to renew a license to pay any outstanding administrative fee owed to the Board.

The Board further ORDERS that:

1 Respondent shall abide by the Rules of Professional Conduct, the Texas Veterinary Licensing Act, and the laws of the State of Texas and the United States.

2. Respondent shall cooperate with the Board's attorneys, investigators, compliance officers and other employees and agents investigating Respondent's compliance with this Order.

3. Failure by Respondent to comply with the terms of this Agreed Order or with any other provisions of the Licensing Act or the Board Rules, may result in further disciplinary action.

Respondent, by signing this Agreed Order, acknowledges his understanding of the Agreed Order, the notice, and Findings of Fact and Conclusions of Law herein set forth herein, and agrees that he will satisfactorily comply with the mandates of the Agreed Order in a timely manner or be subject to appropriate disciplinary action by the Board.

Respondent, by signing this Agreed Order, waives his right to a formal hearing and any right to seek judicial review of this Agreed Order. Respondent acknowledges that he had the right to be represented by legal counsel in this matter.

**RESPONDENT WAIVES ANY FURTHER HEARINGS OR APPEALS TO THE BOARD OR TO ANY COURT IN REGARD TO ALL TERMS AND CONDITIONS OF THIS AGREED ORDER. NOTHING IN THIS ORDER SHALL BE DEEMED A WAIVER OF RESPONDENT'S RIGHTS UNDER STATUTE OR UNDER THE UNITED STATES OR TEXAS CONSTITUTIONS TO APPEAL AN ORDER OR ACTION OF THE BOARD SUBSEQUENT TO THIS AGREED ORDER EXCEPT AS RESPONDENT MAY HAVE OTHERWISE AGREED TO HEREIN. RESPONDENT AGREES THAT THIS IS A FINAL ORDER.**

The effective date of this Agreed Order shall be the date it is adopted by the Board.

I, DAVID ESPINOSA, D.V.M., HAVE READ AND UNDERSTAND THE FOREGOING AGREED ORDER. I UNDERSTAND BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY. I UNDERSTAND THAT THIS ORDER CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DAVID ESPINOSA, D.V.M.

4-28-2014
Date

STATE OF TEXAS §
COUNTY OF [illegible] §

BEFORE ME, on this day, personally appeared DAVID ESPINOSA, D.V.M., known to me as the person whose name is subscribed to the foregoing document, and acknowledged to me that he executed the same for the purposes stated therein.

Given under the hand and seal of office this 28th day of April, 2014

Notary Public

NATASHA M SMITH
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20134080237
MY COMMISSION EXPIRES DECEMBER 30, 2017

M5/5

SIGNED AND ENTERED by the TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS on this the ___ day of _____, 2014.

Bud E. Alldredge, Jr., D.V.M.
President of the Board

76

13-
NO. 12-16686

| | | |
|---|---|---|
| **STATE OF TEXAS** | § | **IN THE DISTRICT COURT** |
| | § | |
| **vs.** | § | **252ND JUDICIAL DISTRICT** |
| | § | |
| **DAVID ESPINOSA** | § | **JEFFERSON COUNTY, TEXAS** |

**ORDER TERMINATING DEFERRED ADJUDICATION**

On October 22, 2014, this Court deferred a finding of guilt in the above entitled and numbered cause and DAVID ESPINOSA, Defendant, was placed on community supervision by this Court for a period of five (5) years for the offense of Attempt to Obtain Controlled Substance by Fraud.

The Court is of the opinion that the ends of justice have been served and the interest of DAVID ESPINOSA and of society will be best served by the discharge of DAVID ESPINOSA.

It is therefore hereby **ORDERED, ADJUDGED AND DECREED** that this cause be and is hereby DISMISSED, that DAVID ESPINOSA be DISCHARGED from community supervision, and that DAVID ESPINOSA is hereby released from all penalties and disabilities resulting from the deferred adjudication in this cause.

Signed on 3-24-16.

JUDGE PRESIDING

Cause # 13-16686

| | | |
|---|---|---|
| THE STATE OF TEXAS | § | IN THE 252ND DISTRICT COURT |
| | § | |
| VS. | § | OF |
| | § | |
| DAVID ROMEO ESPINOSA | § | JEFFERSON COUNTY, TEXAS |

**ORDER AMENDING CONDITIONS OF PROBATION**

The conditions of probation in Cause 13-16686, for the offense of Lesser Included Fraud Intent Obtain Cs Sch III/IV are hereby amended to include the following:

1. The remaining hours of CSR to be completed in this case are hereby held in abeyance due to the following reasons: Defendant has completed one-half of the mandated community service hours. As per department policy, the remaining hours are therefore held in abeyance.

When the above is no longer applicable the CSR hours will become active. These hours will be allowed to expire upon successful completion of probation term.
I understand the foregoing:



David Romeo Espinosa
Defendant

_____
Presiding Judge
252nd District Court
Jefferson County, Texas

Signed and Entered this _____day of _____, _____.

_____
Nathalie Jones
Community Supervision Officer

LARIMER COUNTY
COMMITTED TO EXCELLENCE

Larimer County Criminal Justice Services Division
Alternative Sentencing Department 3052

2307 Midpoint Drive
Ft. Collins, CO 80525
Tel. (970) 980-2600 FAX (970) 980-2610

## Community Service Verification of Assignment

**This form serves as verification of court ordered community service hours. Thank you for taking the time to fill it out completely.**

Name: Espinosa, David R
Case number: 14IA990875-CS

DOB: [redacted]
Date placed: 07/17/2015
UPS Case Mgr.: Ducharme, Carol

Current charges: Attempted Possession of Controlled Substance

**UPS hours due:** 400 **Anticipated completion date:** 10/22/2015

Note: _____

Work limitations: _____

Referred Agency:
**Lory State Park**
708 Lodgepole Dr.
Fort Collins CO
Contact: Cameron Landis. Phone no. (970) 493-0445

RECEIVED
OCT 22 2015
LARIMER COUNTY
ALTERNATIVE SENTENCING DEPT

**Work Site hours will be verified! Falsification of any documentation may be prosecuted as a felony charge.**

| Date | Job Assignment | Hours | Agency Initials |
|---|---|---|---|
| 7/24 | Weed Control | 2 | DC |
| 7/25 | Weed Control | 10 | AG |
| 7/26 | Weed Control | 10 | AG |
| 8/1 | Weed Control | 10 | AG |
| 8/2 | Weed Control | 10 | AG |
| 8/7 | Weed Control | 5 | [illegible] |
| 8/8 | Weed Control | 10 | AG |
| 8/9 | Weed Control | 10 | [illegible] |
| 8/15 | Weed control | 4 | DC |
| | Total hours | 71 | |

**Please fill out this portion completely and return it to the community service client.**

I hereby certify the above-named client has successfully completed _____ hours of useful public service with the following agency: Lory State Park

Agency Supervising Official Signature: _____ Title: _____

Agency Supervising Official Name (please print legibly) _____

Agency Supervising Official Phone number: _____ Date: _____

**This form serves as verification of court ordered community service hours. Thank you for taking the time to fill it out completely.**

3053

Client name: Espinosa, David R

Case number: 14IA990875-CS

Agency name: _____

| Date | Job Assignment | Hours | Agency Initials |
|---|---|---|---|
| 8/16/15 | WEED CONTROL | 10 | DH |
| 8/21/15 | Weed Control | 10 | DH |
| 8/22/15 | Weed Control | ~~8~~ 4 | DH |
| 8/23/15 | Weed Control | 10 | DH |
| 9/4/15 | Weed Control | 10 | AG |
| 9/5/15 | Weed Control | 10 | AG |
| | | | |
| | | | |
| | Total hours: | 125 | |

**Additional Agency Verification of Assignment**

Agency name: _____

_____

**Work Site hours will be verified! Falsification of any documentation may be prosecuted as a felony charge.**

| Date | Job Assignment | Hours | Agency Initials |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Total hours: | | |

**Please fill out this portion completely and return it to the community service client.**

I hereby certify the above-named client has successfully completed 125 hours of useful public service with agency:

_____

Agency Supervising Official Signature: _____ Title: Park Ranger

Agency Supervising Official Name (please print legibly): Daniel Sprys

Agency Supervising Official Phone number: 970 493 1623 Date: 10/18/2015

LARIMER COUNTY
COMMITTED TO EXCELLENCE

970-402-5549

Larimer County Criminal Justice Services Division
Alternative Sentencing Department 3054

2307 Midpoint Drive
Ft. Collins, CO 80525
Tel. (970) 980-2600 FAX (970) 980-2610

# Community Service Verification of Assignment

**This form serves as verification of court ordered community service hours. Thank you for taking the time to fill it out completely.**

Name: Espinosa, David R.
Case number: 14IA990875-CS

DOB: [redacted]
Date placed: 10/09/2015
UPS Case Mgr.: Ducharme, Carol

Current charges: Attempted Possession of Controlled Substance

**UPS hours due:** 400 **Anticipated completion date:** 10/22/2015

Note: _____

_____

Work limitations: _____

Referred Agency:
**CSU - Facilities & CSU Recycle**
251 Edison Dr
Fort Collins CO 80523
Contact: Marlina. Phone no. (970) 491-0139

RECEIVED
OCT 22 2015
LARIMER COUNTY
ALTERNATIVE SENTENCING DEPT

**Work Site hours will be verified! Falsification of any documentation may be prosecuted as a felony charge.**

| Date | Job Assignment | Hours | Agency Initials |
|---|---|---|---|
| 10-12-15 | Recycle | 7.0 | SB |
| 10-13-15 | | 8.0 | SB |
| 10-14-15 | | 8.0 | SB |
| 10-15-15 | | 8.0 | SB |
| 10-16-15 | | 8.0 | SB |
| 10-17-15 | | 9.0 | SB |
| 10-19-15 | | 8.0 | SB |
| 10-20-15 | | 8.0 | SB |
| 10-21-15 | Recycle | 8.0 | SB |
| | Total hours | 72.0 | |

**Please fill out this portion completely and return it to the community service client.**

I hereby certify the above-named client has successfully completed 75.0 SB 750 hours of useful public service with the following agency: CSU - Facilities & CSU Recycle

Agency Supervising Official Signature: Sheila Backen Title: ISW Program Mgr

Agency Supervising Official Name (please print legibly) SHEELA BACKEN

Agency Supervising Official Phone number: (970) 491-0122 Date: 10-22-15

**This form serves as verification of court ordered community service hours. Thank you for taking the time to fill it out comple.**

Client name: Espinosa, David R

Case number: 14IA990875-CS

Agency name: Colorado State University

| Date | Job Assignment | Hours | Agency Initials |
|---|---|---|---|
| 10-22-15 | Recycle | 3.0 | BB |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Total hours: | 3.0 | |

**Additional Agency Verification of Assignment**

Agency name: Sheela Backen 10-22-15

SHEELA BACKEN 491-0122

**Work Site hours will be verified! Falsification of any documentation may be prosecuted as a felony charge.**

| Date | Job Assignment | Hours | Agency Initials |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Total hours: | | |

**Please fill out this portion completely and return it to the community service client.**

I hereby certify the above-named client has successfully completed _____ hours of useful public service with agency:

_____

Agency Supervising Official Signature: _____ Title: _____

Agency Supervising Official Name (please print legibly): _____

Agency Supervising Official Phone number: _____ Date: _____

# TOUCHSTONE HEALTH PARTNERS

*Your community partner for mental health and addiction services*

Date: 07/22/2015

RE: David Espinosa

Dear Ms. Laurie Meyers:

The purpose of this letter is to inform you that Mr. Espinosa has completed his recommended sessions of Substance abuse Relapse Prevention Therapy. He participated in six sessions of group therapy. He was be discharged as a successful completion. He appears very motivated, strong in his relapse prevention plan and his prognosis is excellent. No further treatment is recommended at this time.

If you have any further questions, please call me at (970) _494-4380_.

Sincerely,

Robert M. Keenan, M.A. CAC III
M.H./ S.A. Clinician

This document contains confidential information under Federal and State laws. The information is intended solely for the use of the individual or entity to whom they are addressed. The information may not be used, disclosed or reproduced without the prior written authorization of Touchstone Health Partners and those authorized may only use the information for the purpose consistent with the authorization.

# Touchstone Health Partners

PRESENTS THIS

## CERTIFICATE OF COMPLETION TO

David Espinosa

IN RECOGNITION FOR THE COMPLETION OF

Relapse Prevention

AWARDED ON May 30, 2015

Primary Clinician

Program Supervisor

25 2nd DISTRICT COURT OF JEFFERSON COUNTY, TEXAS 3058 ✓ LW

No: 13-16686 State of Texas vs. David Espinosa

Date: 10-22-14 Offense: Lesser Included Attempted Possession of Controlled Substance

**DEFERRED ADJUDICATION ORDER**

TERM: 5 Years (Five)

In the best interests of society and the defendant, after hearing evidence, the Court finds that it substantiates the defendant's guilt; defers further proceedings without entering an adjudication of guilt for the term shown above; and places the defendant under the supervision of the Jefferson County Community Supervision and Corrections Department (JCCSCD), subject to your obeying the following conditions:

1. Commit no offense against the laws of this State or of any other state or of the United States.
2. Avoid injurious or vicious habits.
3. Do not associate with any disreputable person or be present at any location where a criminal act is being committed.
4. Report as directed by your Community Supervision Officer and obey all rules and regulations of the JCCSCD.
5. Permit your Community Supervision Officer to visit you at home or elsewhere without restriction.
6. Work faithfully at suitable employment, attend educational programs, and/or perform Community Service Restitution for a total of not less than forty (40) hours weekly and provide verification of such.
7. Do not leave Jefferson County without the permission of your Community Supervision Officer.
8. Properly support all of your dependents.
9. Immediately report to your Community Supervision Officer any change of address, employment, or marital status; any arrest; and the source and amount of all income.
10. Do not use or possess any drug. Use of, possession of, and prescriptions for any and all medications must be disclosed to your probation officer.
11. Do not become intoxicated or be under the influence of any intoxicating substance, including intoxication by prescription medication abuse.
12. Attend rehabilitation, treatment, residential programs, and counseling as directed by your Community Supervision Officer, pay for said treatments as directed, and provide verification of such.
13. Do not enter any bar, tavern, lounge, or similar place.
14. Probationer will dress appropriately and conduct himself/herself in a professional and courteous manner at all times, especially when interacting with court officers and staff, probation officers and staff, law enforcement officers and attorneys.
15. Probationer is ordered to submit to search of his/her home, vehicle and person at the direction of the Probation Officer.
16. Serve a term of _____ days in the State Jail or serve _____ days in a County Jail, and obey all rules and regulations. This is to begin: ☐ on admission to the State Jail/County Jail. ☐ on _____.
17. Perform 400 hours of Community Service Restitution (CSR) at an authorized organization or location, subject to final approval by Jefferson County Community Supervision or the supervising jurisdiction. A minimum of fifty percent (50%) should be completed within the first year of receiving community supervision. If completed, the remaining fifty percent (50%) will be suspended for the remainder of the term. These remaining hours can be reactivated at the discretion of the Community Supervision Officer, or allowed to expire at the end of the term.
18. Be inside your home every day between 10:00 P.M. and 6:00 A.M., except for employment purposes.

19. Complete a Job Search as directed by the Jefferson County Community Supervision and Corrections Department (JCCSCD), and provide verification of such.
20. Participate in an Educational Program for G.E.D. assistance and obtain a G.E.D. as instructed by the supervising officer.
21. Provide all records and documents requested by the supervising officer within thirty (30) days of their instruction.
22. Submit to Literacy Testing and comply with resulting recommendations, as directed by the supervising officer.
23. Submit to a Substance Abuse Assessment, follow the recommended treatment plan, and pay all associated costs, as directed by the supervising officer.
24. Abstain from the use of all intoxicating substances, including alcohol, in any form and at all times.
25. Submit to alcohol and/or drug screening at the direction of the Jefferson County Community Supervision and Corrections Department (JCCSCD) or supervising jurisdiction.
26. Avoid all association with co-defendant(s): _____.
27. Remain off the premises of the following location: _____.
28. Pay amount of restitution, as determined by the District Attorney, to the victim(s) of the offense, to compensate for any property damage, monetary loss, or medical expenses sustained as a direct result of the commission of the offense.
29. Transfer this case to _____ for courtesy supervision. The defendant is ordered to obey all rules and regulations of the supervision jurisdiction.
30. Transfer this case to _____ for courtesy supervision. The defendant is ordered to obey all rules and regulations of the supervising jurisdiction and is to pay a $500.00 Application Fee to Jefferson County Community Supervision and Corrections Department, within one (1) year of the date of this order.
31. Transfer this case to _____ for courtesy supervision. The defendant is ordered to obey all rules and regulations of the supervising jurisdiction and is to pay a $500.00 Application Fee to Jefferson County Community Supervision and Corrections Department at the time transfer is requested.
32. Pay the amounts shown in this order in the manner set out in this order.

You are hereby ordered to pay the following amounts:

| | | |
|---|---|---|
| Fine $ 1500 | Supervision Fees **$ 60.00** /month | Court Cost **$** |
| Crime Stoppers **$ 50.00** | Restitution **$** | Attorney Fee **$** |

☐ Pre / ☒ Post Sentence Investigation Fee **$ 500.00**

**Pay these sums in a monthly amount of $**

Follow all Special Conditions imposed in writing.

The Court authorizes your Community Supervision Officer to modify conditions of community supervision and to transfer you to any community supervision program or residential facility deemed appropriate based upon your risk to the community and the level of your rehabilitation needs. If you do not agree to the modification in writing, the Community Supervision Officer will refer the case to the Court so that a hearing may be conducted.

Court Comments:

Lindsey Scott

Judge Presiding

I have received a copy of this order. I agree to follow all conditions imposed upon me and I know that this community supervision can be revoked for any violation. I will remain in the legal custody of the District Court of Jefferson County, Texas and I hereby waive extradition if I am charged with a violation and am arrested in another state.

Defendant

Cause # 13-16686

| | | |
|---|---|---|
| THE STATE OF TEXAS | § | IN THE 252ND DISTRICT COURT |
| | § | |
| VS. | § | OF |
| | § | |
| DAVID ROMEO ESPINOSA | § | JEFFERSON COUNTY, TEXAS |

The conditions of probation are hereby amended to include the following:

Probationer is hereby placed on the mail-in caseload due to residence in the following location: Fort Collins, Colorado.

1. Report to Larimer County Probation Department in person as directed. The defendant is ordered to obey all rules and regulations of the supervision jurisdiction.

2. Do not move from the above stated jurisdiction without prior approval of the Jefferson County CSCD.

3. Do not leave the State of Colorado without prior approval of the Jefferson County CSCD.

4. Report to the Jefferson County CSCD once a month by mailing in report forms or as otherwise instructed.

5. Mail payments of $ to the Jefferson County CSCD on or before the 15th day of each month.

6. Travel restrictions are waived for employment purposes only within the supervising state.

7. Curfew restrictions are waived for employment purposes only.

8. Jefferson County CSCD DWI/DWI INTERVENTION/DRUG OFFENDER EDUCATION/SUBSTANCE ABUSE ASSESSMENT fee is hereby waived. The probationer is ordered to pay for and attend the ordered class and/or assessment in Colorado and provide written verification to the Jefferson County CSCD.

9. Payment to the Jefferson County CSCD of the monthly probation fee of $60.00 will be waived upon acceptance of courtesy supervision by the State of Colorado. The fee is waived only while the probationer is under the direct courtesy supervision of the State of Colorado. NO OTHER FEES OR ANY PROBATION FEE ARREARAGES ARE WAIVED. Should the State of Colorado reject supervision, or upon the termination of Direct courtesy supervision, payment of the probation fee will resume to the Jefferson County CSCD. Defendant is ordered to pay an application fee in the amount of $500.00.

David Romeo Espinosa
Defendant

Presiding Judge
252nd District Court
Jefferson County, Texas

Signed and Entered this _____ day of _____, _____.

Nathalie Jones
Community Supervision Officer

| | |
|---|---|
| ☐County Court ☒District Court Larimer County, Colorado<br>Court address: 201 LaPorte Avenue, Suite 100<br>Fort Collins, CO 80521 | 3062 |
| People of the State of Colorado<br>v.<br><br>Defendant: **David R. Espinosa** | ▲ **COURT USE ONLY** ▲ |
| Attorney or Party Without Attorney (Name and Address):<br><br>Phone Number: E-mail:<br>FAX Number: Atty. Reg. #: | **Case Number: 14IA990875**<br><br>**ML Number: 75033247** |

***CONDITIONS OF DEFERRED SENTENCE FOR THE OFFENSE OF:***

***Count 1: Attempted Possession of Controlled Substance (F3)***

***GRANTED ON: 10/22/2014 TO 10/21/2019***

You shall be supervised by the probation department for a period of **5 years** through interstate compact and shall comply with the following conditions and those listed on the reverse side of this form. You may be supervised in an intensive or alternate probation program, as determined by the probation department, with program specific conditions imposed.

**Additional conditions**: You shall abide by, participate in, cooperate with, pay any fees required, and successfully complete the following as indicated:

☒ **Submit to a Substance Abuse Assessment, follow the recommended treatment plan, and pay all associated costs, as directed by the supervising officer**

☒ **Abstain from the use of all intoxicating substances, including alcohol, in any form and at all times**

☒ **Do not enter any bar, lounge or similar place**

☒ **Useful Public Service (UPS) 400 hours- register with Larimer County Alternative Sentencing-$100 fee**
**A minimum of 50% should be completed within the first year of supervision. If completed, the remaining hours will be suspended for the remainder of the term. These remaining hours can be reactivated at the discretion of the supervising officer, or allowed to expire at the end of the term**

☒ **Be inside your home every day between 10:00 P.M. and 6:00 A.M., except for employment purposes**

☒ **Defendant shall comply with all Terms and Conditions set forth by the State of Texas, to include any Court Costs, fines and restitution as ordered by the sentencing state**

☐ Based on your behavior/efforts, Probation is authorized to use the following options, at their discretion, during the period of supervision:

☐ Useful Public Service (UPS), up to _____ hours
☐ Electronic Monitoring (including GPS), up to _____ days
☐ Curfew
☐ Request early termination
☐ Request reduction in UPS hours
☐ Other _____

**As a condition of supervision, you shall pay the following amounts to Colorado:**
**Supervision fee (SUPV) $ 2900.00**
**Time payment fee $ 25.00**

**TOTAL$ 2925.00**

Late payments are subject to late fees, additional collection action, and collection costs.
I have received a copy of these conditions (front and back page) and have read them carefully with full understanding. I understand that if I violate these conditions, I may be brought before the Court for revocation and imposition of sentence.

1/8/2015
Defendant Date

Brittany Rossi 1/8/15
Probation Officer Date

# STANDARD CONDITIONS OF PROBATION

3063

By signing the previous page and placing my initials after every condition, I will abide by the following conditions:

**Crime-free lifestyle:**

1. I will abide by all local, state and federal laws and will report any contact with law enforcement to my probation officer. _____
2. I will not harass, molest, intimidate, retaliate against, or tamper with any victims of or any prosecution witnesses to the crime. _____
3. I will not act as a confidential informant. _____
4. I will not possess or have access to any firearm, explosive or destructive device, or any other dangerous instrument or weapon. _____
5. I will submit to a search of my residence, vehicle or personal effects, including but not limited to any electronic devices, by probation, when there are reasonable grounds to search. I understand my personal property is subject to seizure if it violates any of the terms and conditions of my probation. _____
6. I will not use alcohol or use or possess any illegal, dangerous, or abusable drugs or controlled substances without a prescription. _____
7. I will submit to drug and alcohol testing as directed by probation. I understand I am responsible for the costs of testing, unless other arrangements have been made through my probation officer. _____

**Treatment:**

8. I will actively participate in, cooperate with and successfully complete any referral, evaluation, assessment or recommended program. These programs may include, but are not limited to: placement in a residential or outpatient program, counseling or treatment for drugs or alcohol, mental health, domestic violence, cognitive behavioral, offense specific or anger management. I will sign any necessary releases of information and I understand I am responsible for the costs of treatment and services unless other arrangements have been made through my probation officer. _____

**Probation Supervision:**

9. I will report to my probation officer for appointments, as directed by the court or the probation office. I understand that my probation officer can visit me at reasonable times at home or elsewhere. I will provide probation safe access to my residence. _____
10. I will notify my probation officer of changes in my address, phone number, employment, or education status. _____
11. I will maintain suitable employment and/or pursue employment, education, or vocational training. _____
12. I will comply with any other requirements of my probation officer in order to meet the conditions imposed by the Court, including answering all reasonable questions asked by my probation officer. _____
13. I will obtain written permission from the court or my probation officer before leaving Colorado. _____
14. If convicted of a felony, I will sign a waiver of extradition agreeing to waive all formal proceedings and return to Colorado in the event I am arrested in another state. _____
15. I will submit to and pay for a genetic marker (DNA) sample as required in §16-11-102.4 C.R.S. _____
16. I will register as a sex offender if convicted of an offense involving unlawful sexual behavior, as required in §16-22-101, et seq. _____

**Intensive Programs:** If placed in an intensive probation program, the following additional conditions will also apply:

1. I will remain at my residence and comply with any curfew established by my probation officer. _____
2. I will not consume alcohol. _____
3. I will consent to search of my residence, vehicle or personal effects, including but not limited to any electronic devices, at probation's discretion. _____

# 17B

TM 3065

# NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

## APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE TO PRESCRIBE

Rev (01/05/2023)

**What types of drug(s) will you be prescribing?**

☐ Dangerous Drugs ONLY (Non-Refundable $80 Fee) (PR)

☑ Dangerous Drugs AND Controlled Substances (CS) I, II, III, IV and/or V (Non-Refundable $200 Fee) (CS)

Select the Controlled Substance Schedules you are applying to prescribe

☐ Schedule I ☑ Schedule II ☑ Schedule III ☑ Schedule IV ☑ Schedule V

**Section 1: Personal Information (NAC 639.850)**

First: Camilo Middle: Andres Last: Murillo

Date of Birth: [redacted] SSN or ITIN: [redacted] Sex: ☑ M ☐ F ☐ X

Home Address: 3436 sw 23 ter

City: Miami State: Fl Zip Code: 33145

Telephone: 305-812-2208 Email: [redacted]

APRN License #: 860881 Specialty: Family/Individual across the life

(A current license and active-PRESCRIBING status with the Nevada State Board of Nursing is required to apply for and maintain a Prescribe or a CS Registration.)

**Section 2: Practice Information (A practice address is required for processing of your application.)**

Practice Name: Direct Primary Care Coconut Grove

Practice Address: 3436 sw 23 ter Suite #:

City: Miami State: Fl Zip: 33145

Telephone: 305-812-2208 Fax: 305-390-4659 Email: [redacted]

**Section 3: NRS 632.237 (Complete this section if you are applying to also prescribe SCHEDULED II CS).**

An advanced practice registered nurse may apply to prescribe CS listed in schedule II if they meet one of the following qualifications (please mark that apply):

☑ I have at least 2 years or 2,000 hours of clinical experience; OR

☐ The CS will be prescribed pursuant to a protocol approved by a collaborating physician. (If you marked this answer, provide the information as requested below per NAC 639.850.)

Collaborating Physician Name:

Collaborating Physician Practice Address: Suite #:

City: State: Zip:

Telephone: Fax: Email:

| Section 4: Federally Mandated Requirement (NRS 425.520, NRS 639.129) | Yes | No |
|---|---|---|
| 1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.) | | X |
| 2. Are you in compliance with the order or the plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order? | | X |

| Section 5: Military Service (NRS 622.120) | Yes | No |
|---|---|---|
| 1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |
| 3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.) | | X |

| Section 6: Personal and Professional History | Yes | No |
|---|---|---|
| 1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | | X |
| 2. Have you been charged, arrested or convicted of a felony or misdemeanor in any state? | X | |
| 3. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? | | X |
| 4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state? | | X |

**Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-4, you have marked "YES" to in section 6 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement or other disposition for the event must be provided.**

**This is in response to Question # _____. Provide all the following *where applicable*:**

| Date of Event/Arrest | Disposition Date | State | City | County |
|---|---|---|---|---|
| See Attachment | See Attachments | FL | Miami | Dade |
| **Case #** | | **Governing, licensing, Arresting Presiding Body/Agency/Court** | | |
| See Attachments | | See Attachments | | |
| **Reason/Charge** | | | | |
| " | | | | |
| **Plaintiff/Defendant/Claimant/Respondent** | | | **Lawsuit/Arbitration/Bankruptcy** | |
| " | | | | |
| **Name of Business/Industry/Entity** | | | | |
| " | | | | |

**Provide explanation below:**

See Attachments and packet of paperwork provided.

Original Signature (electronic, copies or stamps not accepted)

05-20-23

Date

**I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.**

Camilo Murillo

Applicant Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

05-20-2023

Date

**COLLABORATING PHYSICIAN's name and signature per Section 3 of the application (if applicable):**

Collaborating Physician's Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

Board Use Only: Date Processed: _____ Amount: $200-CK-4143

November 23, 2020(Originally in system)
January 14, 2021(Updated)

State of Nevada
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway Suite 206
Reno, NV 89521

Re: Camilo Andres Murillo
License #: Florida RN9420080
License #: Illinois 041506215
DOB: [redacted]
Last 4 Social Security #[redacted]

To whom it may concern:

I have worked in a Healthcare setting since 2002 after graduating as a medical assistant, I started at the University of Miami as a receptionist at the Sylvester Cancer Center. Here are some of the accomplishments I have made as a Healthcare professional and encountered thousands of patients during my career without compromising care.

- License Practical Nurse 01/16/2008
-Registered Nurse 10/26/2015 Miami Dade College
-Emergency Medical Technician 07/11/2016 Miami Dade College
-Bachelor Science Nursing 06/27/17 Broward College
-Master Science Nursing "Family Nurse Practitioner" 08/07/2020 University of Miami

Explanation of arrest:

-1/15/01 SELL OF CANNABIS; This is a duplicate charge which was dismissed (See attachments provided)
-07/21/00 DUI; I was 18 years old, not even 2 months out of high school, Guilty; completed the program and all requirements (See attachments) completion of program.
-11/03/00 CANNABIS SELL; This charge is over 20 years old; it was poor judgement in my youth and received a with hold adjudication which is not a conviction.
-11/29/00 CRIMINAL MISCHIEF; This was originally filed as a felony charge (F00038091) then reduced to a misdemeanor (M01000297) which was not prosecuted and dismissed.
-05/14/02 DISORDERLY INTOXICATION; Withhold adjudication, not a conviction.
-06/18/10 RECKLESS DRIVING; Withhold adjudication, not a conviction
*All WITH HOLDS, NOLLE PROS, NO ACTIONS, DISMISSED are not ADJUDICATIONS OF

GUILT.

I have attached the following:

- Dispositions of all criminal record
- Miami Dade Police Department "Letter of Copy not on file"
- Dockets of the duplicate Cannabis sales
- Florida Board of Nursing Exemption and Exemption for Licensure in compact states
- Traffic Disposition of DUI
- Transcripts of highest nursing degree received.

Best regards,
Camilo Andres Murillo FLORIDA License #RN9420080 / #APRN11010959

[redacted] SW 23 Ter
Miami, FL 33145
[redacted]

Miami-Dade Police Department
Central Records Bureau
9105 NW 25th Street
Miami, Florida 33172-1505

miamidade.gov

Date: January 10, 2020

To Whom It May Concern:

A name search of the Miami-Dade Police Department (MDPD) arrest records under the name of:
Name: **MURILLO, CAMILO ANDRES**
Race/Sex: **W/M** Date of Birth: [redacted]
AKA:
MDPD Criminal Identification Number: **679481**
☐ No Local Record
☐ Criminal Registration Only/No Local Record

☒ Local Felony Arrest Record(s)
☒ Copy on File
☒ Copy Not on File

☒ For Case Disposition Contact: (305) 275-1155
**Felony Division**
1351 NW 12 Street
Miami, Florida 33125

☒ Local Misdemeanor Arrest Records(s)
☒ Copy on File
☐ Copy Not on File

☒ For Case Disposition Contact: (305) 275-1155
**Misdemeanor Division**
1351 NW 12 Street
Miami, Florida 33125

☒ Local Traffic Arrest Records(s)
☒ Copy on File
☒ Copy Not on File

☒ For Case Disposition Contact: (305) 275-1111
**Traffic Division**
1351 NW 12 Street, Room 124
Miami, Florida 33125

☐ Other Local Agency Arrest Records(s)

☐ Civil Division (305) 275-1155
73 W. Flagler Street
Miami, Florida 33142

**Case Numbers:**
**F00-038091 M01-000297 *F00-035444 B02-026311 M02-001783 F02-023357 F10-018078 0987-FOT M18-018567 *394654-W**
**Comments:**
***COPY NOT ON FILE**

Date: **1/10/2020** Researched by (Name/Title): **G. CHERENFANT, PRT1/9564**
Print and Sign ID/Badge#

Date: **1/10/2020** Prepared by (Name/Title): **J. FLOYD, PRT1/8711**
Print and Sign ID/Badge#

MIAMI DADE COUNTY, FL RECORDS BUREAU

**NOTE:** Not valid unless the seal of the MDPD is affixed. The MDPD is prohibited from disclosing the existence of juvenile criminal history information, as well as records that have been sealed or expunged. Therefore, if "No Local Record" is indicated, there remains the possibility that juvenile, sealed or expunged records may be associated with the above name that cannot be disclosed. There is also the possibility that an adult or juvenile may have been arrested in a jurisdiction other than Miami-Dade County. The Florida Department of Law Enforcement may disclose information related to criminal history for certain licensing and employment purposes as provided by law. They may be contacted at 1-800-342-0820.

IN THE CIRCUIT AND COUNTY COURTS OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA

IN AND FOR MIAMI-DADE COUNTY

I, HARVEY RUVIN, CLERK OF THE CIRCUIT AND COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT OF FLORIDA, IN AND FOR MIAMI-DADE COUNTY, DO HEREBY CERTIFY THAT A DILIGENT EXAMINATION OF THE FELONY, MISDEMEANOR AND NON CRIMINAL VIOLATION FILES AND RECORDS IN MY OFFICE REGARDING:

NAME: MURILLO, CAMILO ANDRES
DATE OF BIRTH: [redacted]
RACE: WHITE SEX: MALE
YEARS RESEARCHED: 2000 - 2019

INDICATES THE FOLLOWING:

| CASE NUMBER | CITATION/ ARREST / FILE DATE | CHARGES | DISPOSITION | DISPO DATE |
|---|---|---|---|---|
| MURILLO, CAMILO ANDRES | | | | |
| M18018567 | 07/02/2018 | BATTERY | NOLLE PROS | 02/11/2019 |
| | | DISORDERLY INTOX | NOLLE PROS | 02/11/2019 |
| MURILLO, CAMILO ANDRES | | | | |
| B02026311 | 05/14/2002 | DISORDERLY INTOX | WH ADJ / CTS | 07/22/2008 |
| MURILLO, CAMILO ANDRES | | | | |
| M01000297 | 11/29/2000 | CRIM MIS/200-1000 | NOLLE PROS | 05/02/2001 |
| MURILLO, CAMILO ANDRES | | | | |
| F00038091 | 11/29/2000 | CRIM MIS/1000+ | REDUCED/TRN CNTY C | 01/03/2001 |
| MURILLO, CAMILO ANDRES | | | | |
| F00035444 | 11/03/2000 | CANN/SELL/DEL/PSNW/I | WH ADJ-PROB SP CON | 01/03/2001 |
| | | PROBATION VIOLATION | DISMISSED | 10/01/2001 |
| | | CANN/SELL/DEL/PSNW/I | NO ACTION | 12/04/2000 |
| MURILLO, CAMILO | | AKA* | | |
| F02023357 | 08/07/2002 | BATTERY/AGGRAVATED | NO ACTION | 09/06/2002 |
| | | ASSAULT/AGGRAVATED | NO ACTION | 09/06/2002 |
| MURILLO, CAMILO A | | AKA* | | |
| M02001783 | 01/01/2002 | PETIT LARCENY, THEFT | WH ADJ-SUSP ENT SE | 02/14/2002 |
| MURRILLO, CAMILO | | AKA* | | |
| F10018078 | 06/18/2010 | FLEE/ELUDE PO | WH ADJ-PROB SP CON | 09/22/2010 |
| | | RECK DRVG/PROP/PERS | WH ADJ-SUSP ENT SE | 09/22/2010 |

PAGE: 001

CIRCUIT AND COUNTY COURTS CLERK IN GOD WE TRUST MIAMI-DADE COUNTY, FLORIDA

**********

PURSUANT TO FLORIDA RULES OF COURT, RULE 2.430, COURT RECORDS THAT ARE NOT PERMANENTLY RECORDED MAY BE UNAVAILABLE, OR DISPOSED OF BY THE CLERK, IN ACCORDANCE WITH THE APPLICABLE RETENTION SCHEDULE REQUIRED BY SAID RULE. (10 YEARS FOR FELONY, MISDEMEANOR AND CRIMINAL TRAFFIC VIOLATIONS IN WHICH THE DEFENDANT WAS ADJUDICATED NOT GUILTY).
PLEASE SEE FLORIDA RULES OF COURT, RULE 2.430, FOR A COMPLETE LISTING OF RECORDS RETENTION REQUIREMENTS.

WITNESS MY HAND AND THE SEAL OF THE COURT AT MIAMI, MIAMI-DADE COUNTY, FLORIDA, THIS 09 DAY OF DECEMBER, 2019.

HARVEY RUVIN, CLERK
CIRCUIT AND COUNTY COURTS
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

PAGE: 002

BY: _____ DEPUTY CLERK

TYOSHO BENNETT 22969

Deputy Clerk of the Circuit Court
of the Eleventh Judicial Circuit
of Florida, In and for Dade County

CIRCUIT CRIMINAL DIVISION | IN THE CIRCUIT COURT OF THE
RENWAH
PRINTED DOCKET - FELONY | ELEVENTH JUDICIAL CIRCUIT OF
CASE ACTION SUMMARY | FLORIDA IN AND FOR DADE COUNTY

CASE NO: F00035444 IDS: 0619743 CIN: 0679481 POLICE CASE NO: 3081853Z
STATE CSE: 132000CF035444000lXX FILE LOC: 10 RECORD CENTER BOX# 254 201
DEFENDANT: MURILLO CAMILO ANDRES
ADDRESS: [redacted] SW 23 TER MIAMI FL 33145
PERSONAL INFORMATION IMPORTANT DATES
DOB: [redacted] RACE: W SEX: M ARREST: 11/03/2000 ARR: 01/03/2001
EYES: BRO HEIGHT: 510 FILED: 11/06/2000 TRIAL:
HAIR: BLK WEIGHT: 220 INFO: 12/04/2000 CLOSED: 01/03/2001
JUDGE: RODRIGUEZ ROSA BOOKED: 11/04/2000
SECTION: F004 SPEEDY REQ: 04/27/2001
ATTORNEY: BRANDOW JOHN ATTY TYPE: PDEF
WARRANT: ISSUED: ARR-OFCR: -1- 4835
COURTROOM: LOCATION: FUTURE HEARING: TYPE: OTH HRG:

| CHARGES | T | D | DESCRIPTION | DISPOSITION | DATE | PL | TL |
|---|---|---|---|---|---|---|---|
| 893.13(1)(A)2 | F | 3 | CANN/SELL/DEL/PSNW/I | WH ADJ-PROB SP COND | 01/03/2001 | NB | B |
| 948.061 | Z | 0 | PROBATION VIOLATION | DISMISSED | 10/01/2001 | | |
| 893.13(1)(A)2 | F | 3 | CANN/SELL/DEL/PSNW/I | NO ACTION | 12/04/2000 | | |

| SEQ | DATE | PROGRESS OF CASE |
|---|---|---|
| 63 | 10/24/2001 | COURT FEE PAYMENT 116.48 RECEIPT # 0335297 |
| 62 | 10/12/2001 | TRIAL PROS. ASSIGNED: ROBINS, CARI |
| 61 | 10/10/2001 | MOTION TO TERMINATE PROBATION/COMMUNITY CONTROL |
| | | FILED 10/10/2001 ORAL |
| | | SET FOR 10/10/2001 AT 09:57 GRANTED |
| 60 | 10/09/2001 | WRITE-IN HEARING RECORDED ON 10/09/2001 AT 09:00 |
| 59 | 10/09/2001 | REPORT RE: PROBATION |
| | | SET FOR 10/10/2001 AT 09:00 |
| 58 | 10/01/2001 | AMENDED AFFIDAVIT OF VIOLATION OF PROBATION |
| 57 | 10/01/2001 | VIOLATION OF PROBATION AFFIDAVIT FILED |
| 56 | 10/01/2001 | 00002 2/ 948.061 PROBATION VIOLATION |
| | | DISP/DISMISSED -MODIFIED/REMOVED |
| 55 | 10/01/2001 | MOTION TO WAIVE COST OF SUPERVISION |
| | | FILED 10/01/2001 ORAL |
| | | SET FOR 10/01/2001 AT 09:43 GRANTED |
| 54 | 09/28/2001 | REPORT RE: PROB/COM CONTROL VIOL |
| | | SET FOR 10/01/2001 AT 09:00 |
| 53 | 09/24/2001 | COURT NOTICE ISSUED. HEARING DATE 09/28/2001 TYPE R |
| 52 | 09/21/2001 | REPORT RE: PROB/COM CONTROL VIOL |
| | | SET FOR 09/28/2001 AT 09:00 |
| 51 | 09/17/2001 | COURT NOTICE ISSUED. HEARING DATE 09/21/2001 TYPE R |
| 50 | 09/14/2001 | TRIAL PROS. ASSIGNED: RAMSINGH, RON |
| 49 | 09/14/2001 | REPORT RE: PROB/COM CONTROL VIOL |
| | | SET FOR 09/21/2001 AT 09:00 |
| 48 | 09/13/2001 | PSYCHOLOGICAL EVALUATION |
| | | SONIA RUIZ,PSY |
| 47 | 09/03/2001 | COURT NOTICE ISSUED. HEARING DATE 09/14/2001 TYPE R |
| 46 | 09/03/2001 | COURT NOTICE ISSUED. HEARING DATE 09/13/2001 TYPE R |
| 45 | 08/31/2001 | REPORT RE: PROB/COM CONTROL VIOL |
| | | SET FOR 09/14/2001 AT 09:00 |

* * * CONTINUED ON NEXT PAGE * * *

| | | |
|---|---|---|
| 44 | 08/31/2001 | REPORT RE: EVALUATION |
| | | SET FOR 09/13/2001 AT 09:00 |
| 43 | 08/31/2001 | TRIAL PROS. ASSIGNED: ASA, DIVISION |
| 42 | 08/31/2001 | ORDER APPOINTING EXPERT TO DETERMINE COMPETENCY |
| | | DR.SONIA RUIZ |
| 41 | 08/30/2001 | PROBATION WARRANT ISSUED: 08/30/2001 SERVED 08/30/2001 |
| 40 | 08/30/2001 | BOOKING DATE |
| 39 | 08/30/2001 | ARREST DATE |
| 38 | 08/30/2001 | LETTER FROM:- |
| | | MARIO MURILLO |
| 37 | 08/30/2001 | VIOLATION OF PROBATION AFFIDAVIT FILED |
| 36 | 04/19/2001 | COURT FEE PAYMENT 67.21 RECEIPT # 0335627 |
| 35 | 02/09/2001 | COURT FEE PAYMENT 284.31 RECEIPT # 0338336 |
| 34 | 02/05/2001 | NOTICE OF FAILURE TO PAY SENT |
| 32 | 01/08/2001 | FINDING OF GUILT/ORDER W/H ADJUDICATION & SPECIAL CONDITIONS |
| | | COSTS, PROBATION |
| | | BOOK 19448 PAGE 2283 |
| 31 | 01/08/2001 | BK 19448 PG 2283-84 |
| 30 | 01/08/2001 | DEFENSE ATTY PDEF/PUBLIC DEFENDER APPOINTMENT, AS |
| 29 | 01/04/2001 | DISCHARGE CERTIFICATE ISSUED |
| | | S10197781 |
| 33 | 01/03/2001 | FINGERPRINTS FILED |
| | | BOOK 19448 PAGE 2285 |
| 28 | 01/03/2001 | SENTENCING GUIDELINES SCORE SHEET |
| 27 | 01/03/2001 | ORDER OF PROBATION |
| 26 | 01/03/2001 | TRIAL PROS. ASSIGNED: SERCUS, JULIE |
| 25 | 01/03/2001 | MEMORANDUM OF COSTS |
| | | AMOUNT 468.00 |
| 24 | 01/03/2001 | PUBLIC DEFENDER APPLICATION FEE/AFFIDAVIT |
| | | TO BE PAID IN FULL |
| | | AMOUNT 40.00 |
| 23 | 01/03/2001 | DESCRIPTION ASSESSED PAID BALANCE |
| | | CRT FACILTY 150.00 150.00 0.00 |
| | | CRIME STOPPE 20.00 20.00 0.00 |
| | | LOC CRIM JUS 200.00 200.00 0.00 |
| | | CRM COMP TR 50.00 50.00 0.00 |
| | | STATE LETTF 3.00 3.00 0.00 |
| | | COUNTY LETTF 2.00 2.00 0.00 |
| | | JUV ASSESSM 3.00 3.00 0.00 |
| | | INSOLV APPL 40.00 40.00 0.00 |
| | | TOTAL: 468.00 468.00 0.00 |
| | | LAST ASSESSED: 01/03/2001 LAST PAYMENT: 10/24/2001 |
| 22 | 01/03/2001 | CLOSING JUDGE PINEIRO, ROBERTO M |
| 21 | 01/03/2001 | 02910 MOORE, JAMES SNC AMT/ 10000 |
| | | DISCHARGED 01/03/2001 |
| | | POWER/S10197781 |
| 20 | 12/21/2000 | COURT NOTICE ISSUED. HEARING DATE 01/03/2001 TYPE R |
| 19 | 12/21/2000 | COURT NOTICE ISSUED. HEARING DATE 01/03/2001 TYPE A |
| 18 | 12/20/2000 | TRIAL PROS. ASSIGNED: ASA, DIVISION |
| 17 | 12/20/2000 | REPORT RE: TRIAL DATE |
| | | SET FOR 01/03/2001 AT 09:00 |
| 16 | 12/20/2000 | ARRAIGNMENT HEARING SCHEDULED FOR 01/03/2001 AT 09:00 |
| 14 | 12/08/2000 | COURT NOTICE ISSUED. HEARING DATE 12/20/2000 TYPE A |
| 15 | 12/07/2000 | DISCOVERY RESP: STATE'S DEMAND FOR DISCOVERY & DEMAND FOR AL |
| 13 | 12/07/2000 | TRIAL PROS. ASSIGNED: ASA, DIVISION |
| 12 | 12/07/2000 | ARRAIGNMENT HEARING SCHEDULED FOR 12/20/2000 AT 09:00 |

* * * CONTINUED ON NEXT PAGE * * *

| | | |
|---|---|---|
| 11 | 12/04/2000 | INFORMATION FILED |
| 10 | 11/28/2000 | COURT NOTICE ISSUED. HEARING DATE 12/07/2000 TYPE A |
| 7 | 11/27/2000 | ARRAIGNMENT HEARING SCHEDULED FOR 12/07/2000 AT 09:00 |
| 9 | 11/22/2000 | |
| 8 | 11/22/2000 | COURT NOTICE ISSUED. HEARING DATE 12/04/2000 TYPE A |
| 6 | 11/08/2000 | |
| 5 | 11/08/2000 | INTAKE PROS. ASSIGNED: STROZIER, MICHAEL |
| 4 | 11/06/2000 | BOND RECEIVED |
| | | POWER/RECEIPT #S10197781 |
| 3 | 11/06/2000 | COURT NOTICE ISSUED. HEARING DATE 11/21/2000 TYPE A |
| 2 | 11/04/2000 | 02910 MOORE, JAMES SNC AMT/ 10000 |
| | | ISSUED 11/04/2000 |
| | | POWER/S10197781 |
| 1 | 11/04/2000 | ARRAIGNMENT HEARING SCHEDULED FOR 11/21/2000 AT 09:00 |

* * * E N D O F R E P O R T * * *

STATE OF FLORIDA, COUNTY OF DUVAL

DEC 31 2007

746

Cin#679481

# COMPLAINT/ARREST AFFIDAVIT

11/29/00

DR/II Number: 13.01.033995 | Felony / Misdemeanor / Traffic / Juvenile / Warrant | Jail No: 00-96739 | Police Case No.

Agency Code: 60 | Municipal P.D. Det. ID No. | MDPD Records and ID No: 679481 | Court Case No.

DEFENDANT'S NAME: Last: Murillo | First: Camilo | Middle | DOB mo/da/yr: [redacted] | Sex: M | Race: W | Ethnic | Height: 509 | Weight: 190 | Hair: BAO | Eyes: BRO

LOCAL ADDRESS: [redacted] SW 23 TERR | Street | City | State | Zip | Phone | Alias: NONE

PERMANENT ADDRESS | Street | City | State | Zip | Phone | Address Source: ☒ Verbal ☐ Voter's I.D. ☐ Driver's License ☐ Other

BUSINESS ADDRESS | Street | City | State | Zip | Phone | Occupation | Place of Birth

DRIVER'S LICENSE NO. | State | Social Security No. | Scars, Tattoos, Unique Physical Features: N.V

Weapon Seized? Type ☐ Yes ☐ No | Arrest Date mo/da/yr: 12/20/2000 | Arrest Time: 0900 ☒ A.M. ☐ P.M. | Arrest Location (Include name of business): B.G.B 6-4 | GRID

If Def. has Concealed Weapons Permit, PERMIT # W- | For Robbery, Burglary, F/A Viol: Suspected History of drug involvement? ☐ Yes ☒ No | No. Cases Cleared | Influence of Drugs ☐ Yes ☐ No ☒ Unk. | Influence of Alcohol ☐ Yes ☐ No ☒ Unk. | Citizen | Native: Type ☐ City ☐ State ☐ Florida ☐ Out of State

CO-DEFENDANTS: 1. Last | First | Middle | DOB mo/da/yr | ☐ In Custody ☐ Felony ☐ Juvenile ☐ At Large ☐ Misdemeanor

2. Last | First | Middle | DOB mo/da/yr | ☐ In Custody ☐ Felony ☐ Juvenile ☐ At Large ☐ Misdemeanor

CODE — DRUG ACTIVITY: S. Sell, N. Sell, B. Buy, P. Possess, R. Smuggle, D. Deliver, T. Traffic, K. Dispense/Distribute, E. Use, M. Manufacture/Produce/Cultivate, F. Other | DRUG TYPE: N. None, A. Narcotics, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Derivatives, P. Paraphernalia, S. Synthetic, U. Unknown, Z. Other

SIGNAL: ☐ 100 ☐ 150 ☐ 200 ☐ 250 ☐ 300 ☐ 400

| | CHARGES | Attempt | Type | Counts | STATUTE | DV | GANG | PCA | FAS | DW | PW | WCIT | VIOLATION OF SPECIAL CONDITION OF THE JUDGE OF |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | CAIN/SELL/DEL/BRGLY | | | 1 | | | F00035444 | | | | | | ✓ |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | |

The undersigned certifies and swears that he has just and reasonable grounds to believe, and does believe that the above named Defendant on the 20th day of DEC. 20 2000 at 900 ☒ A.M. ☐ P.M. (Time) B.G.B 6-4 (Location, include name of business) committed the following violation of law: Narrative, (Be specific)

Δ Taken into Custody - NO Bond - 1/4
Con 4/NB

PER B. PINERO 1

PAGE ____ OF ____

Hold for Other Agency: Agency ____ Verified by ____

I Swear that this above Statement is correct and true to the best of my knowledge and belief

Officer's Name (Print): Angela Jones

Officer's Signature: [signature] 12/20/00

PR 0143 60

Complainant's Name | Court ID Number/Loc. Code

☐ HOLD FOR BOND HEARING. DO NOT BOND OUT (Officer Must Appear at Bond Hearing)

Sworn to and subscribed before me the undersigned authority, this ____ day of ____

Deputy of the Court or Notary Public

☐ I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date, and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juveniles notify Family Division Juvenile Section) anytime that my address changes.

☐ You need not appear in court, but must comply with the instructions on the reverse side hereof.

Signature of Defendant / Juvenile and Parents or Guardian

**MDPD RECORDS COPY**

MIAMI DADE P.D. RECORDS BUREAU DADE COUNTY, FL

THIS IS A TRUE COPY OF AN ORIGINAL DOCUMENT ON FILE WITH THE MIAMI-DADE POLICE DEPARTMENT MIAMI, FLORIDA 33172

SIGNATURE [signature] DATE 1/10/20

Transport Officer (s) _____/_____ ID# _____-_____ Dept# _____ Taken To _____

Transport Officer (s) _____/_____ ID# _____-_____ Dept# _____ Taken To _____

Transport Officer (s) _____/_____ ID# _____-_____ Dept# _____ Taken To _____

Does defendant have any signs/complaints of injury? ☐ Yes ☐ No Indicate any signs or complaints of injury regardless whether they happened prior to, during, or after arrest, or whether they have any connection to the arrest at all.
(If Yes, complete below data/notify supervisor.)

Explain: _____

_____

_____

_____ Name and Rank of Supervisor Notified: _____

Defendants Vehicle

| YEAR | MAKE | MODEL | TAG | STATE | VIN | COLOR |
|---|---|---|---|---|---|---|
| | | | | | | |

OWNER/DRIVER/DESIGNEE RELEASE FORM & DISCLAIMER OF LIABILITY

Owner/Driver/Designee (O/D/D) must read and sign disclaimer of liability if vehicle is left at scene, or removed, or released to O/D/D at scene.

Released to: _____/_____ Left on Scene? ☐ YES ☐ NO

(Print Name - Signature) D/L # State

The undersigned certifies that he/she is the legal owner/driver/designee of the vehicle described above. In consideration of being permitted to leave the vehicle mentioned at the location mentioned, or removed, or released, the undersigned hereby releases and discharges Miami-Dade County and all of its agents and employees for any damage to, or damage caused, theft of, or theft from, the vehicle described above.

_____ _____

Signature of Owner/Driver/Designee Signature of Officer Witnessing ID #

IF YOUR VEHICLE IS PARKED MORE THAN 48 HOURS, IT IS SUBJECT TO BE REMOVED.

MIAMI DADE COUNTY, FL RECORDS BUREAU

# MIAMI-DADE COUNTY
## CORRECTIONS AND REHABILITATION DEPARTMENT
## JAIL BOOKING RECORD

CTJ 679481

00 96739

PHOTO



INT

[redacted]

| JAIL NUMBER | DEFENDANT NAME | RACE | SEX | DATE OF BIRTH |
|---|---|---|---|---|
| 0000**96739** | MONTILLA, CAMILO ANDRES | W | M | [redacted] |

| ADDRESS | HEIGHT | WEIGHT | HAIR | EYES | SOCIAL SECURITY NUMBER |
|---|---|---|---|---|---|
| [redacted] SW 22[illegible] TERR | 5-09 | 190 | BLK | BRO | |

| CITY AND STATE | RESIDENCE | FOR | TO | BOOKED DATE | CELL LOCATION |
|---|---|---|---|---|---|
| MIAMI FL | CITY | 01285 | 0823 | 11/29/00 | 7B1 |

| COURT CASE NUMBER | PRINT | ARREST LOCATION |
|---|---|---|
| F00-038091 | Y | 2700 SW 24 AVE 06197431067948 |

| DATE | SEQ | INPUT NUMBER | CHARGE DESCRIPTION / PENALTIES | NO | CASE / WARR. NUMBER | BOND AMOUNT |
|---|---|---|---|---|---|---|
| 11/29/00 | 1 | 0063300110 | CRIMINAL MISCHIEF/$1,000 OR MORE | | F00-038091 | 5000 |
| | | | OUT ON FELONY BOND (Chg#2 added per Rawls #0020 CHG) | | F00 35444 | |
| 12/20/00 | | | Cannabis Sell/DEL/Posn W/Int Chg#3 added per Jones #0143. CHR/OS #0137 | TC | F0035444 | |

DISPOSITIONS

11/29 chg 1) F00-38091 Arr 12/20 Pinero
Reset P/C Hearing 11/30/00 PM Cal — Klein/0104
11/30 chg 1) F00-38091 - Reset PM cal 11/30 Klein/0814
11/30 chg 1) F00-38091 BND $5,000. — Klein/0104
DEC 07 2000 00-38091 Cont 12/20 - NO Bond - Pinero 4/0143
DEC 08 2000 00-38091 CONT. 12/20/00 — Pinero Em 3046
DEC 20 2000 00-38091, 00-35444 Cont 1/4/01 — Pinero 4/0143
JAN 03 2001 00-38091, [redacted] Bind down to misd. Criminal → MOL 297

COMMENTS

11/30 F00-35444 - 1 H/O for chg Pinero on 12/1/00 AM cal

AKA'S

Chg #1

RELEASED CJS

MOTHER'S MAIDEN NAME

FATHER'S NAME

RELEASE INFO

BOND AMOUNT 500-

BONDSMAN NAME STATE

BONDING COMPANY SNEC

PASS NUMBER

RELEASED BY

DATE OF RELEASE JAN 03 2001

TIME OF RELEASE 1255

POWER NUMBER 55-235825

MIAMI-DADE P.D. RECORDS BUREAU DADE COUNTY, FL

THIS IS A REDACTED COPY OF AN ORIGINAL DOCUMENT ON FILE WITH THE MIAMI-DADE POLICE DEPARTMENT MIAMI, FLORIDA 33172

SIGNATURE

1/10/20
DATE

I HEREBY AUTHORIZE THE SHERIFF, HIS JAILER, OR DEPUTIES TO OPEN AND INSPECT ALL MAIL MATTER OR PACKAGES WHICH MAY BE ADDRESSED TO ME AS LONG AS I AM A PRISONER IN HIS CUSTODY.

11/28/00
DATE

X Camilo Murillo
PRISONER'S SIGNATURE

| DATE | NO | CHARGES | CPC | FSS/CASE/WARR | BOND |
|---|---|---|---|---|---|
| | | | | | |

| DATE | DISPOSITIONS |
|---|---|
| | mischief. Bond set at $500 — Pinedo Hons |
| | 00-35444 Pled Guilty w/A Adj. Sent to |
| | One Probation. — Perpinedo Hons |

MIAMI DADE P.D.
RECORDS BUREAU
DADE COUNTY, FL

# COMPLAINT/ARREST AFFIDAVIT

OBTS Number | ☐ Felony ☐ Misdemeanor ☐ Traffic ☐ Juvenile ☐ Warrant | Jail No. 72495 | Police Case No. 485824-Z

ITS No. | Agency Code 30 | Municipal P.D. Det. ID No. | Metro-Dade Inmate ID No. 699481 | Court Case No.

DEFENDANT'S NAME: Last MURILLO First CAMILO Middle ANDRES | DOB mo/day/yr [redacted] | Sex M | Race W | Ethnic | Height 5'10" | Weight 200 | Hair BR | Eyes BR

LOCAL ADDRESS [redacted] Street SW 23 Ter City MIAMI State FL Zip 33145 | [redacted] | Alias

PERMANENT ADDRESS: S/A LOCAL Street City State Zip | Phone — | Address Source ☐ Verbal ☐ Voter's ID ☐ Driver's License ☐ Other

BUSINESS ADDRESS: PHILLIES Street 1601 NW 72 AVE City MIAMI State FL Zip 33126 | Phone (305) 592-2552 | Occupation PAINTER | Place of Birth FL

DRIVER'S LICENSE NO. State | Social Security No. [redacted] | Scars, Tattoos, Unique Physical Features TATTOO L-ARM R-LEG

Weapon Seized? Type ☐ Yes ☐ No | Arrest Date mo/day/yr 08/30/01 | Arrest Time 3:00 ☐ A.M. ☐ P.M. | Arrest Location (include name of business) 3436 SW 23 TER (NAS) (1495)

If Def. has Concealed Weapons Permit, PERMIT # W- N/A | For Robbery, Burglary, F/A Viol: Suspected history of drug involvement? ☐ Yes ☐ No | No. Cases Cleared 1 | Influence of Drugs ☐ Yes ☐ No ☐ Unk. | Influence of Alcoh. ☐ Yes ☐ No ☐ Unk. | Citizenship US | Resid. ☐ City ☐ Florida ☐ Out of State | Date

CO-DEFENDANTS: 1. Last Last First N Middle | DOB mo/day/yr __/__/__ | ☐ In Custody ☐ Felony ☐ Misd. ☐ At Large

2. Last First A Middle | DOB mo/day/yr __/__/__ | ☐ In Custody ☐ Felony ☐ Misd. ☐ At Large

CODE — DRUG ACTIVITY: N. N/A, P. Possess, S. Sell, B. Buy, T. Traffic, R. Smuggle, D. Deliver, E. Use, K. Dispense/Distribute, Z. Other, M. Manufacture/Produce/Cultivate | DRUG TYPE: N. N/A, A. Amphetamine, B. Barbiturate, C. Cocaine, E. Heroin, H. Hallucinogen, M. Marijuana, O. Opium/Deriv., S. Synthetic, P. Paraphernalia: Equipment, U. Unknown, Z. Other

| | CHARGES | Activity | Type | Counts | STATUTE | O.V. | A.C. | CAPIAS | I.W. | W.W. | PHOTO | VIOLATION OF SPEA |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | CAN/SALE/POSS | N | N | 1 | | | | | | | PW/F-00-35444 | 21-81 |
| 2 | V.O.P. | N | N | 1 | | | | | | | | |
| 3 | | | | | | | | | | | | OF THE CODE OF |
| 4 | | | | | | | | | | | | MIAMI DADE |

The undersigned certifies and swears that he has probable and reasonable grounds to believe, and does believe that the above named Defendant(s) On the 30 day of AUGUST 2001 2:00 ☐ A.M. ☐ P.M. (Time) 3436 SW 23 TER. (Location, Include name of business)

committed the following violation of law. Narrative. (Be specific)

ISSUED 8/30/01

DC # 01-5861 NO BOND

PAGE 1 OF 1

Held for Other Agency | Agency | Verified by | ☐ HOLD FOR BOND HEARING. DO NOT BOND OUT. (Officer Must Appear at Bond Hearing)

I Swear (or affirm) the above Statement is correct and true to the best of my knowledge and belief.

Sworn to and subscribed before me, the undersigned authority, this 30 day of AUGUST 2001

YOUNG

Officer's Name (Print)

Officer's Signature 4020 (68)

Deputy Clerk or Notary Public

Agency Name | Badge ID Number/Loc. Code

MDPD RECORDS COPY

☐ I understand that should I willfully fail to appear before the court as required by this notice to appear that I may be held in contempt of court and a warrant for my arrest shall be issued. Furthermore, I agree that notice concerning the time, date and place of all court hearings should be sent to the above address. I agree that it is my responsibility to notify Clerk of the Court (Juveniles notify Family Division Juvenile Section) of any change of my address.

☐ You need not appear in court, but must comply with the instructions on the reverse side hereof.

Signature of Defendant / Juvenile and Parent or Guardian

MIAMI DADE POLICE DEPARTMENT RECORDS BUREAU DADE COUNTY, FL

THIS IS A REDACTED COPY OF AN ORIGINAL DOCUMENT ON FILE WITH THE MIAMI-DADE POLICE DEPARTMENT MIAMI, FLORIDA 33172

SIGNATURE 1/10/20 DATE

Transport Officer (s) Young / _____ ID# 7000 - _____ Dept# 30 Taken To DCJ.

Transport Officer (s) _____ / _____ ID# _____ - _____ Dept# _____ Taken To _____

Transport Officer (s) _____ / _____ ID# _____ - _____ Dept# _____ Taken To _____

Does defendant have any signs/complaints of injury? ☐ Yes ~~☐~~ No Indicate any signs or complaints of injury regardless whether they happened prior to, during, or after arrest, or whether they have any connection to the arrest at all.
(If Yes, complete below data/notify supervisor.)

Explain: _____

_____

_____

_____ _____ Name and Rank of Supervisor Notified: _____

**JUVENILES ONLY:** MDPD JUVENILE ID NUMBER: J-

Defendants Vehicle

| YEAR | MAKE | MODEL | TAG | STATE | VIN | COLOR |
|---|---|---|---|---|---|---|
| | | | N/A | | | |

OWNER/DRIVER/DESIGNEE RELEASE FORM & DISCLAIMER OF LIABILITY

Owner/Driver/Designee (O/D/D) must read and sign disclaimer of liability if vehicle is left at scene, or removed, or released to O/D/D at scene.

Released to: _____ / _____ Left on Scene? ☐ YES ☐ NO
(Print Name - Signature) D/L # State

The undersigned certifies that he/she is the legal owner/driver/designee of the vehicle described above. In consideration of being permitted to leave the vehicle mentioned at the location mentioned, or removed, or released, the undersigned hereby releases and discharges Metropolitan Dade County and all of its agents and employees for any damage to, or damage caused, theft of, or theft from, the vehicle described above.

_____ _____
Signature of Owner/Driver/Designee Signature of Officer Witnessing

IF YOUR VEHICLE IS PARKED MORE THAN 48 HOURS, IT IS SUBJECT TO BE REMOVED.

MIAMI-DADE P.D. RECORDS BUREAU DADE COUNTY, FL

204

# MIAMI-DADE COUNTY
## CORRECTIONS AND REHABILITATION DEPARTMENT
## JAIL BOOKING RECORD

679481

01 72423



RIGHT THUMB PRINT



| JAIL NUMBER | DEFENDANT NAME | RACE | SEX | DATE OF BIRTH |
|---|---|---|---|---|
| 010072473 | MURILLO, CAMILO ANDRES | W | M | [redacted] |

| ADDRESS | HEIGHT | WEIGHT | HAIR | EYES | SOCIAL SECURITY NUMBER |
|---|---|---|---|---|---|
| [redacted] SW 23 TERR | 510 | 200 | BLK | BRO | [redacted] |

| CITY AND STATE | RESIDENCE | TOT | TU | BOOKED DATE | CELL LOCATION |
|---|---|---|---|---|---|
| MIAMI FL | DADE | 15:00 | 1540 | 08/30/01 | PT2CA |

| COURT CASE NUMBER | PRINT | ARREST LOCATION |
|---|---|---|
| | Y | 3436 SW 22 TERR #0619743 |

| DATE | SEQ. | INPUT NUMBER | CHARGE DESCRIPTION/PENALTIES | NO. | CASE/WARR. NUMBER | BOND AMOUNT |
|---|---|---|---|---|---|---|
| 08/30/01 | 1 | | VOP/CANN SALE POSS | CW | F00-035444 | NO BOND |

DISPOSITIONS

8/31/01 F00-35444 - Ord. 9/13 Rpt. Pineiro 1400 1584
9/13/01 00-35444 - cont 9/14/01 rpt-Pineiro — B
9/14/01 00-35444 - cont 9/21/01 rpt-Pineiro — N3190D
9/21/01 00-35444 - cont 9/28/01 rpt-Pineiro AB4496
9/28/01 00-35444 - cont 10/1/01 rpt-Pineiro
10/1/01 00-35444 - probation reinstated-Pineiro — VB4614

COMMENTS

RELEASED
CJS

AKA'S

PROB REINSTATED

| MOTHERS MAIDEN NAME | | BOND AMOUNT | BONDSMAN NAME | BONDSMAN # |
|---|---|---|---|---|
| FATHERS NAME | RELEASE | BONDING COMPANY | | PASS NUMBER |
| | | RELEASED BY: CR | DATE OF RELEASE: OCT 01 2001 | TIME OF RELEASE: 1120 |

MIAMI DADE PD RECORDS BUREAU DADE COUNTY, FL

THIS IS A REDACTED COPY OF AN ORIGINAL DOCUMENT ON FILE WITH THE MIAMI-DADE POLICE DEPARTMENT MIAMI, FLORIDA 33172

SIGNATURE 11/10/20 DATE

I HEREBY AUTHORIZE THE SHERIFF, HIS JAILER, OR DEPUTIES TO OPEN AND INSPECT ALL MAIL MATTER OR PACKAGES WHICH MAY BE ADDRESSED TO ME AS LONG AS I AM A PRISONER IN HIS CUSTODY.

DATE

Carlos Miller

PRISONER'S – SIGNATURE

| DATE | NO | CHARGES | CPC | FSS/CASE/WARR | BOND |
|---|---|---|---|---|---|
| | | | | | |

| DATE | DISPOSITIONS |
|---|---|
| | |

MIAMI DADE P.D.
RECORDS BUREAU
DADE COUNTY, FL

IN THE COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA www.miami-dadeclerk.com

TRAFFIC DIVISION

# CLERK'S CERTIFICATE

THE STATE OF FLORIDA VS.

CAMILO A MURILLO

Defendant

DL Number M640101821660 State FL Date of Birth 05/06/1982 Case Number 394654W

ISSUE DATE: 07/21/2000 (●) No Accident ( ) Accident STATUTE #: 316.193

(●) COURT DESCRIPTION :

Disposition Date: 07/27/2000

PLEA:
- ( ) Guilty
- ( ) NOT Guilty
- (●) Nolo Contedere

FINDING:
- (●) Guilty
- ( ) NOT Guilty

ADJUDICATION:
- ( ) NOT Guilty
- ( ) Dismissed
- ( ) Nolle Prosse
- (●) Adjudication of Guilt
- ( ) Adjudication Withheld

( ) STATUTORY DISPOSITION:

Disposition Date:

- ( ) Admitted Infraction by Payment of Civil Penalty pursuant to F.S. 318.14 (4)
- ( ) Did not contest the infraction and elected a statutory Driver Improvement Course; Adjudication was withheld pursuant to FS318.14 (9)
- ( ) Adjudication was withheld pursuant to FS318.14 (10) (a)
- ( ) Dismissed by Clerk pursuant to statutory compliance

(●) COURT REQUIREMENTS: (●) Completed by Defendant ( ) Not Completed by Defendant

(●) SENTENCE:

- (●) Probation: 6 months
- (●) Fine/Cost: $664.75
- ( ) Jail Time:
- ( ) Hours Traffic School:
- ( ) DL Suspended/Revoked:
- (●) Community Service Hours: 50 HOURS
- ( ) Court Order Restitution:
- ( ) Other

- ( ) High Risk Traffic School
- (●) DUI Program
- ( ) TASC Program
- ( ) Alcoholic Anonymous
- (●) Victim Impact Panel
- ( ) Suspend Entry of Sentence
- ( ) Interlock Device

( ) After a diligent search of Miami-Dade County records, we are unable to locate:

- ( ) Any information on the above named defendant.
- ( ) The above styled case was not (an) _____ offense.
- ( ) The above styled case has been destroyed in compliance with Florida retention schedules
- ( ) The sentencing information is no longer available.
- ( ) The offense cited in the above styled case has been decriminalized.

This is to certify that the information above is true and correct.

Witness my Hand and Official Seal this 9 day of December , 2019 .

Harvey Ruvin

HARVEY RUVIN
CLERK OF COURTS

By: Deputy Clerk Sandra M Pierre-Louis

12/9/2019
Date

**Mission**:
To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Ron DeSantis**
Governor

**Scott A. Rivkees, MD**
State Surgeon General

**Vision**: To be the Healthiest State in the Nation

January 15, 2020

Camilo Andres Murillo
3436 Sw 23 Ter
Miami, FL 33145

RE: Exemption application for Registered Nurse License No. 9420080

Dear Mr. Murillo:

This letter is to acknowledge receipt of your application for exemption. Enclosed (by mail only) is a copy of your criminal history report. This document is confidential and may not be used for any purpose other than your personal review. If you chose to mail your criminal history report back to the department, your criminal history report may therefor become subject to public disclosure. You are required to provide documentation for each item highlighted in the report:

Our records indicate that we have not received your Livescan results within 90 days of your application. If you have already had your electronic fingerprinting (Livescan) completed, please allow 24-72 hours for receipt of your results. The Department of Health cannot accept hard copy (paper) fingerprint cards.

All applicants for exemption must have electronic fingerprinting completed by a Florida Department of Law Enforcement (FDLE) approved provider. For a list of approved providers and a list of Frequently Asked Questions visit our website at: http://www.flhealthsource.gov/bgs-providers.

You will need to provide the Livescan provider with an ORI (Originating Agency) number. Applicants who use the incorrect ORI number may have their background check results misdirected. Our office will not be able to retrieve misdirected results and this will delay the processing of your application. Your ORI number is: EDOH4420Z. Email a confirmation to mqa.backgroundscreen@flhealth.gov once completed.

Provide arrest reports for all disqualifying offenses. You may obtain these documents by contacting the arresting agency. If documents are not available due to record retention policies, have the arresting agency provide you with a letter, on their letterhead, stating there is no information available.

You must provide all available full court dispositions, regardless of adjudication, to show the outcome of each case. Court documents can be obtained from the Clerk of the Court in the jurisdiction where the offense occurred. If documents are not available due to record retention policies, have the Clerk of Court provide you with a letter, on their letterhead, stating there is no information available.

Provide written documentation that you have completed your sentence requirements, including any probation or confinement. You may obtain a copy of this documentation by contacting the Department of Corrections. The documentation must include the start date of the sentence, end date of the sentence, and show that all conditions were met.

Provide proof of completion of fines, restitution, or other court ordered sanctions for each offense. This documentation can be obtained from the Clerk of Court in the county in which the offense occurred. This must include the date in which the payment/completion of the sanction was satisfied. If the clerk is unable to locate the documents associated with any offense, an official letter from the agency stating the reason is required.

Provide a typed letter detailing the events of all disqualifying offenses listed on your background report. If the offense involved battery or assault, the explanation must include your relationship with the parties involved and their age at the time the offense occurred.

To eliminate further delays, return a copy of this letter along with the required item(s) to:

Florida Department of Health
Attn: Cassie Hurley
4052 Bald Cypress Way, Bin BSU - 01
Tallahassee, FL 32399-3260

If you no longer wish to pursue the application process, please email or fax a written statement indicating your intent to withdraw the application.

If you have any questions, you may contact our office at (850) 488-0595, or e-mail mqa.backgroundscreen@flhealth.gov.

Sincerely,

Cassie Hurley

Cassie Hurley
Government Analyst II
Background Screening and
Practitioner Notification Services

3088

50071492 Sex ###-##
Student ID SSN

Murillo, Camilo Andres

# UNIVERSITY OF MIAMI

MIAMI

CORAL GABLES, FLORIDA 33124

09/21/2020

Other Institutions Attended

Broward College Central
225 East Las Olas Boulevard
Ft Lauderdale, FL 33301
Miami Dade College Kendall
11011 South West 104Th Street
Miami, FL 33176
Mattia College
13926 Sw 47Th St
Miami, FL 33175

External Degrees

Broward College Central
BACHELOR OF SCIENCE IN NURSING 06/27/2017
Miami Dade College Kendall
ASSOCIATE OF ARTS 04/30/2016
Mattia College
ASSOCIATE OF SCIENCE 08/28/2015

**Beginning of Graduate Record**

**Spring 2018**

Graduate Nursing
Nursing Major
Family Nurse Practitioner Track

| Course | Course Title | Attempted | Earned | Grade | Qty Pts |
|---|---|---|---|---|---|
| NUR 601 | ADV PHARMACOLOGY | 3.000 | 3.000 | B | 9.000 |
| Instructor: | Martin Zdanowicz | | | | |
| NUR 612 | PHYSIOL/PATHOPHYSI | 3.000 | 3.000 | B | 9.000 |
| Instructor: | Johis Ortega<br>Sandra Giraldo-Perez | | | | |

| | | | Earned Credits | Graded Credits | Qty Pts |
|---|---|---|---|---|---|
| UM Semester GPA | 3.000 | UM Semester Totals | 6.000 | 6.000 | 18.000 |
| UM Cum GPA | 3.000 | UM Cumulative Totals | 6.000 | 6.000 | 18.000 |

**Summer 2018**

Graduate Nursing
Nursing Major
Family Nurse Practitioner Track

| Course | Course Title | Attempted | Earned | Grade | Qty Pts |
|---|---|---|---|---|---|
| NUR 609 | PROF ADV PRAC NURN | 2.000 | 2.000 | A+ | 8.000 |
| Instructor: | Martha Maldonado | | | | |
| NUR 613 | HLTH ASSM DIAG REA | 3.000 | 3.000 | B+ | 9.900 |
| Instructor: | Patricia Briones | | | | |
| NUR 630 | RES EVD-BAS PRACT | 3.000 | 3.000 | A | 12.000 |
| Instructor: | Brian McCabe | | | | |

| | | | Earned Credits | Graded Credits | Qty Pts |
|---|---|---|---|---|---|
| UM Semester GPA | 3.738 | UM Semester Totals | 8.000 | 8.000 | 29.900 |
| UM Cum GPA | 3.421 | UM Cumulative Totals | 14.000 | 14.000 | 47.900 |

**Fall 2018**

Graduate Nursing
Nursing Major
Family Nurse Practitioner Track

| Course | Course Title | Attempted | Earned | Grade | Qty Pts |
|---|---|---|---|---|---|
| NUR 608 | CNCPT ADV PRAC NUR | 3.000 | 3.000 | A | 12.000 |
| Instructor: | Brenda Owusu | | | | |
| NUR 628 | ADULT GERON I | 5.000 | 5.000 | B | 15.000 |
| Instructor: | Juan Gonzalez | | | | |

| | | | Earned Credits | Graded Credits | Qty Pts |
|---|---|---|---|---|---|
| UM Semester GPA | 3.375 | UM Semester Totals | 8.000 | 8.000 | 27.000 |
| UM Cum GPA | 3.405 | UM Cumulative Totals | 22.000 | 22.000 | 74.900 |

**Spring 2019**

Graduate Nursing
Nursing Major
Family Nurse Practitioner Track

| Course | Course Title | Attempted | Earned | Grade | Qty Pts |
|---|---|---|---|---|---|
| NUR 623 | MATERNAL CHILD HLTH | 5.000 | 5.000 | B+ | 16.500 |
| Instructor: | Kenya Snowden<br>Giselle Garcia Rivero | | | | |
| NUR 631 | ADULT GERON II | 4.000 | 4.000 | A | 16.000 |
| Instructor: | Patricia Briones | | | | |

| | | | Earned Credits | Graded Credits | Qty Pts |
|---|---|---|---|---|---|
| UM Semester GPA | 3.611 | UM Semester Totals | 9.000 | 9.000 | 32.500 |
| UM Cum GPA | 3.465 | UM Cumulative Totals | 31.000 | 31.000 | 107.400 |

**Summer 2019**

Graduate Nursing
Nursing Major
Family Nurse Practitioner Track

| Course | Course Title | Attempted | Earned | Grade | Qty Pts |
|---|---|---|---|---|---|
| NUR 647 | AD PRAC NUR INTEGR | 6.000 | 6.000 | B- | 16.200 |
| Instructor: | Juan Gonzalez | | | | |

| | | | Earned Credits | Graded Credits | Qty Pts |
|---|---|---|---|---|---|
| UM Semester GPA | 2.700 | UM Semester Totals | 6.000 | 6.000 | 16.200 |

STUDENT COPY - NOT OFFICIAL

3089

50071492 Sex ###-##
Student ID SSN

Murillo, Camilo Andres

# UNIVERSITY OF MIAMI

MIAMI

CORAL GABLES, FLORIDA 33124

09/21/2020

| | | | | | |
|---|---|---|---|---|---|
| UM Cum GPA | 3.341 | UM Cumulative Totals | 37.000 | 37.000 | 123.600 |

READMITTED - SUMMER 2020

**Summer 2020**

Graduate Nursing
Nursing Major
Family Nurse Practitioner Track

| Course | Course Title | Attempted | Earned | Grade | Qty Pts |
|---|---|---|---|---|---|
| NUR 647 | AD PRAC NUR INTEGR | 6.000 | 6.000 | B+ | 19.800 |
| Instructor: | Juan Gonzalez | | | | |

| | | | Earned Credits | Graded Credits | Qty Pts |
|---|---|---|---|---|---|
| UM Semester GPA | 3.300 | UM Semester Totals | 6.000 | 6.000 | 19.800 |
| UM Cum GPA | 3.335 | UM Cumulative Totals | 43.000 | 43.000 | 143.400 |

Degrees Awarded

Degree: MASTER OF SCIENCE IN NURSING
Confer Date: 08/07/2020
Nursing Major

End of Undergraduate & Graduate

STUDENT COPY - NOT OFFICIAL

1 3
504/525
MURILLO, CAMILO
[redacted] 23RD TER
MIAMI, FL 33145-3023

10000070 2/0104[illegible]

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| MM6437431 | 01-31-2024 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N, 3,3N,4,5 | MLP-NURSE PRACTITIONER | 04-20-2021 |

*MURILLO, CAMILO*
*[redacted] 23RD TER*
*MIAMI, FL 33145-3023*

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

**Registered activity within schedule is restricted by your state.**

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

**THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.**

**CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE**
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D C 20537

| DEA REGISTRATION NUMBER | THIS REGISTRATION EXPIRES | FEE PAID |
|---|---|---|
| MM6437431 | 01-31-2024 | $888 |

| SCHEDULES | BUSINESS ACTIVITY | ISSUE DATE |
|---|---|---|
| 2,2N, 3,3N,4,5 | MLP-NURSE PRACTITIONER | 04-20-2021 |

MURILLO, CAMILO
[redacted] 23RD TER
MIAMI, FL 33145-3023

Registered activity within schedule is restricted by your state.

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

Form DEA-223 (9/2016)

Nevada State Board of NURSING
Primary Source License Verification

# ViewReportHeaderTitle

Primary Source Board of Nursing Report Summary for

## CAMILO ANDRES MURILLO

Tuesday, June 06 2023 10:02:16 AM

***The legend below provides details related to the statuses for advanced practice registered nurses (APRNs) only***

***Active*** *– ascribed to APRNs who meet the requirements for licensure, but do not meet the requirements, or have not applied for, prescribing privileges.*

***Active Prescribing*** *– ascribed to all APRNs who have been granted authority to prescribe all legend drugs and may include Schedule CIII-V*

***Active Prescribing – CII –*** *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and is not required to protocol with a collaborative physician.*

***Active Prescribing-CII-COLL –*** *ascribed to all APRNs who have been granted authority to prescribe within the Schedule CII-V category, and have provide his/her current protocol with a collaborative physician.*

***Active Prescribing -D–*** *ascribed to all APRNs who have been granted authority to prescribe and dispense all legend drugs and may include Schedule CIII-

***Active Prescribing – CII – D*** *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, and is to obtain a protocol with a collaborative physician.*

***Active Prescribing-CII-COLL –D*** *ascribed to all APRNs who have been granted authority to prescribe and dispense within the Schedule CII-V category, an provided a copy of his/her current protocol with a collaborative physician.*

*APRNs must also apply with the Nevada State Board of Pharmacy and/or DEA before they can prescribe in Nevada.*

*If an APRN wishes to remove the protocol requirement they must submit a letter on letterhead from their employer to the Nevada State Board of Nursing ve they have worked a minimum of 2 years or 2,000 hours as an APRN.*

***Details related to License / Certificate Status can be found at the bottom of this page.***

| Name on License | License / Certificate Type | License / Certificate Number | License Status | Original Issue Date | Current Expiration Date | Discipline |
|---|---|---|---|---|---|---|
| MURILLO, CAMILO ANDRES | RN | 860881 | Inactive | 10/21/2022 | 01/10/2023 | NO |

**Primary Source Board of Nursing Messages & Notifications**

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. A temporary license may not be extended or renewed.

| Name on License | License / Certificate Type | License / Certificate Number | License Status | Original Issue Date | Current Expiration Date | Discipline |
|---|---|---|---|---|---|---|
| MURILLO, CAMILO ANDRES | APRN-CNP | 860881 | Inactive | 12/13/2022 | 01/12/2023 | NO |

**Primary Source Board of Nursing Messages & Notifications**

- This temporary license is issued until the applicant meets all of the licensure requirements for a permanent license. A temporary license may not be extended or renewed.

**Advanced Practice license/recognition information**

- Population Focus / Specialty:
  - Focus/Specialty: Family Across the Lifespan
  - Has discipline: NO
  - Expiration Date: 01/12/2023
  - Original Issuance Date: 12/13/2022
  - Current Issue Date: 12/13/2022
  - Certification expiration date: 12/25/2025

| Name on License | License / Certificate Type | License / Certificate Number | License Status | Original Issue Date | Current Expiration Date | Discipline |
|---|---|---|---|---|---|---|
| MURILLO, CAMILO ANDRES | RN | 860881 | Active | 01/10/2023 | 05/06/2024 | NO |

| Name on License | License / Certificate Type | License / Certificate Number | License Status | Original Issue Date | Current Expiration Date | Discipline |
|---|---|---|---|---|---|---|
| MURILLO, CAMILO ANDRES | APRN-CNP | 860881 | Active Prescribing - CII | 01/12/2023 | 05/06/2024 | NO |

**Advanced Practice license/recognition information**

- Population Focus / Specialty:
  - Focus/Specialty: Family Across the Lifespan
  - Has discipline: NO
  - Expiration Date: 05/06/2024
  - Original Issuance Date: 01/12/2023
  - Current Issue Date: 01/12/2023
  - Certification expiration date: 12/25/2025

**License type information**

- **RN:** Registered Nurse
- **PN:** Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- **CNP:** Certified Nurse Practitioner
- **CNS:** Clinical Nurse Specialist
- **CNM:** Certified Nurse Midwife
- **CRNA:** Certified Registered Nurse Anesthetist

# 18

# 19

# Proposed Regulation of the Nevada State Board of Pharmacy

Workshop December 7, 2023

Explanation – Language in ***blue italics*** is new; language in ***red text*** [~~*omitted material*~~] is language to be omitted, and language in ***green text*** indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 453.146; NRS 639.070

**A REGULATION relating to controlled substances; adding zuranolone to the controlled substances listed in Schedule IV; and providing other matters properly relating thereto.**

**Section 1.** NAC 453.540 is hereby amended to read as follows:

**NAC 453.540 Schedule IV.**

1. Schedule IV consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs, including, without limitation, their salts, calculated as the free anhydrous base of alkaloid, is hereby enumerated on schedule IV, in quantities:

(a) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit; or

(b) Dextropropoxyphene (alpha-(+)-4-dimethylamino-1,2-diphenyl-3-methyl-2-propionoxy-butane).

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alprazolam;
Barbital;
Bromazepam;
Butorphanol;
Camazepam;
Carisoprodol;
Chloral betaine;
Chloral hydrate;
Chlordiazepoxide;
Clobazam;
Clonazepam;
Clorazepate;

Clotiazepam;
Cloxazolam;
*Daridorexant*
Delorazepam;
Diazepam;
Dichloralphenazone;
Eluxadoline;
Estazolam;
Ethchlorvynol;
Ethinamate;
Ethyl loflazepate;
Fludiazepam;
Flunitrazepam;
Flurazepam;
Halazepam;
Haloxazolam;
Ketazolam;
*Lemborexant*
Loprazolam;
Lorazepam;
Lorcaserin;
Lormetazepam;
Mebutamate;
Medazepam;
Meprobamate;
Methohexital;
Methylphenobarbital (mephobarbital);
Midazolam;
Nimetazepam;
Nitrazepam;
Nordiazepam;
Oxazepam;
Oxazolam;
Paraldehyde;
Petrichloral;
Phenobarbital;
Pinazepam;
Prazepam;
Quazepam;
*Remimazolam;*
Suvorexant
Temazepam;
Tetrazepam;
Triazolam;
Zaleplon;
Zolpidem;

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Zopiclone; or
***Zuranolone***.

4. Any material, compound, mixture or preparation which contains any quantity of fenfluramine, including, without limitation, its salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible, is hereby enumerated on schedule IV. For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV:

Cathine ((+)-norpseudoephedrine);
Diethylpropion;
Fencamfamin;
Fenproporex;
Mazindol;
Mefenorex;
Modafinil;
Pemoline (including organometallic complexes and chelates thereof);
Phentermine;
Pipradrol;
Sibutramine; or
SPA ((-)-dimethylamino-1,2,diphenylethane).

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pentazocine, including, without limitation, its salts, is hereby enumerated on schedule IV.

DRAFT

*Nonmetallic Safety Cans for Flammable and Combustible Liquids,* Tenth Edition, dated April 29, 2022.

(2) [Reserved]

**Alberta E. Mills,**

*Secretary, Consumer Product Safety Commission.*

[FR Doc. 2023–23655 Filed 10–30–23; 8:45 am]

**BILLING CODE 6355–01–P**

## DEPARTMENT OF JUSTICE

## Drug Enforcement Administration

## 21 CFR Part 1308

**[Docket No. DEA1258]**

## Schedules of Controlled Substances: Placement of Zuranolone in Schedule IV

**AGENCY:** Drug Enforcement Administration, Department of Justice.

**ACTION:** Interim final rule; request for comments.

**SUMMARY:** On August 4, 2023, the United States Food and Drug Administration approved a new drug application for ZURZUVAE (zuranolone) capsules for the treatment of post-partum depression. The Department of Health and Human Services provided the Drug Enforcement Administration (DEA) with a scheduling recommendation to place zuranolone and its salts in schedule IV of the Controlled Substances Act (CSA). In accordance with the CSA, as amended by the Improving Regulatory Transparency for New Medical Therapies Act, DEA is hereby issuing an interim final rule placing zuranolone, including its salts, in schedule IV of the CSA. This action facilitates the public availability of zuranolone as a schedule IV controlled substance.

**DATES:** This rule is effective October 31, 2023. Comments must be submitted electronically or postmarked on or before November 30, 2023.

Requests for hearing and waivers of an opportunity for a hearing or to participate in a hearing, together with a written statement of position on the matters of fact and law asserted in the hearing, must be received on or before November 30, 2023.

**ADDRESSES:** Interested persons may file written comments on this rulemaking in accordance with 21 U.S.C. 811(j)(3) and 21 CFR 1308.43(g). The electronic Federal Docket Management System will not accept comments after 11:59 p.m. Eastern Time on the last day of the comment period. To ensure proper handling of comments, please reference ''Docket No. DEA1258'' on all correspondence, including any attachments.

- *Electronic comments:* The Drug Enforcement Administration (DEA) encourages commenters to submit comments electronically through the Federal eRulemaking Portal, which provides the ability to type short comments directly into the comment field on the web page or attach a file for lengthier comments. Please go to *https://www.regulations.gov* and follow the online instructions at that site for submitting comments. Upon completion of your submission, you will receive a Comment Tracking Number for your comment. Submitted comments are not instantaneously available for public view on *Regulations.gov*. If you have received a Comment Tracking Number, your comment has been successfully submitted and there is no need to resubmit the same comment.
- *Paper comments:* Paper comments that duplicate electronic submissions are not necessary. Should you wish to mail a paper comment *in lieu of* an electronic comment, it should be sent via regular or express mail to: Drug Enforcement Administration, Attn: DEA Federal Register Representative/DPW, 8701 Morrissette Drive, Springfield, VA 22152.
- *Hearing requests:* All requests for hearing and waivers of participation, together with a written statement of position on the matters of fact and law asserted in the hearing, must be filed with the DEA Administrator, who will make the determination of whether a hearing will be needed to address such matters of fact and law in the rulemaking. Such requests must be sent to: Drug Enforcement Administration, Attn: Administrator, 8701 Morrissette Drive, Springfield, Virginia 22152. For informational purposes, a courtesy copy of requests for hearing and waivers of participation should also be sent to: (1) Drug Enforcement Administration, Attn: Hearing Clerk/OALJ, 8701 Morrissette Drive, Springfield, Virginia 22152; and (2) Drug Enforcement Administration, Attn: DEA Federal Register Representative/DPW, 8701 Morrissette Drive, Springfield, Virginia 22152.

**FOR FURTHER INFORMATION CONTACT:** Terrence L. Boos, Drug & Chemical Evaluation Section, Diversion Control Division, Drug Enforcement Administration; Telephone: (571) 362–3249.

**SUPPLEMENTARY INFORMATION:**

### Posting of Public Comments

Please note that all comments received in response to this docket are considered part of the public record. DEA will make comments available for public inspection online at *https://www.regulations.gov.* Such information includes personal or business identifying information (such as name, address, State or Federal identifiers, etc.) voluntarily submitted by the commenter. In general, all information voluntarily submitted by the commenter, unless clearly marked as Confidential Information in the method described below, will be publicly posted. Comments may be submitted anonymously. The Freedom of Information Act applies to all comments received.

Commenters submitting comments which include personal identifying information (PII), confidential, or proprietary business information that the commenter does not want made publicly available should submit two copies of the comment. One copy must be marked ''CONTAINS CONFIDENTIAL INFORMATION'' and should clearly identify all PII or business information the commenter does not want to be made publicly available, including any supplemental materials. DEA will review this copy, including the claimed PII and confidential business information, in its consideration of comments. The second copy should be marked ''TO BE PUBLICLY POSTED'' and must have all claimed confidential PII and business information already redacted. DEA will post only the redacted comment on *https://www.regulations.gov* for public inspection.

For easy reference, an electronic copy of this document and supplemental information to this interim final rule (IFR) are available at *https://www.regulations.gov.*

### Request for Hearing or Appearance; Waiver

Pursuant to 21 U.S.C. 811(a), this action is a formal rulemaking ''on the record after opportunity for a hearing.'' Such proceedings are conducted pursuant to the provisions of the Administrative Procedure Act (APA), 5 U.S.C. 551–559.[1] Interested persons, as defined in 21 CFR 1300.01(b), may file requests for a hearing in conformity with the requirements of 21 CFR 1308.44(a) and 1316.47(a), and such requests must:

(1) state with particularity the interest of the person in the proceeding;

(2) state with particularity the objections or issues concerning which the person desires to be heard; and

[1] 21 CFR 1308.41–1308.45; 21 CFR part 1316, subpart D.

(3) state briefly the position of the person with regarding to the objections or issues.

Any interested person may file a waiver of an opportunity for a hearing or to participate in a hearing in conformity with the requirements of 21 CFR 1308.44©, together with a written statement of position on the matters of fact and law involved in any hearing.[2]

All requests for hearings and waivers of participation, together with a written statement of position on the matters of fact and law involved in such hearing, must be sent to DEA using the address information provided above. The decision whether a hearing will be needed to address such matters of fact and law in the rulemaking will be made by the Administrator. If a hearing is needed, DEA will publish a notice of hearing on the proposed rulemaking in the **Federal Register**.[3] Further, once the Administrator determines a hearing is needed to address such matters of fact and law in rulemaking, she will then designate an Administrative Law Judge (ALJ) to preside over the hearing. The ALJ's functions shall commence upon designation, as provided in 21 CFR 1316.52.

In accordance with 21 U.S.C. 811 and 812, the purpose of a hearing would be to determine whether zuranolone meets the statutory criteria for placement in schedule IV.

## Background and Legal Authority

Under the Controlled Substances Act (CSA), as amended in 2015 by the Improving Regulatory Transparency for New Medical Therapies Act (section 2(b) of Pub. L. 114–89), DEA is required to commence an expedited scheduling action with respect to certain new drugs approved by the Food and Drug Administration (FDA). As provided in 21 U.S.C. 811(j), this expedited scheduling is required where both of the following conditions apply: (1) The Secretary of the Department of Health and Human Services (HHS) has advised DEA that a New Drug Application (NDA) has been submitted for a drug that has a stimulant, depressant, or hallucinogenic effect on the central nervous system (CNS), and that it appears that such drug has an abuse potential; and (2) the Secretary of HHS recommends that DEA control the drug in schedule II, III, IV, or V pursuant to 21 U.S.C. 811(a) and (b). In these circumstances, DEA is required to issue an interim final rule (IFR) controlling the drug within 90 days.

Subsection 811(j)(2) states that the 90-day timeframe starts the later of (1) the date DEA receives HHS's scientific and medical evaluation/scheduling recommendation, or (2) the date DEA receives notice of the NDA approval by HHS. Subsection 811(j)(3) specifies that the rulemaking shall become immediately effective as an IFR without requiring DEA to demonstrate good cause therefore. Thus, the purpose of subsection 811(j) is to speed the process by which DEA schedules newly approved drugs that are currently either in schedule I or not controlled (but which have sufficient abuse potential to warrant control) so that such drugs may be marketed without undue delay following FDA approval.[4]

Subsection 811(j)(3) further provides that the IFR shall give interested persons the opportunity to comment and to request a hearing. After the conclusion of such proceedings, DEA must issue a final rule in accordance with the scheduling criteria of 21 U.S.C. 811(b) through (d), and 812(b).

Zuranolone (chemically known as 1-[2-[(3*R*,5*R*,8*R*,9*R*,10*S*,13*S*,14*S*,17*S*)-3-hydroxy-3,13-dimethyl-2,4,5,6,7,8,9,10,11,12,14,15,16,17-tetradecahydro-1*H*-cyclopenta[*a*]phenanthren-17-yl]-2-oxoethyl]pyrazole-4-carbonitrile) is a new molecular entity with CNS activity. Zuranolone is a positive allosteric modulator of gamma-aminobutyric acid type A ($GABA_A$) receptors and an inhibitory neurosteroid substance that shares structural features and a pharmacological mechanism of action with progesterone, alfaxalone (schedule IV), and brexanolone (allopregnanolone, schedule IV).

On December 5, 2022, Sage Therapeutics, Inc. submitted an NDA for zuranolone to FDA. On August 4, 2023, FDA approved the NDA for zuranolone to be marketed as a prescription drug (ZURZUVAE, capsule) for the treatment of post-partum depression. DEA received notification that FDA approved the NDA on the same date. Pursuant to its FDA-approved prescription drug labeling, ZURZUVAE, 50 mg, is to be administered orally once in the evening with fat-consuming food for 14 days. The dose may be reduced for patients who cannot tolerate 50 mg.

## Determination To Schedule Zuranolone

On July 12, 2023, DEA received from HHS a scientific and medical evaluation entitled ''Basis for the Recommendation to Control Zuranolone and its Salts in Schedule IV of the Controlled Substances Act'' and a scheduling recommendation. Pursuant to 21 U.S.C. 811(b) and (c), this document contained an eight-factor analysis of the abuse potential, legitimate medical use, and dependence liability of zuranolone, along with HHS's recommendation to control zuranolone and its salts under schedule IV of the CSA.

In response, DEA reviewed the scientific and medical evaluation and scheduling recommendation provided by HHS, along with all other relevant data, and completed its own eight-factor review pursuant to 21 U.S.C. 811(c). DEA concluded that zuranolone meets the 21 U.S.C. 812(b)(4) criteria for placement in schedule IV of the CSA.

Pursuant to subsection 811(j), and based on HHS's scheduling recommendation, the approval of the NDA by HHS/FDA, and DEA's determination, DEA is issuing this IFR to schedule zuranolone as a schedule IV controlled substance under the CSA.

Included below is a brief summary of each factor as analyzed by HHS and DEA, and as considered by DEA in its scheduling action. Please note that both DEA and HHS analyses are available in their entirety under ''Supporting Documents'' in the public docket for this IFR at *https://www.regulations.gov*, under Docket Number ''DEA1258.'' Full analysis of, and citations to, the information referenced in the summary may also be found in the supporting and related material.

### *1. Its Actual or Relative Potential for Abuse*

Zuranolone is a new molecular entity that has not been marketed in the United States or any country. Thus, evidence regarding its diversion, illicit manufacturing, or deliberate ingestion is currently lacking. DEA notes that there are no reports of law enforcement encounters of zuranolone in the National Forensic Laboratory Information System (NFLIS)-Drug database.[5] Zuranolone has sedative effects and is likely to have abuse potential, similar to schedule IV sedatives such as alprazolam. Thus, it is reasonable to assume that zuranolone may be diverted from legitimate channels, used contrary to or without

[2] 21 CFR 1316.49.

[3] 21 CFR 1308.44(b), 1316.53.

[4] Given the parameters of subsection 811(j), in DEA's view, it would not apply to a reformulation of a drug containing a substance currently in schedules II through V for which an NDA has recently been approved.

[5] NFLIS-Drug is a comprehensive information system that includes data from forensic laboratories that handle more than 96% of an estimated 1 million distinct annual State and local drug analysis cases. NFLIS-Drug includes drug chemistry results from completed analyses only. While NFLIS-Drug data is not direct evidence of abuse, it can lead to an inference that a drug has been diverted and abused. *See* 76 FR 77330, 77332 (Dec. 12, 2011). NFLIS data were queried on August 30, 2023.

medical advice, and capable of creating hazards to the users and to the safety of the community. In human abuse potential studies, zuranolone produced positive subjective responses that are similar to those produced by alprazolam (schedule IV). Zuranolone produces rewarding effects that are comparable to those produced by schedule IV sedatives; therefore, zuranolone is likely to be abused for its sedative effects contrary to medical advice.

*2. Scientific Evidence of Its Pharmacological Effects, If Known*

Zuranolone is a selective neuroactive steroid that potentiates synaptic (g subunit-containing) and extra synaptic (d-subunit containing) $GABA_A$ receptor activity. Zuranolone acts on $GABA_A$ receptors to enhance the effects of GABA, a major inhibitory neurotransmitter in the CNS. Zuranolone acts directly through the $GABA_A$ receptor-channel complex to increase the probability that the channel will enter into naturally occurring open states of relatively long duration and allow the influx of chloride. Zuranolone was found to potentiate GABA-evoked current in cells expressing human $GABA_A$ receptor subtypes. HHS noted that these data are consistent with a mechanism of action of zuranolone that is similar to other schedule IV neurosteroids (*e.g.,* brexanolone) as a positive allosteric modulator of $GABA_A$ sites.

In animal studies, zuranolone's effect on the general behavioral profile in male rats showed that it produced behavioral activities, such as decreased activity, ataxia, hypersensitivity to touch and/or sound, and impaired righting reflex at supratherapeutic plasma concentrations. The observations were generally limited to the highest dose test (22.5 mg/kg), although some animals exhibited slight impairments at the lower doses tested (3 and 10 mg/kg).

In a drug discrimination study using male rats trained to discriminate midazolam and saline, intraperitoneally administered zuranolone (0.1, 0.3, 0.5, 1, and 3 mg/kg) produced dose-dependent effects and full substitution to midazolam discriminative stimulus effect at the highest dose tested when considering lever presses over the entire session and not just the first reinforcer (75 percent). However, 3 mg/kg zuranolone produced behavioral impairment, such that only five of ten rodents completed the session. In female rats, intraperitoneally administered zuranolone (0.1, 0.3, 0.5, 1, and 2 mg/kg) also produced dose-dependent effects and full substitution to midazolam discriminative stimulus effect at the highest dose tested when considering lever presses over the entire session and not just the first reinforcer (72.5 percent).

Zuranolone reinforcing properties were assessed by determining whether self-administration behavior was maintained when the drug was substituted for cocaine (schedule II). As stated by HHS in their scientific and medical evaluation, the study found that the selected doses of zuranolone did not maintain robust self-administration in animals with a previous history of cocaine self-administration.

In clinical trials, zuranolone produced significantly greater mean drug liking than placebo. The low (30 mg) and middle (60 mg) doses of zuranolone produced significantly less mean drug liking scores than both alprazolam (schedule IV) doses (1.5 and 3 mg). However, the highest dose of zuranolone produced mean drug liking scores that were similar to both doses of alprazolam (schedule IV).

Zuranolone produced euphoria-related adverse events that are supportive of zuranolone having an abuse potential. However, the abuse-related treatment emergent AE profile of zuranolone was slightly lower than that of alprazolam (a schedule IV benzodiazepine) at a supratherapeutic dose of zuranolone.

Zuranolone produced incidence of euphoria-related adverse events supportive of its abuse potential in animals and humans similar to those of benzodiazepines in schedule IV. These data are consistent with the fact that both drugs share a common mechanism of action involving positive allosteric modulation of the $GABA_A$ receptors.

*3. The State of Current Scientific Knowledge Regarding the Drug or Other Substance*

Zuranolone, chemically known as 1-[2-[(3*R*,5*R*,8*R*,9*R*,10*S*,13*S*,14*S*,17*S*)-3-hydroxy-3,13-dimethyl-2,4,5,6,7,8,9,10,11,12,14,15,16,17-tetradecahydro-1*H*-cyclopenta[*a*]phenanthren-17-yl]-2-oxoethyl]pyrazole-4-carbonitrile, is a new molecular entity.

Zuranolone is a drug product formulated as 20, 25, and 30 mg colored hard-gelatin capsules. The powder is white to off-white in color. Zuranolone is available as an immediate-release formulation and is absorbed with a time to maximum effect of approximately 6 hours and a half-life of 20 hours.

As discussed in the background section, zuranolone has an accepted medical use in the United States.

*4. Its History and Current Pattern of Abuse*

There is no information on the history and current pattern of abuse for zuranolone, since it has not been marketed, legally or illegally, in the United States or any other country. There is no evidence of diversion of zuranolone that has been distributed for research, such as for clinical trials. Data from preclinical and clinical studies indicate that the abuse potential of zuranolone is similar to that of schedule IV sedatives, including benzodiazepines. Consistent with the fact that zuranolone is a new molecular entity, the NFLIS-Drug database had no records of encounters by law enforcement.

In summary, pharmacological data on zuranolone show that it produces abuse-related effects and has an abuse potential similar to that of schedule IV CNS depressants.

*5. The Scope, Duration, and Significance of Abuse*

A search by DEA of the NFLIS-Drug database found no evidence of law enforcement encounters of zuranolone in the United States. Data from preclinical and clinical studies showed that zuranolone has an abuse potential that is similar to that of schedule IV sedatives, including benzodiazepines. Upon availability of zuranolone in the market, it is likely to be abused.

*6. What, if any, Risk There Is to the Public Health*

Zuranolone's abuse potential, similar to that of schedule IV sedatives, is an indication of its public health risk. As such, upon availability for marketing, it is likely to pose risk to public health comparable to schedule IV positive allosteric modulators of the $GABA_A$ receptor such as brexanolone and benzodiazepines. According to evaluation of public health risks conducted by HHS, the most observed adverse effects were somnolence, dizziness, and sedation. An overdose of zuranolone could result in sedation with or without respiratory depression or other severe adverse effects. Two simulated driving studies demonstrated impairment approximately 9 hours after nighttime administration.

Concomitant use with other CNS depressants such as alcohol may potentiate the impairment of psychomotor performance and cognition. HHS noted that zuranolone is not recommended for chronic administration; it is intended for a 14-day treatment course. This may lessen some public health risks compared to

other drugs that are prescribed for longer durations or in larger quantities.

*7. Its Psychic or Physiological Dependence Liability*

Zuranolone's psychic and physiological dependence liability was assessed using data from animal physical dependence studies and clinical evaluations of physical dependence, including measures of withdrawal. As described by HHS, data from a physiologic dependence study conducted in rats demonstrated zuranolone did not induce significant withdrawal-related phenotypes at the doses tested; however, zuranolone produced significant toxic effects in dogs, including convulsions and death in the dog toxicity studies. HHS noted the toxic effects in dogs, such as the early mortalities, may be consistent with withdrawal-type effects observed after cessation of chronic dosing of sedative-hypnotic benzodiazepines.

In clinical trials, when zuranolone was administered at therapeutic doses (≤50 mg/day) for a minimum of five days, it produced mild-to-moderate withdrawal-related effects in healthy individuals upon abrupt drug discontinuation, including the following: insomnia, palpitations, decreased appetite, nightmare, nausea, hyperhidrosis, and paranoia. Similar effects were not evident in the patient population. HHS provided caveats for why this may be the case, such as the withdrawal effects may have been obscured by the symptoms of the underlying condition (post-partum depression and major depressive disorder) or inadequate assessment of withdrawal in the various Phase 3 studies. However, based on available data provided by HHS, the withdrawal-related symptoms produced by zuranolone after abrupt drug discontinuation are similar to those that are clinically known for benzodiazepines in schedule IV.

The data taken together suggest that zuranolone maybe produce physical dependence, and the risk of physical dependence and withdrawal syndrome upon drug discontinuation is expected to be more severe for individuals who take a higher than the therapeutic dose of zuranolone for an extended period of time, which may include convulsions based on the dog toxicity studies.

*8. Whether the Substance Is an Immediate Precursor of a Substance Already Controlled Under the CSA*

Zuranolone is not an immediate precursor of any controlled substance, as defined by 21 U.S.C. 802(23).

*Conclusion:* After considering the scientific and medical evaluation and scheduling recommendation provided by HHS, and its own eight-factor analysis, DEA has determined that these facts and all relevant data constitute substantial evidence of potential for abuse of zuranolone. As such, DEA hereby schedules zuranolone as a controlled substance under the CSA.

**Determination of Appropriate Schedule**

The CSA lists the findings required to place a drug or other substance in any particular schedule (I, II, III, IV, or V).[6] After consideration of the analysis and recommendation of the Assistant Secretary for Health of HHS and review of all available data, the Administrator of DEA, pursuant to 21 U.S.C. 812(b)(4), finds that:

*(1) Zuranolone has a potential for abuse similar to the drugs or other substances in schedule IV.*

Zuranolone, a neuroactive steroid, is a positive allosteric modulator of $GABA_A$ receptors and produces sedation in general behavioral studies. In a drug discrimination study in animals, zuranolone produced dose-dependent substitution for midazolam (schedule IV) when considering the full session (partial substitution when considering the first reinforcer), demonstrating it has GABA agonist properties. Zuranolone produced positive subjective responses and euphoria-related adverse events similar to that of alprazolam (schedule IV), and greater than that of placebo in a human abuse potential study.

Furthermore, data from other clinical studies show that zuranolone produced incidence of euphoria-like adverse events in 5 percent of healthy individuals, including euphoric mood, feeling drunk, feeling of relaxation, feeling abnormal, and inappropriate effect compared to no incidence following placebo. Therefore, zuranolone has the potential for abuse similar to alprazolam, midazolam, methohexital, and other substances in schedule IV.

*(2) Zuranolone has a currently accepted medical use in treatment in the United States.*

FDA approved the NDA for ZURZUVAE (zuranolone) as a treatment for post-partum depression. Thus, zuranolone has a currently accepted medical use in treatment in the United States.

*(3) Abuse of zuranolone may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule III but similar to other substances in schedule IV.*

Zuranolone shares a similar pharmacology profile with brexanolone (schedule IV) and benzodiazepines (schedule IV). Data from a rat physical dependence study demonstrated that discontinuation of chronic administration of zuranolone at the doses tested did not produce physical dependence or withdrawal syndrome. In a dog toxicity study, drug discontinuation after chronic administration at supratherapeutic doses produced convulsions similar to that of benzodiazepines. Further, upon abrupt discontinuation in humans at the therapeutic dose (≤50 mg per day), zuranolone produced mild to moderate withdrawal-like effects in healthy individuals no worse than what is clinically known for schedule IV benzodiazepines. HHS concluded that there would be higher risk of developing physical dependence and withdrawal syndrome and more severe effects after abrupt drug discontinuation in individuals that took more than the therapeutic dose or for an extended duration. Withdrawal symptoms from physical dependence may include convulsions. Zuranolone produced positive subjective responses and euphoria-related adverse events and may produce psychic dependence. Zuranolone may lead to physical or psychological dependence similar to benzodiazepines in schedule IV.

Based on these findings, the Administrator concludes that zuranolone warrants control in schedule IV of the CSA.[7]

**Requirements for Handling Zuranolone**

Zuranolone is subject to the CSA's schedule IV regulatory controls and administrative, civil, and criminal sanctions applicable to the manufacture, distributing, dispensing, importing, exporting, research, and conduct of instructional activities, including the following:

1. *Registration.* Any person who handles (manufactures, distributes, reverse distributes, dispenses, imports, exports, engages in research, or conducts instructional activities or chemical analysis with, or possesses) zuranolone must be registered with DEA to conduct such activities pursuant to 21 U.S.C. 822, 823, 957, and 958, and in accordance with 21 CFR parts 1301 and 1312. These registration requirements, however, are not applicable to patients (end users) who possess zuranolone pursuant to a lawful prescription.

[6] 21 U.S.C. 812(b).

[7] 21 U.S.C. 812(b)(4).

2. *Disposal of Stocks.* Any person unwilling or unable to obtain a schedule IV registration must surrender all quantities of currently held zuranolone, or may transfer all quantities of currently held zuranolone to a person registered with DEA. Zuranolone is required to be disposed of in accordance with 21 CFR part 1317, in addition to all other applicable Federal, state, local, and tribal laws.

3. *Security.* Zuranolone is subject to schedule III–V security requirements for DEA registrants and must be handled and stored in accordance with 21 CFR 1301.71–1301.77, pursuant to 21 U.S.C. 823, 821, 871(b). Non-practitioners handling zuranolone must also comply with the employee screening requirements of 21 CFR 1301.90–1301.93. These requirements, however, are not applicable to patients (end users) who possess zuranolone pursuant to a lawful prescription.

4. *Labeling and Packaging.* All labels and packaging for commercial containers of zuranolone must comply with 21 U.S.C. 825 and 958(e), and be in accordance with 21 CFR part 1302.

5. *Inventory.* Every DEA registrant who possesses any quantity of zuranolone must have an initial inventory of all stocks of controlled substances (including zuranolone) on hand on the date the registrant first engages in the handling of controlled substances, pursuant to 21 U.S.C. 827, and in accordance with 21 CFR 1304.03, 1304.04, and 1304.11.

Any person who registers with DEA to handle zuranolone must take an initial inventory of all stocks of controlled substances (including zuranolone) on hand on the date the registrant first engages in the handling of controlled substances, pursuant to 21 U.S.C. 827 and 958(e), and in accordance with 21 CFR 1304.03, 1304.04, and 1304.11(a) and (b).

After the initial inventory, every DEA registrant must take inventory of all controlled substances (including zuranolone) on hand every two years, pursuant to 21 U.S.C. 827, and in accordance with 21 CFR 1304.03, 1304.04, and 1304.11. These requirements, however, are not applicable to patients (end users) who possess zuranolone pursuant to a lawful prescription.

6. *Records and Reports.* DEA registrants must maintain records and submit reports for zuranolone, pursuant to 21 U.S.C. 827, 832(a), and 958(e), and in accordance with 21 CFR 1301.74(b) and (c) and parts 1304, 1312, and in accordance with 21 CFR 1301.74(b) and (c) and parts 1304, 1312, and 1317.

7. *Prescriptions.* All prescriptions for zuranolone, or products containing zuranolone, must comply with 21 U.S.C. 829, and be issued in accordance with 21 CFR parts 1306 and 1311, subpart C.

8. *Manufacturing and Distributing.* In addition to the general requirements of the CSA and DEA regulations that are applicable to manufacturers and distributors of schedule IV controlled substances, such registrants should be advised that (consistent with the foregoing considerations) any manufacturing or distribution of zuranolone may only be for the legitimate purposes consistent with the drug's labeling, or for research activities authorized by the Federal Food, Drug, and Cosmetic Act (FDCA), as applicable, and the CSA.

9. *Importation and Exportation.* All importation and exportation of zuranolone must be in compliance with 21 U.S.C. 952, 953, 957, and 958, and in accordance with 21 CFR part 1312.

10. *Liability.* Any activity involving zuranolone not authorized by, or in violation of, the CSA or its implementing regulations, is unlawful, and may subject the person to administrative, civil, and/or criminal sanctions.

**Regulatory Analyses**

*Administrative Procedure Act*

Section 553 of the APA (5 U.S.C. 553) generally requires notice and comment for rulemakings. However, 21 U.S.C. 811(j) provides that in cases where a certain new drug is (1) approved by HHS, under section 505(c) of the FDCA, and (2) HHS recommends control in CSA schedule II–V, DEA shall issue an IFR scheduling the drug within 90 days. As stated in the legal authority section, the 90-day time frame is the later of: (1) the date DEA receives HHS's scientific and medical evaluation/scheduling recommendation, or (2) the date DEA receives notice of the NDA approval by HHS. Additionally, subsection 811(j) specifies that the rulemaking shall become immediately effective as an IFR without requiring DEA to demonstrate good cause.

*Executive Orders 12866, 13563, and 14094, Regulatory Review*

In accordance with 21 U.S.C. 811(a), this scheduling action is subject to formal rulemaking procedures performed ''on the record after opportunity for a hearing,'' which are conducted pursuant to the provisions of 5 U.S.C. 556 and 557. The CSA sets forth the procedures and criteria for scheduling a drug or other substance. Such actions are exempt from review by the Office of Management and Budget pursuant to section 3(d)(1) of Executive Order (E.O.) 12866 and the principles reaffirmed in E.O. 13563. E.O. 14094 modernizes the regulatory review process to advance policies that promote the public interest and address national priorities.

*Executive Order 12988, Civil Justice Reform*

This meets the applicable standards set forth in sections 3(a) and 3(b)(2) of E.O. 12988 to eliminate drafting errors and ambiguity, minimize litigation, provide a clear legal standard for affected conduct, and promote simplification and burden reduction.

*Executive Order 13132, Federalism*

This rulemaking does not have federalism implications warranting the application of E.O. 13132. The proposed rule does not have substantial direct effects on the states, on the relationship between the National Government and the states, or on the distribution of power and responsibilities among the various levels of government.

*Executive Order 13175, Consultation and Coordination With Indian Tribal Governments*

This rule does not have tribal implications warranting the application of E.O. 13175. It does not have substantial direct effects on one or more Indian tribes, on the relationship between the Federal Government and Indian tribes, or on the distribution of power and responsibilities between the Federal Government and Indian tribes.

*Paperwork Reduction Act*

This proposed action does not impose a new collection of information requirement under the Paperwork Reduction Act, 44 U.S.C. 3501–3521.

*Regulatory Flexibility Act*

The Regulatory Flexibility Act (RFA) (5 U.S.C. 601–612) applies to rules that are subject to notice and comment under section 553(b) of the APA. As noted in the above discussion regarding the applicability of the APA, DEA is not required to publish a general notice of proposed rulemaking. Consequently, the RFA does not apply to this IFR.

*Unfunded Mandates Reform Act of 1995*

In accordance with the Unfunded Mandates Reform Act (UMRA) of 1995, 2 U.S.C. 1501 *et seq.,* DEA has determined and certifies that this proposed action would not result in any Federal mandate that may result ''in the expenditure by State, local, and tribal governments, in the aggregate, or by the

private sector, of $100,000,000 or more (adjusted annually for inflation) in any 1 year * * *.'' Therefore, neither a Small Government Agency Plan nor any other action is required under UMRA of 1995.

*Congressional Review Act*

This rule is not a major rule as defined by the Congressional Review Act (CRA), 5 U.S.C. 804. However, pursuant to the CRA, DEA is submitting a copy of this IFR to both Houses of Congress and to the Comptroller General.

**Signing Authority**

This document of the Drug Enforcement Administration was signed on October 25, 2023, by Administrator Anne Milgram. That document with the original signature and date is maintained by DEA. For administrative purposes only, and in compliance with requirements of the Office of the Federal Register, the undersigned DEA Federal Register Liaison Officer has been authorized to sign and submit the document in electronic format for publication, as an official document of DEA. This administrative process in no way alters the legal effect of this document upon publication in the **Federal Register**.

**Scott Brinks,**

*Federal Register Liaison Officer, Drug Enforcement Administration.*

**List of Subjects in 21 CFR Part 1308**

Administrative practice and procedure, Drug traffic control, Reporting and recordkeeping requirements.

For the reasons set out above, DEA amends 21 CFR part 1308 as follows:

## PART 1308—SCHEDULES OF CONTROLLED SUBSTANCES

■ 1. The authority citation for 21 CFR part 1308 continues to read as follows:

**Authority:** 21 U.S.C. 811, 812, 871(b), 956(b) unless otherwise noted.

■ 2. In § 1308.14:

a. Add a new paragraph (c)(60) to read as follows:

**§ 1308.14 Schedule IV.**

* * * * *

(c) * * *

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| * * * * * | |
| (60) Zuranolone ..... | 2420 |

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[FR Doc. 2023–23982 Filed 10–30–23; 8:45 am]

BILLING CODE 4410–09–P

## DEPARTMENT OF JUSTICE

### Drug Enforcement Administration

### 21 CFR Part 1310

**[Docket No. DEA–1098]**

## Designation of Halides of 4-Anilinopiperidine as List I Chemicals

**AGENCY:** Drug Enforcement Administration, Department of Justice.

**ACTION:** Final rule.

**SUMMARY:** The Drug Enforcement Administration (DEA) is finalizing the modification of the listing of the list I chemical, *N*-phenylpiperidin-4-amine (also known as 4-anilinopiperidine; *N*-phenyl-4-piperidinamine; 4–AP) (hereinafter referred to as 4-anilinopiperidine), to include halides of 4-anilinopiperidine. This rule finalizes the modification of the listing of 4-anilinopiperidine as a list I chemical.

**DATES:** This rule is effective November 30, 2023. Persons currently manufacturing, distributing, importing, or exporting halides of 4-anilinopiperidine or a chemical mixture containing halides of 4-anilinopiperidine, if they are not already registered to handle list I chemicals, must apply on or before November 30, 2023, to continue their business pending final action by DEA on their application.

**FOR FURTHER INFORMATION CONTACT:** Terrence L. Boos, Drug and Chemical Evaluation Section, Diversion Control Division, Drug Enforcement Administration; Telephone: (571) 362–3249.

**SUPPLEMENTARY INFORMATION:** The Drug Enforcement Administration (DEA) is extremely concerned with the recent increase in the illicit manufacture and distribution of fentanyl and fentanyl analogues. Therefore, on April 14, 2023, DEA published a Notice of Proposed Rulemaking (NPRM) to include halides of 4-anilinopiperidine as list I chemicals.[1] This rulemaking finalizes that NPRM.

This action subjects handlers of halides of 4-anilinopiperidine to the regulatory provisions of the Controlled Substances Act (CSA) and its implementing regulations regarding list I chemicals. This rulemaking does not establish a threshold for domestic and international transactions of halides of 4-anilinopiperidine. As such, all transactions involving halides of 4-anilinopiperidine, regardless of size, shall be regulated and are subject to control under the CSA. In addition, chemical mixtures containing halides of 4-anilinopiperidine are not exempt from regulatory requirements at any concentration. Therefore, all transactions of chemical mixtures containing any quantity of halides of 4-anilinopiperidine shall be regulated pursuant to the CSA as list I chemicals.

**Legal Authority**

The CSA gives the Attorney General the authority to specify, by regulation, chemicals as list I chemicals.[2] A ''list I chemical'' is a chemical that is used in manufacturing a controlled substance in violation of the CSA and is important to the manufacture of the controlled substances.[3] The current list of all listed chemicals is published at 21 CFR 1310.02(a). Pursuant to 28 CFR 0.100(b), the Attorney General has delegated his authority to designate list I chemicals to the Administrator of DEA (Administrator). The DEA regulations set forth the process by which DEA may add a chemical as a listed chemical. As set forth in 21 CFR 1310.02(c), the agency may do so by publishing a final rule in the **Federal Register** following a published notice of proposed rulemaking with at least 30 days for public comments.

**Background**

DEA previously found that 4-anilinopiperidine is used in the illicit manufacture of the controlled substance fentanyl (a schedule II substance under the CSA) and fentanyl analogues controlled in schedule I of the CSA, and is important to the manufacture of the controlled substance fentanyl and fentanyl analogues, because it cannot be replaced by other chemicals in its respective synthetic pathways that are used in the illicit manufacture of fentanyl and fentanyl analogues.[4] On this basis, DEA previously specified that 4-anilinopiperidine is a list I chemical.[5]

DEA has now found that halides of 4-anilinopiperidine are also used in the illicit manufacture of schedule I controlled substances, such as *para*-fluorofentanyl, *ortho*-fluorofentanyl, and *para*-chlorofentanyl. Accordingly, this action adds halides of 4-anilinopiperidine to the prior listing of 4-anilinopiperidine and thereby subjects handlers of halides of 4-anilinopiperidine to the regulatory provisions of the CSA and its implementing regulations.

[1] 88 FR 22955 (Apr. 14, 2023).

[2] 21 U.S.C. 802(34).

[3] *Id.*

[4] 85 FR 20822 (Apr. 15, 2020).

[5] *Id.*

# 20

# 20A

**PROPOSED REGULATION OF**

**THE STATE BOARD OF PHARMACY**

**LCB File No. R197-22**

May 11, 2023

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: § 1, NRS 453.221, 453.226 and 639.070.

A REGULATION relating to controlled substances; revising the conditions under which a person is authorized to dispense controlled substances; revising the requirements to renew registration to dispense controlled substances; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law authorizes the State Board of Pharmacy to adopt regulations relating to the registration and control of the dispensing of controlled substances. (NRS 453.221) Existing law further authorizes the Board to adopt regulations that: (1) are necessary for the protection of the public relating to the practice of pharmacy; (2) authorize the Executive Secretary of the Board to issue certificates, licenses and permits required for the practice of pharmacy or for the dispensing of controlled substances; and (3) govern the dispensing of poisons, drugs, chemicals and medicines. (NRS 639.070) Existing law requires a practitioner or other person who dispenses any controlled substance to biennially register with the Board. (NRS 453.226) Existing regulations prescribe certain activities relating to controlled substances for which such registration is required. (NAC 453.110, 453.120, 453.130) Existing regulations: (1) prohibit a person from engaging in any activity that requires registration with the Board unless the person is registered; and (2) authorizes a person to renew his or her registration every 2 years by submitting to the Board an application for renewal and paying the renewal fee. (NAC 453.210)

This regulation requires a person to be registered with the Drug Enforcement Administration of the United States Department of Justice to dispense controlled substances in this State and in order to engage in any activity for which registration by the Board is required. This regulation additionally requires an applicant for the renewal of a registration to submit to the Board proof that he or she is registered with the Drug Enforcement Administration to dispense controlled substances in this State.

**Section 1.** NAC 453.210 is hereby amended to read as follows:

453.210 1. A person who is required to be registered:

(a) May apply for registration at any time.

(b) Shall not engage in any activity for which registration is required ~~[until]~~ *:*

*(1) Until* his or her application for registration is granted and a certificate of registration is issued to the person by the Board ~~[.]~~ *; and*

*(2) Unless he or she is registered with the Drug Enforcement Administration to dispense controlled substances in this State and has provided a copy of that registration to the Board.*

2. A person who is registered may renew his or her registration biennially by ~~[submitting]~~ *:*

*(a) Submitting* an application for renewal *;*

*(b) Presenting proof that he or she is registered with Drug Enforcement Administration to dispense controlled substances in this State;* and ~~[paying]~~

*(c) Paying* the renewal fee.

3. All registrations expire on October 31 of each even-numbered year.

# 20B

# PROPOSED REGULATION OF

# THE STATE BOARD OF PHARMACY

## LCB File No. R057-23

October 9, 2023

EXPLANATION – Matter in ***italics*** is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: § 1, NRS 639.070.

A REGULATION relating to pharmacy; authorizing the imposition of an administrative fine for certain violations; establishing a process for the appeal of such an administrative fine; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law prescribes a procedure for the revocation, suspension, limitation or placement of conditions upon the rights and privileges granted by any certificate, certification, license or permit issued by the State Board of Pharmacy. (NRS 639.241-639.255) This regulation authorizes the Executive Secretary of the Board, in lieu of imposing disciplinary action through that procedure, to impose an administrative fine of not more than $1,000 against the holder of a certificate, certification, license or permit who: (1) engages in activity for which the certificate, certification, license or permit is required after the certificate, certification, license or permit has expired because the holder failed to submit the fee for renewal; or (2) violates any regulation adopted by the Board while the certificate, certification, license or permit is effective. This regulation also authorizes the holder of a certificate, certification, license or permit to appeal the imposition of such an administrative fine by submitting to the Board, within 30 days of the imposition of the administrative fine, a written request for a hearing.

**Section 1.** Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

***1. In lieu of initiating disciplinary action pursuant to NRS 639.241 to 639.255, inclusive, against a person who holds a certificate, certification, license or permit issued by the Board, the Executive Secretary of the Board may impose an administrative fine of not more than $1,000 if the holder:***

*(a) Engages in activity for which the certificate, certification, license or permit is required after the certificate, certification, license or permit has expired because the holder failed to submit the fee for renewal required by NAC 639.220; or*

*(b) Violates any regulation adopted by the Board at any time during which the certificate, certification, license or permit is effective.*

*2. A person upon whom the Executive Secretary imposes an administrative fine pursuant to this section may appeal that action by submitting to the Board, within 30 days of the imposition of the administrative fine, a written request for a hearing.*

*3. For the purposes of paragraph (a) of subsection 1, a person shall be deemed to be the holder of a certificate, certification, license or permit issued by the Board for a period of 1 year following the expiration date of the certificate, certification, license or permit.*

# 20C

# PROPOSED REGULATION OF THE

# STATE BOARD OF PHARMACY

## LCB File No. R058-23

October 9, 2023

EXPLANATION – Matter in ***italics*** is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: § 1, NRS 639.070.

A REGULATION relating to pharmacy; authorizing a medical products provider to hold at a hospital an inventory of ambulatory aids for sale to patients upon discharge under certain circumstances; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Existing law authorizes the State Board of Pharmacy to adopt regulations governing the storage and handling of medical devices. (NRS 639.070) Existing regulations provide for the issuance by the Board of licenses to engage in business as a medical products provider. (NAC 639.6942) Existing regulations require a medical products provider to, among other things: (1) provide services, including set up, repair and maintenance, for all medical products sold, leased or otherwise provided by the medical products provider; (2) instruct consumers concerning the use, set up and maintenance of those products; and (3) maintain an adequate inventory of medical products at a suitable physical location. (NAC 639.6946)

This regulation authorizes a medical products provider to hold at a hospital an inventory of ambulatory aids for sale to patients upon discharge under certain conditions. First, this regulation requires the medical products provider to sell those ambulatory aids pursuant to a contract with the hospital under which the hospital agrees to furnish appropriate providers of health care who will be available at all times to assist patients with the use and operation of those aids. Second, this regulation requires the medical products provider to employ an administrator who: (1) is designated as the medical products provider's administrator for the hospital; (2) does not serve in that capacity for more than five hospitals, none of which may be located more than 50 miles from each of the others; (3) meets the requirements for administrators prescribed by existing regulations; and (4) is on call and reasonably available at all times to assist patients with the use and operation of those aids. Third, this regulation requires the delivery of ambulatory aids to occur at the site of the hospital. Finally, this regulation requires the medical products provider to obtain and maintain a license to engage in business as a medical products provider for each hospital at which the medical products provider intends to hold and sell an inventory of ambulatory aids.

**Section 1.** Chapter 639 of NAC is hereby amended by adding thereto a new section to read as follows:

*1. A medical products provider may hold at a hospital an inventory of ambulatory aids for sale to patients of the hospital upon discharge if the medical products provider:*

*(a) Sells those ambulatory aids pursuant to a contract with the hospital under which the hospital agrees to furnish the appropriate providers of health care who will be available at all times to assist patients with the use and operation of ambulatory aids.*

*(b) Employs an administrator who:*

*(1) Is designated as the medical products provider's administrator for the hospital;*

*(2) Serves in that capacity for not more than five hospitals, each of which is located not more than 50 miles from each of the others;*

*(3) Meets the requirements of NAC 639.694; and*

*(4) Is on call and reasonably available at all times to assist patients with the use and operation of ambulatory aids delivered to those patients at the site of the hospital upon their discharge.*

*(c) Delivers ambulatory aids to patients of the hospital only at the site of the hospital.*

*(d) Is in compliance with the requirements of subsection 2.*

*2. A medical products provider must obtain and maintain a license to engage in business as a medical products provider pursuant to NAC 639.6942 for each hospital at which the medical products provider intends to hold an inventory of ambulatory aids and sell those aids pursuant to subsection 1.*

*3. As used in this section:*

*(a) "Ambulatory aids" means mobility enhancing equipment, prosthetic devices, orthotic devices, ambulatory casts and other braces, supports and casts for human use.*

*(b) "Provider of health care" has the meaning ascribed to it in NRS 629.031.*

# 20D

# PROPOSED REGULATION OF THE

# STATE BOARD OF PHARMACY

## LCB File No. R059-23

October 19, 2023

EXPLANATION – Matter in ***italics*** is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §§ 1-6, NRS 453.221, 639.070 and section 12.3 of Assembly Bill No. 156, chapter 398, Statutes of Nevada 2023, at page 2367.

A REGULATION relating to pharmacy; requiring a pharmacist to register with the State Board of Pharmacy and perform certain assessments before prescribing and dispensing drugs for medication-assisted treatment of opioid use disorder; requiring a pharmacist to prescribe and dispense drugs for medication-assisted treatment of opioid use disorder as part of a documented treatment plan; requiring the documentation and periodic reviews of such treatment; and providing other matters properly relating thereto.

**Legislative Counsel's Digest:**

Assembly Bill No. 156 of the 2023 Legislative Session requires the State Board of Pharmacy to adopt regulations establishing requirements for a pharmacist to: (1) assess a patient to determine whether the patient has an opioid use disorder and if medication-assisted treatment would be appropriate for the patient; and (2) prescribe and dispense a drug for medication-assisted treatment. (Section 12.3 of Assembly Bill No. 156, chapter 398, Statutes of Nevada 2023, at page 2367)

**Section 2** of this regulation requires a pharmacist who wishes to engage in such activity to: (1) register with the Board to dispense certain controlled substances; (2) register with the Board to engage in such activity; and (3) comply with applicable laws and regulations governing the prescribing or dispensing of controlled substances and dangerous drugs.

**Section 3** of this regulation requires a pharmacist to: (1) assess a patient to determine whether the patient has an opioid use disorder and if medication-assisted treatment would be appropriate before counseling the patient on treatment for opioid use disorders and prescribing and dispensing a drug for medication-assisted treatment; and (2) document such an assessment. **Section 4** of this regulation requires a pharmacist who offers medication-assisted treatment for opioid use disorder to establish a documented treatment plan tailored to the needs of the patient and sets forth certain minimum requirements for such a plan. **Section 4** requires a pharmacist to provide any such treatment in accordance with the documented treatment plan.

**Section 5** of this regulation requires a pharmacist who is providing treatment to a person with an opioid use disorder to conduct periodic reviews of such treatment and sets forth certain minimum requirements for such reviews.

**Section 6** of this regulation requires a pharmacist who is providing treatment to a person with an opioid use disorder to maintain records of the treatment and make such records available for review by the Board.

**Section 1.** Chapter 639 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 6, inclusive, of this regulation.

**Sec. 2.** *1. A pharmacist who wishes to engage in the activity authorized by section 12.3 of Assembly Bill No. 156, chapter 398, Statutes of Nevada 2023, at page 2367, must:*

*(a) Register with the Board to dispense controlled substances in the manner prescribed by NAC 453.100 to 453.300, inclusive; and*

*(b) Register with the Board to engage in the activity authorized by section 12.3 of Assembly Bill No. 156, chapter 398, Statutes of Nevada 2023, at page 2367.*

*2. A pharmacist registered with the Board pursuant to this section shall comply with the requirements of chapters 453, 454 and 639 of NRS, and any regulations adopted pursuant thereto, that apply when a practitioner is prescribing or dispensing controlled substances or dangerous drugs within the scope of practice of the practitioner.*

**Sec. 3.** *Before offering treatment to a patient pursuant to paragraphs (b) and (c) of subsection 1 of section 12.3 of Assembly Bill No. 156, chapter 398, Statutes of Nevada 2023, at page 2367, a pharmacist must:*

*1. Assess the patient pursuant to paragraph (a) of subsection 1 of section 12.3 of Assembly Bill No. 156, chapter 398, Statutes of Nevada 2023, at page 2367; and*

*2. Document the assessment in the record of the patient.*

**Sec. 4.** *1. A pharmacist who offers treatment to a patient pursuant to section 12.3 of Assembly Bill No. 156, chapter 398, Statutes of Nevada 2023, at page 2367, shall establish a*

*documented treatment plan tailored to the needs of the patient. The documented treatment plan must include, without limitation:*

*(a) A procedure for evaluating the progress or success of the treatment with stated objectives, including, without limitation, improved physical or psychosocial function; and*

*(b) Consideration of pertinent medical history, previous medical records and physical examinations and the need for further testing, consultations, referrals or the use of other treatment modalities.*

*2. A pharmacist may only provide treatment pursuant to section 12.3 of Assembly Bill No. 156, chapter 398, Statutes of Nevada 2023, at page 2367, in accordance with a documented treatment plan established pursuant to subsection 1.*

**Sec. 5.** *A pharmacist providing treatment to a patient pursuant to section 12.3 of Assembly Bill No. 156, chapter 398, Statutes of Nevada 2023, at page 2367, shall document and conduct periodic reviews of the care of the patient. The periodic reviews must be conducted at reasonable intervals in consideration of the individual circumstances of the patient and include, without limitation:*

*1. Consideration of the individual circumstances of the patient;*

*2. Any progress in reaching the objectives of the treatment; and*

*3. Consideration of the treatment prescribed, ordered or administered, as well as any new information about the etiology of the opioid use disorder of the patient.*

**Sec. 6.** *A pharmacist shall:*

*1. Maintain complete and accurate records of the treatment provided to a patient pursuant to section 12.3 of Assembly Bill No. 156, chapter 398, Statutes of Nevada 2023, at*

*page 2367, including, without limitation, any records required pursuant to chapter 639 of NRS and the regulations adopted pursuant thereto.*

*2. Make all records maintained pursuant to subsection 1 available for review upon request of the Board. The Board will conduct any review of such records in accordance with the laws relating to the confidentiality of medical records.*

Nevada Psychiatric Association via
Belz & Case Government Affairs
111 W. Proctor Street, Suite 208
Carson City, NV 89701

October 1, 2023

Dave Wuest
Executive Director
Nevada State Board of Pharmacy

Director Wuest,

Thank you for the opportunity to submit written feedback on the draft regulations R059-23I submitted to LCB on 9/12/2023. The Nevada Psychiatric Association (NPA) has concerns with the broad and vague nature of the current draft and has included nine recommendations for amending the regulation to increase patient protection. These recommendations are supported via a review of current Nevada statute and administrative code for prescribers (physicians, APRNs, and physician assistants) as well as a review of the 11 other states that allow pharmacist prescriptive authority.

While the Nevada Psychiatric Association applauds the legislature on their moves to expand access to medication assisted treatment (MAT), caution with this vulnerable population is needed. Because a patient needs to be in a state of withdrawal to initiate MAT it is unlikely they will find the range of supports they need in a pharmacy. The NPA looks forward to working with pharmacist colleagues on managing this patient population and decreasing the rate of opioid addiction in Nevada.

Thank you for your time and consideration,

Lesley Dickson, MD
Addiction Psychiatrist
State Legislative Representative
Nevada Psychiatric Association

Lea Case
Vice-President
Belz & Case Government Affairs

**Recommendations for regulations related to AB156 and pharmacist diagnosing and prescribing for opioid use disorder**

1) Mirror minimum continuing education standards found in SAMHSA training requirements for the Medication Access and Training Expansion (MACE) Act of 2023, currently 8-hours.
    a. American Society of Hospital Pharmacists (ASHP) offers a 10.5 hour course titled "Medications for Opioid Use Disorder (MOUD) Training Program"
    b. Providers Clinical Support System (SAMHSA based) offers an 8-hour MOUD training program

2) Add continuing education requirements in line with other prescribing professionals including, at minimum, the following:
    a. 2 hours on suicide prevention and awareness
    b. 2 hours of cultural competency
    c. 2 hours of substance use disorder and other addictive disorders and the prescribing of opioids
    d. 2 hours of Screening, Brief Intervention, Referral, and Treatment (SBIRT)

3) Add mandatory professional liability coverage as a requirement to diagnose and prescribe medications for opioid use disorder (OUD) like the requirement found in NRS 639.28085.
    a. Note that pharmacists are not included in the definition of "provider of health care" under NRS 41A.017.

4) For initial licensure and registration under the AB156 protocol, follow the New Mexico regulatory scheme found in 16.19.4.17
    a. 60-hour physical assessment course
    b. 150-hour, 300 patient contact preceptorship supervised by a physician or other practitioner with prescriptive authority
        i. Log of patient encounters must be submitted as part of the application.

5) Require a documented treatment plan, currently a "may" in the regulation draft.
    a. Best practice as stated by the National Association of State Pharmacy Associations "Pharmacist Statewide Protocols: Key Elements for Legislative and Regulatory Authority"

6) Require a collaborative practice agreement with a prescriber (physician or APRN) who has been practicing in addiction medicine for at least one year.

   a. 10 of the 11 states with prescriptive authority require some sort of collaborative or consultative agreement. Only Oregon does not, instead they limit prescriptive authority to a state formulary.

7) Limit prescribing to patients who have been stable on medications for at least 6-months
   a. Request of Nevada Psychiatric Association. Patients must be in withdrawal in order to start on medications to treat an opioid use disorder. The state of withdrawal is dangerous for patients and best managed in a facility specifically designed for addiction treatment.

8) Maintain an active and current list of referral sources for psychiatrists or psychiatric APRN's, substance abuse counselors, step or group programs (such as AA/NA and other sober focused group programming) and detox facilities.

9) Pharmacist must have the ability to collect and test or send for testing, urine drug samples and are required to test patients at least every 2-months.
   a. Results must be stored in the patient record.

**NRS/NAC continuing education and professional liability insurance requirements comparison for prescribing professionals**

**Physicians**: NRS 630.253 requires BME to adopt regulations for continuing education and mandates the following 18-hours in statute:

- 2 hours on suicide prevention and awareness every 4 years
- 4 hours within 2 years of initial licensure on medical consequences of acts of terrorism
- 2 hours of cultural competency if practicing as a psychiatrist
- 2 hours of SUD and other addictive disorders and the prescribing of opioids if treating these populations
- 2 hours of SBIRT within 2 years after initial licensure
- 2 hours encouraged for geriatrics if treating that population
- 2 hours encouraged in diagnosis of rare diseases
- 2 hours encouraged on methods for educating patients on managing medications

NAC 630.153 requires 40 hours of continuing medical education every 2 years and mandates the following in regulation

- 2 hours in medical ethics
- 20 hours in scope of practice or specialty area

Note: professional liability insurance is not mandatory in Nevada statute, but hospitals and other health facilities will not allow a physician access privileges without insurance.

**Advanced Practice Registered Nurses (APRNs)** - NRS 632.343 Requires 30 hours every 2 years. Must include:

- 2 hours on suicide prevention and awareness
- 4 hours within 2 years of initial licensure on medical consequences of acts of terrorism
- 4 hours of cultural competency
- 2 hours of SBIRT within 2 years after initial licensure
- 2 hours encouraged for geriatrics if treating that population
- 2 hours encouraged in diagnosis of rare diseases

NAC 632.291 requires 45 hours of continuing education

Professional liability insurance requirements

NAC 632.2567 requires APRNs not otherwise covered under a policy of professional liability insurance to maintain such a policy

**Osteopathic Physicians** – NRS 633.471 – 16 hours continuing medical education required in statute

- 2 hours on suicide prevention and awareness every 4 years
- 2 hours on ethics, pain management, care of persons with addictive disorders or SBIRT
- 2 hours of cultural competency if practicing as a psychiatrist
- 2 hours of SUD and other addictive disorders and the prescribing of opioids if treating these populations
- 2 hours of SBIRT within 2 years after initial licensure
- 2 hours encouraged for geriatrics if treating that population
- 2 hours encouraged in diagnosis of rare diseases
- 2 hours encouraged on methods for educating patients on managing medications

NAC 633.250 requires at least 35 hours of continuing education

- 10 category 1a courses
- 2 hours on the misuse and abuse of controlled substances, prescribing of opioids, or addiction.

Note: professional liability insurance is not mandatory in Nevada statute, but hospitals and other health facilities will not allow a physician access privileges without insurance.

**Pharmacists** – NRS 639.2171 requires the Board of Pharmacy to adopt requirements by regulation. No mandated hours in statute.

NAC 639.330 – requires 30 continuing education units each biennium.

- 15 hours in accredited programs
- 1 hour in jurisprudence, practice of pharmacy or pharmacy law (includes attending board meetings)

NAC 639.335 includes exemptions from continuing education. New licensees and those residing outside the state. Non accredited programs are allowed for students, active duty and stationed outside the state, residing and practicing outside the state.

Professional liability insurance requirements

NRS 639.28085 requires the board to adopt regulations requiring coverage by adequate liability insurance related to ordering tests, prescribing and dispensing drugs for HIV.

**Comparison of other state requirements for pharmacist prescribing – 11 states**

In 2022, the FDA authorized all state-licensed pharmacists to prescribe Paxlovid to eligible patients as a result of the COVID-19 pandemic. Pharmacists must access and review a patients electronic medical records, which must be under 12 months old and have a conversation with the patients primary provider. The pharmacist must also complete a comprehensive medication review, meaning they must have access to the complete patient medication list. All 50 states allow a pharmacist to prescribe and dispense naloxone, birth control may be prescribed in 20 jurisdictions across the county, and several states allow pharmacists to dispense PrEP and PEP for HIV without a prescription.

11 states have expanded prescribing for pharmacists, mostly categorical prescribing or to treat minor acute conditions (urinary tract infections, allergies, motion sickness prevention, cold sores, etc.). These states are: California, Florida, Idaho, Iowa, Massachusetts, Montana, New Mexico, New York, North Carolina, Ohio. and Oregon. Of these 11 states, 4 require an additional credential on your license: New Mexico, California, Montana, and North Carolina.

California and New Mexico are used as examples below because of their geographic proximity to Nevada, expanded prescribing authority (including diagnosis), and because New Mexico is similar to Nevada in population and geography.

The California model (passed in 2013) includes a new license type, Advanced Practice Pharmacists, these providers must work in collaboration with other healthcare

providers, earn a certificate in their area of practice, and have completed 1500 hours of clinical experience under a collaborative practice agreement or protocol.

In 1993, New Mexico became the first state to allow pharmacists to prescribe in response to a primary care provider shortage. Pharmacists must first obtain the pharmacist clinician certification which requires completing a course on physical assessments and practice under the supervision of a physician or other practitioner with prescribing authority. Pharmacist clinician requirements in New Mexico can be found in 16.19.4.17 and include:

- 60 hour physical assessment course
- 150 hour, 300 patient contact preceptorship supervised by a physician or other practitioner with prescriptive authority
    - Log of patient encounters must be submitted as part of the application

Comparison chart of the 11 states, prescribing ability, advanced license requirements, and types of prescriptive authority can be found here.

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# Executive Secretary Report
# December 6-7, 2023

- **Financial Report**
- **Temporary Licenses and Registrations**
- **Change of Address Business List**
- **Staff Activities**
    - **Meetings with Other Health Care Boards**
- **Report to Board**
- **Board Related News**
- **Activities Report**
    - **Renewals**
    - **State of Nevada Opioid Summit**

# December 2023 Temporary Licenses since last Board Meeting

| Name | License Type |
|---|---|
| Kianna Boc | Pharmacist |
| Lindsey Warren | Pharmacist |
| Molly Carriero | Pharmacist |
| Sabrine Yamauchi | Pharmacist |
| Jenny Chen | Pharmacist |
| Yana Genson | Pharmacist |

# Citations & Fines issued pursuant to NRS 639.2895 (Since last Board Meeting)

- Cease & Desist/Cite & Fine
    - Unlicensed Practice: 8
- Citation & Fine
    - Misfill: 3
    - Other: 8

Regulation Tracking Log

| Regulation Number and Topic | Workshop Propose To Bd | 30 Days To LCB W/Letter | LCB R0 Number Issued | LCB Return Date | 30 Days Post Public Hearing | Public Hearing Meeting Date | To LCB Final W/ Cov./Info | Secretary of State File Date |
|---|---|---|---|---|---|---|---|---|
| NAC 453.510: Schedule I – Isotonitazene | 01/13/22 | 01/14/22 | R006-22 | 02/23/22<br>02/24/22 – Under review by Dave/Yenh | 03/11/22 | 04/14/22 | 04/27/22 | 06/13/22 |
| NAC 453B: Prescription Drug Donation Program | 01/13/22 | 01/14/22 | R007-22 | 03/21/22 – Under review by Dave/Yenh | 10/20/22 | 12/01/22 | *12/28/22 Leg Comm* | 12/29/22 |
| NAC 453: Registration of a law enforcement officer engaged in training a canine in drug detection, and add methoxetamine. | 04/14/22 | 04/21/22 | R050-22 | 04/27/22 Under review by Dave/Yenh | 08/05/22 | 09/08/22 | *9/27/22 Leg Comm* | 09/28/22 |
| NAC 639: Requires the holder of any certificate, license or permit issued by the BOP to report certain convictions and administrative actions to the Board. | 04/14/22 | 04/21/22 | R051-22 | 05/05/22 | 06/09/22 | 07/14/22 | 07/20/22<br>*9/27/22 Leg Comm* | 09/28/22 |
| NAC 639: Medical Products Wholesaler | 06/02/22 | 06/09/22 | R085-22 | 07/19/22 | 08/05/22 | 09/08/22 | 09/15/22<br>*9/27/22 Leg Comm* | 09/28/22 |
| NAC 639: Medication Assisted Treatment | 06/02/22 | 06/09/22 | R087-22 | 08/08/22 | 08/31/22 | 10/13/22 | 10/19/22 | 12/29/22 |

Regulation Tracking Log

| Regulation Number and Topic | Workshop Propose To Bd | 30 Days To LCB W/Letter | LCB R0 Number Issued | LCB Return Date | 30 Days Post Public Hearing | Public Hearing Meeting Date | To LCB Final W/ Cov./Info | Secretary of State File Date |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | *12/28/22 Leg Comm* | |
| NAC 639.870: APRN Dispensing License/pharmacy applicant appearance | 06/02/22 | 06/02/22 – Dave revising language. | R086-22 | 06/29/22 07/05/22: under Dave review | | | | |
| NAC 639: Dispensing Technicians | 07/14/22 | 08/03/22 | R178-22 | 9/29/22 Under review by Dave | 10/20/22 | 12/01/22 | *12/28/22 Leg Comm* | 12/29/22 |
| NAC 639: Automated Dispensing Device | 07/14/22 | 08/03/22 | R179-22 | 8/24/22: Under review by Dave | 10/20/22 | 12/01/22 | *12/28/22 Leg Comm* | 12/29/22 |
| NAC 639: Reproductive Health Care Center | 07/14/22 | 08/03/22 | R180-22 | 8/12/22: Under review by Dave LCB returned 9/6/22. 9/13/22: Under review by Dave and Yenh. | 10/20/22 | 12/01/22 | *12/28/22 Leg Comm* | 12/29/22 |

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Regulation Tracking Log

| Regulation Number and Topic | Workshop Propose To Bd | 30 Days To LCB W/Letter | LCB R0 Number Issued | LCB Return Date | 30 Days Post Public Hearing | Public Hearing Meeting Date | To LCB Final W/ Cov./Info | Secretary of State File Date |
|---|---|---|---|---|---|---|---|---|
| NAC 639: Dispensing Practitioners in Reproductive Healthcare Center: single inventory of dangerous drugs. | 07/14/22 | 07/14/22 – Dave revising language. To LCB 08/03/22 | R181-22 | 8/29/22: Under review by Dave | 08/31/22 | 10/13/22 | 10/19/22 *12/28/22 Leg Comm* | 12/29/22 |
| NAC 453.540: Schedule IV – Daridorexant. | 07/14/22 | 07/19/22 | R170-22 | 08/02/22 | 08/05/22 | 09/08/22 | 09/15/22 *9/27/22 Leg Comm* | 09/28/22 |
| NAC 639: Narcotic Treatment Program | 10/13/22 | 10/19/22 | R196-22 | 06/30/23 07/11/23: to Dave/ Yenh for review | 08/08/23 | 09/07/23 | 09/28/23 Leg Comm | |
| NAC 453.310: DEA Registration | 10/13/22 | 10/19/22 | R197-22 | 05/12/23: to Dave/ Yenh 05/26/23: Under review by Yenh/Peter 05/30/23: Hold till final rule on state specific DEA registration requirement. | 11/02/23 | 12/07/23 | | |

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Regulation Tracking Log

| Regulation Number and Topic | Workshop Propose To Bd | 30 Days To LCB W/Letter | LCB R0 Number Issued | LCB Return Date | 30 Days Post Public Hearing | Public Hearing Meeting Date | To LCB Final W/ Cov./Info | Secretary of State File Date |
|---|---|---|---|---|---|---|---|---|
| NAC 639.2973 & NAC 639.2974: Basic Life Support Certification | 10/13/22 | 10/19/22 | R198-22 | 05/12/23 | 06/09/23 | 07/13/23 | 07/21/23 08/21/23 Leg Comm | 08/22/23 |
| NAC 639.694: DME Administrator for DME Inventory at a Licensed Hospital | 09/07/23 | 09/12/23 | R058-23 | 10/09/23 | 11/02/23 | 12/07/23 | | |
| NAC 639.520: Security of Pharmacies | 09/07/23 Dave to meet with industry | | | | | | | |
| NAC 639: Administrative Fine in Lieu of Disciplinary Action | 09/07/23 | 09/12/23 | R057-23 | 10/09/23 | 11/02/23 | 12/07/23 | | |
| NAC 639: Protocol for RPH to Treat OUD (AB156) | 09/07/23 | 09/12/23 | R059-23 | 10/19/23 | 11/02/23 | 12/07/23 | | |
| Regulations relating Governor Lombardo's Executive Order 003-2023. Changes in these Regulations streamline and clarify licensing requirements while ensuring public safety; and providing other matters properly relating thereto. | 10/11/23 | 10/18/23 | R100-23 | | | | | |

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Regulation Tracking Log

| Regulation Number and Topic | Workshop Propose To Bd | 30 Days To LCB W/Letter | LCB R0 Number Issued | LCB Return Date | 30 Days Post Public Hearing | Public Hearing Meeting Date | To LCB Final W/ Cov./Info | Secretary of State File Date |
|---|---|---|---|---|---|---|---|---|
| NAC 453: The proposed amendments relate to controlled substances adding synthetic cannabinoids to the controlled substances listed in Schedule I. | 10/11/23 | 10/18/23 | R101-23 | 11/08/23 To Dave/ Yenh for review. | | | | |

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